

**Vermont Health Care Innovation Project
DLTSS Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Thursday, October 15, 2015, 10:00am-12:30pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
<p>1. Welcome, Approval of Minutes</p>	<p>Deborah Lisi-Baker called the meeting to order at 10:01am. A roll call attendance was taken and a quorum was not present.</p>	
<p>2. VHCIP Restructuring and Incorporation of DLTSS Work Plan Activities</p>	<p>Deborah Lisi-Baker introduced a set of revised Year 2 Workplans for the new Payment Model Design and Implementation, Practice Transformation, and Health Data Infrastructure Work Groups.</p> <p>Sarah Kinsler and Georgia Maheras made a few general notes about these workplans:</p> <ul style="list-style-type: none"> • These workplans take into account feedback from this group’s leadership team and members (including Deborah, Julie Wasserman, and Susan Aranoff). • These workplans represent work for <i>only</i> the remainder of 2015 (October-December). Year 3 (2016) workplans will be created in November/December, and hopefully adopted in January. • These are still relatively high-level documents – they don’t include full project plans for every project. Each project has a plan with resources, staff and contractors, and detailed tasks. Our milestones, workplans, and project plans work as a full package. <p>Payment Models (Attachment 2a):</p> <ul style="list-style-type: none"> • ACO Shared Savings Programs: <ul style="list-style-type: none"> ○ Dale Hackett asked ACO SSP Downside Risk in Year 3 (Row 2). Georgia responded that the Payment Models Work Group and DVHA have been taking many things into account, and will be discussed at Payment Models next week. ○ Julie Wasserman added that it was announced at the last Payment Models Work Group meeting that DVHA and the ACOs have decided not to expand total cost of care to non-core services for the Medicaid ACOs. Georgia noted that this decision strengthens our negotiating position for the All- 	

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	<p>Payer Waiver. Deborah asked whether there were plans to include a broader scope of services in later waiver years, and noted that work in the next few years will be critical to increase DLTS provider readiness. Patrick Flood commented that CMS has said we need to fold in behavioral health in later years. The All-Payer Model planning group is meeting with the DAs and ACOs later this month to discuss this. Deborah commented that it would be helpful to know more about this as discussions evolve. Georgia replied that she, Michael Costa, and Ena Backus are developing a set of questions to support provider readiness and planning.</p> <ul style="list-style-type: none"> ○ Joy Chilton asked about the Year 1 SSP result report. Georgia replied that the results were released at a Green Mountain Care Board meeting, but the more detailed report is not yet available. The results are available on GMCB’s website, and will be sent to all VHCIP participants. ○ Dale Hackett asked whether we should aim to have behavioral health as our first priority. ● Episodes of Care (EOCs): <ul style="list-style-type: none"> ○ Julie Wasserman noted that the last two lines come from the DLTS Work Group Workplan: “Recommend an EOC that bridges the gap between medical care and long-term services and supports. Recommend an EOC with DLTS-specific outcomes.” ● Accountable Communities for Health: <ul style="list-style-type: none"> ○ Dale Hackett asked how this reflects the vast number of factors that impact community health. Deborah noted that she has seen presentations on the Population Health Work Group’s work, and it’s very impressive and reflects some DLTS concerns, but doesn’t always reflect the needs of people with diverse disabilities, and suggested this be a continued focus of this work. ● Ongoing Updates, Education, and Collaboration: <ul style="list-style-type: none"> ○ Deborah noted that all of the work groups have a process for receiving continued updates on projects and work across VHCIP. Deborah suggested that this group will need to have robust agendas to continue to provide input into various other work groups’ efforts. ○ Dale Hackett asked where Blueprint and primary care fit into this. Deborah responded that we are working to ensure there’s a continued focus on inclusiveness and competent care for people with disabilities. Patrick Flood noted that the ACO & Blueprint’s Unified Community Collaboratives (UCCs) which are required to include AAAs, behavioral health, housing, and more. The Blueprint is also starting a very small pay-for-performance incentive payment. Patrick suggested an update from Craig Jones at a future meeting. <p>Practice Transformation (Attachment 2b):</p> <ul style="list-style-type: none"> ● Sub-Grant Program: No comments. ● Learning Collaboratives: <ul style="list-style-type: none"> ○ Deborah noted work to ensure that disability competency is addressed in the Learning Collaborative initiative continues. The State released an RFP and is currently reviewing proposals for a contractor to develop disability core competency training and care management core competency training. 	

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	<p>This work was informed by the briefs authored by PHPG.</p> <ul style="list-style-type: none"> ○ Dale Hackett asked what the next step is for this initiative. Deborah agreed that sustainability is a key issue, and one of the things the bid review team is looking at. ○ Jackie Majoros asked about progress toward a HIPAA-compliant release for shared care plans. Georgia responded that there is no target date because there is an assumed December 2015 target date for this workplan. This work is currently with DVHA’s General Counsel, who has also talked with Sue Aranoff about what makes sense here. This work depends on various private and public sector legal staff – the State cannot do this alone. Work continues to move forward appropriately across this team. Julie Wasserman noted that there is concern about privacy and confidentiality issues more broadly than HIPAA-compliance. This group will be kept informed of progress. Susan Aranoff suggested someone keep track of the communities that have joined the Learning Collaborative as part of the newly launched cohort, and that guidance or templates could help providers as they develop releases. Jackie Majoros encouraged caution in this area. Jackie and Georgia noted that there are upcoming meetings between the State, Legal Aid, and others. Susan and Julie noted that there are compliant release templates available, including from Integrated Family Services, the Blueprint Community Health Teams. Dale Hackett noted that when confidentiality prevents providers from sharing appropriate information, it can be life threatening. Julie noted that lack of confidentiality can also have negative impacts on peoples’ lives. Georgia noted that there are areas where Vermont law is more strict than HIPAA, and areas where that is not the case. Georgia does not know of any legislation on the table to change this. Ed Paquin noted that the State is generally more protective of health care information, and that the way to get around this is to get patient permission to share information. Ed noted that VITL’s releases go in the opposite direction – if a patient consents to have their information in the VHIE, any provider within an organization with appropriate privileges can view it. Deborah suggested the group receive an update on this issue in December. <ul style="list-style-type: none"> ● Regional Collaboratives: <ul style="list-style-type: none"> ○ These are also known as Unified Community Collaboratives (UCCs). Deborah noted that these are expanding to become more inclusive, and that early work in many communities is impressive. ○ Sam Liss asked how we are gathering lessons learned about addressing social determinants of health. Deborah noted that this is an area of continued work. Patrick Flood replied that in St. Johnsbury, the collaborative is paying strong attention to social determinants: the group includes housing, the food bank, the CAP agency, and more. The group frequently expends funds to address non-medical issues that impact health. Sam commented that we need to formalize a model around how to address this. Patrick responded that we should ensure that the UCCs include non-health care organizations like food, housing, and more, to ensure these needs are at the forefront. He also suggested that flexible funding to invest in non-traditional ways is a critical factor. Sue Aranoff commented that the Learning Collaborative shared care planning process reviews housing, food, transportation, employment, and other non-medical needs and has a patient-directed process to 	

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	<p>prioritize addressing their needs. Julie Wasserman suggested this be more explicitly described in Year 3 workplans. Dale Hackett asked whether confidentiality could be added to the shared care planning process to support a patient-directed discussion of this issue. Sue commented that the CHT and IFS release forms are detailed and allow individuals to indicate the organizations with which they would like to share information. Kirsten Murphy noted that communication about privacy is as important as the legal form, especially for people with cognitive disabilities. Brenda Lindemann (alternate for Mary Alice Bisbee) asked how this could be operationalized when a group of providers is actively care managing an individual together. Deborah suggested we discuss this concern further in December.</p> <p>Health Data Infrastructure (Attachment 2c):</p> <ul style="list-style-type: none"> • Expand Connectivity to Health Information Exchange (HIE): <ul style="list-style-type: none"> ○ Deborah noted that this group spent time early in the process ensuring there were funds for DLSS providers to connect to the VHIE. Georgia noted that the LTSS Technology Assessment report should be finalized and distributed by the end of the month; this will support further planning in this area. Year 3 workplans will have more information on next steps. Georgia commented that selecting solutions is a collaborative process that happens in partnership with providers. ○ Dale Hackett asked what the error rate is for data being shared. Georgia replied is that data isn't being shared very well at this point, so there's a low error rate. • Improve Quality of Data Flowing into HIE: No comments. • Telehealth: No comments. • EMR Expansion: No comments. • Data Warehousing: No comments. • Care Management Tools: Julie Wasserman noted that DAIL and others have expressed concern about privacy in the context of electronic care plans as well, and suggested we cannot let technology drive decisions about privacy and confidentiality. Dale Hackett noted that errors in data and provider communication can make it challenging for individuals to receive the care they need. Joy Chilton suggested that we should ensure patients have access to their own information. Sam Liss commented that patients need to understand exactly what the implications of data sharing are. • Continued Updates, Education, and Collaboration: No comments. <p>List: Current Efforts to Incorporate DLSS Activities into New Work Groups (Attachment 2d)</p> <ul style="list-style-type: none"> • Georgia walked through this attachment. • Sue Aranoff emphasized that work group members from all work groups can send requests for reasonable accommodation to her: susan.aranoff@vermont.gov. 	
<p>3. Payment Models, Value-</p>	<p>Deborah Lisi-Baker introduced the agenda item. This presentation comes out of a broader scope of work to explore alternative payment models that are inclusive of DLSS providers and could support better care for people with</p>	

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<p>Based Purchasing, and DLTSS Design Considerations</p>	<p>LTSS needs. Georgia Maheras added that this connects with broader conversations about Medicaid value-based purchasing, and invited input from this group. She noted that it's critical not to assume the population, services, payment model, or quality measures for any potential value-based purchasing model – deliberate conversations in these areas can support better planning in the long-term, and will help ensure sufficient provider readiness prior to launch.</p> <p>Suzanne Santarcangelo and Scott Whitman of PHPG presented on Payment Models, Value-Based Purchasing Design Elements, and Vermont Models (Attachment 3).</p> <ul style="list-style-type: none"> • Base Payment Models: Value-based purchasing can be overlaid on any of these models. <ul style="list-style-type: none"> ○ Fee-for-Service (FFS) ○ Bundled Payments: Bundles are very new – there is limited evaluation or literature at this point on impacts (positive and negative). ○ Population-Based Payments: Georgia noted that we have a lot of tools to avoid past mistakes from things like HMOs, including quality measurement, provider training, etc. Suzanne agreed, and noted that this is just the theory behind the base models. ○ Specific models that are being tested out in one or more of Vermont's payment reform related projects such as SSP, P4P, Hub and Spoke, etc. • Objectives and overarching principles <ul style="list-style-type: none"> ○ Triple Aim-based ○ Ensuring the appropriate allocations and resources and managing costs ○ Improve care coordination and integration • Design Principles with DLTSS objectives <ul style="list-style-type: none"> ○ Tailoring to specific DLTSS programs ○ Promoting integration and coordination across the full array of healthcare services ○ Fiscally rewarding change while not compromising DLTSS objectives • Structural Considerations <ul style="list-style-type: none"> ○ DLTSS providers receiving majority of funding from Medicaid ○ Several regulatory systems in place ○ Coordination and alignment of providers can vary widely • Design Considerations <ul style="list-style-type: none"> ○ What providers or entities to target ○ Which payment types to use • Measures <ul style="list-style-type: none"> ○ Types <ul style="list-style-type: none"> ▪ Structural ▪ Process ▪ Performance and outcomes 	

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	<ul style="list-style-type: none"> ○ Those specific to each unique program <p>The group discussed the following:</p> <ul style="list-style-type: none"> ● Dale Hackett asked about the data that will be used. Scott responded that Vermont may have a small population but makes up a very large portion of Vermont’s Medicaid population, and a good amount of data can be collected. ● Conversation on the diversity of interventions and ability to measure them, as well as the need to establish process and outcome measures to identify the smaller interventions and their unique successes. ● Discussion around the measures and outcomes that might be used with how broad and diverse this DLTS population tends to be. ● Any estimate yet made on what impact new payment model(s) might have on the Medicaid budget? Scott responded that one of the goals of the All Payer Model is to lead to a sustainable growth rate, and that these models will provide flexibility and a potential cost savings. Scott also understood that CMS guidance was to include behavioral health and LTSS in the All Payer Model, and he mentioned the need to begin early planning efforts. ● Sue requested an illustration around how current services provided are being funded in Vermont. It is hard to identify opportunities for improvement if we have no baseline information. ● Will the approach toward Value Based Purchasing provide an opportunity to streamline some relationships with the State? Possibly, that would be hard to answer right now. ● Workgroup staff and leadership will continue to discuss critical questions – potential to bring PHPG back to continue this discussion and provide more concrete steps for Vermont. 	
4. Public Comment/Next Steps	Next Meeting: Thursday, December 10, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

VHCIP DLTSS Work Group Member List

Roll Call: **10/15/2015**

Member		Member Alternate		August Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
Debbie	Austin	Craig	Jones ✓		AHS - DVHA
Mary Alice	Bisbee	Brenda	Lindemann ✓		Consumer Representative
Molly	Dugan				Cathedral Square and SASH Program
Patrick	Flood ✓				CHAC
Mary	Fredette				The Gathering Place
Joyce	Gallimore				Bi-State Primary Care
Martita	Giard ✓	Susan	Shane ✓		OneCare Vermont
Larry	Goetschius	Joy	Chilton ✓		Home Health and Hospice
Dale	Hackett ✓				None
Mike	Hall ✓	Angela	Smith-Dieng ✓		Champlain Valley Area Agency on Aging
Jeanne	Hutchins ✓				UVM Center on Aging
Pat	Jones	Richard	Slusky		GMCB
Dion	LaShay ✓				Consumer Representative
Deborah	Lisi-Baker ✓				SOV - Consultant
Sam	Liss ✓				Statewide Independent Living Council
Jackie	Majoros ✓	Barbara	Prine		VLA/Disability Law Project
Carol	Maroni				Community Health Services of Lamoille Valley
Madeleine	Mongan ✓				Vermont Medical Society
Kirsten	Murphy ✓				Developmental Disabilities Council
Nick	Nichols ✓				AHS - DMH
Ed	Paquin ✓				Disability Rights Vermont
Laura	Pelosi				Vermont Health Care Association
Eileen	Peltier				Central Vermont Community Land Trust
Judy	Peterson				Visiting Nurse Association of Chittenden and Grand Isle Counties
Paul	Reiss	Amy	Cooper		Accountable Care Coalition of the Green Mountains
Rachel	Seelig	Trinka	Kerr		VLA/Senior Citizens Law Project
Julie	Tessler	Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Services
Nancy	Warner	Mike	Hall		COVE
Julie	Wasserman ✓				AHS - Central Office
Jason	Williams				UVM Medical Center
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16 Q ✓

VHCIP DLTSS Work Group Participant List

Attendance:

10/15/2015

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	DLTSS
Susan	Aranoff	<i>none</i>	AHS - DAIL	S/M
Debbie	Austin		AHS - DVHA	M
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Susan	Besio		SOV Consultant - Pacific Health Policy Group	S
Bob	Bick		DA - HowardCenter for Mental Health	X
Mary Alice	Bisbee		Consumer Representative	M
Denise	Carpenter		Specialized Community Care	X
Alysia	Chapman		DA - HowardCenter for Mental Health	X
Joy	Chilton	<i>phone none</i>	Home Health and Hospice	MA
Amanda	Ciecior	<i>none</i>	AHS - DVHA	S
Peter	Cobb		VNAs of Vermont	X
Amy	Coonradt		AHS - DVHA	S
Amy	Cooper		Accountable Care Coalition of the Green Mountains	MA
Alicia	Cooper		AHS - DVHA	S
Molly	Dugan		Cathedral Square and SASH Program	M

Gabe	Epstein	here	AHS - DAIL	S
Patrick	Flood	here	CHAC	M
Erin	Flynn		AHS - DVHA	S
Mary	Fredette		The Gathering Place	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard	phone	OneCare Vermont	M
Larry	Goetschius		Home Health and Hospice	M
Bea	Grause		Vermont Association of Hospital and Health Systems	X
Dale	Hackett	here	None	M
Mike	Hall		Champlain Valley Area Agency on Aging / COVE	M/MA
Bryan	Hallett		GMCB	S
Carolynn	Hatin		AHS - Central Office - IFS	S
Selina	Hickman		AHS - DVHA	X
Bard	Hill		AHS - DAIL	X
Jeanne	Hutchins	phone	UVM Center on Aging	M
Craig	Jones		AHS - DVHA - Blueprint	MA
Pat	Jones		GMCB	S/M
Margaret	Joyal		Washington County Mental Health Services Inc.	X
Joelle	Judge	here	UMASS	S
Trinka	Kerr		VLA/Health Care Advocate Project	MA
Sarah	Kinsler	here		S
Tony	Kramer		AHS - DVHA	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Dion	LaShay	phone	Consumer Representative	M
Nicole	LeBlanc		Green Mountain Self Advocates	X
Deborah	Lisi-Baker	here	SOV - Consultant	C/M
Sam	Liss	phone	Statewide Independent Living Council	M
Vicki	Loner		OneCare Vermont	X
Carole	Magoffin		AHS - DVHA	S
Georgia	Maheras		AOA	S
Jackie	Majoros	phone	VLA/LTC Ombudsman Project	M
Carol	Maroni		Community Health Services of Lamoille Valley	M

Mike	Maslack			X
Lisa	Maynes		Vermont Family Network	X
Madeleine	Mongan	here	Vermont Medical Society	M
Todd	Moore		OneCare Vermont	X
Mary	Moulton		Washington County Mental Health Services Inc.	X
Kirsten	Murphy	here	AHS - Central Office - DDC	M
Floyd	Nease		AHS - Central Office	X
Nick	Nichols	phone	AHS - DMH	M
Miki	Olszewski		AHS - DVHA - Blueprint	X
Jessica	Oski		Vermont Chiropractic Association	X
Ed	Paquin	here	Disability Rights Vermont	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi		Vermont Health Care Association	M
Eileen	Peltier		Central Vermont Community Land Trust	M
John	Pierce			X
Luann	Poirer		AHS - DVHA	S
Barbara	Prine		VLA/Disability Law Project	MA
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Virginia	Renfrew		Zatz & Renfrew Consulting	X
Rachel	Seelig		VLA/Senior Citizens Law Project	M
Susan	Shane		OneCare Vermont	MA
Julia	Shaw		VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	S/MA
Angela	Smith-Dieng	here	Area Agency on Aging	MA
Beth	Tanzman		AHS - DVHA - Blueprint	X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Serv	M
Bob	Thorn		DA - Counseling Services of Addison County	X
Beth	Waldman	phone	SOV Consultant - Bailit-Health Purchasing	S
Marlys	Waller		DA - Vermont Council of Developmental and Mental Health Serv	MA
Nancy	Warner		COVE	M
Julie	Wasserman	here	AHS - Central Office	S/M
Kendall	West			X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	M

Cecelia	Wu		AHS - DVHA	S
Marie	Zura		DA - HowardCenter for Mental Health	X
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Suzanne Santarchangelo - PHPG - here
Scott Whitman - PHPG - here
Brenda Hinderfann - here