VT Health Care Innovation Project
Practice Transformation Work Group Meeting Agenda

November 8th, 2016; 10:00 AM to 12:00 PM
AHS - WSOC Oak Conference Room, 280 State Drive, Waterbury, VT
Call-In Number: 1-877-273-4202; Passcode 2252454

Item #	Time Frame	Topic	Relevant Attachments	Vote To Be Taken
1	10:00 – 10:10	**Welcome & Introductions; Approval of Minutes** Deborah Lisi-Baker and Laural Ruggles	**Attachment 1:** October Meeting Minutes	Yes (approval of minutes)
2	10:10 – 10:40	**Sustainability Plan Update** Georgia Maheras		No
3	10:40 – 11:50	**Vermont Aging and Disability Resource Center: Care Transitions and "No Wrong Door" System** Nicole Distasio, Sandy Conrad, Audrey Winograd	**Attachment 3a:** Vermont's Aging and Disabilities Resource Connection **Attachment 3b:** Independent Options Counseling Pilot Projects	No
4	11:50 – 12:00	Wrap-Up and Next Steps; Plans for Next Meeting		

Attachment 1: October Meeting Minutes

Vermont Health Care Innovation Project

Vermont Health Care Innovation Project
Practice Transformation Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Tuesday, October 4, 2016, 10:00am-12:00pm, Oak Conference Room, Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approve Meeting Minutes	Laural Ruggles called the meeting to order at 10:01am. A roll call attendance was taken and a quorum was achieved. Julie Tessler moved to approve the August 2016 meeting minutes by exception. Catherine Simonson seconded. The minutes were approved with two abstentions (Maura Graff and Nancy Breiden)	

2. "Equity in Pregnancy Intention" (EPIC) Campaign to Reduce Unintended Pregnancy
 	
Maura Graff, Planned Parenthood of Northern New England
	Maura Graff, Director of the Project to Reduce Unintended Pregnancies, presented from the slides in the handout at Attachment 2.
	
	The group discussed the following:
	
	• Half of pregnancies in Vermont are unintended
	• Over $30M was expended in Vermont on unintended pregnancies in 2010; unplanned births are nearly twice as likely to be publicly funded in Vermont
	• EPIC – Equity in Pregnancy Intention Campaign – 2016-2021
	    o Project Results
	        ▪ 1. Political support for access to birth control increased.
	        ▪ 2. Awareness about LARC improved.
	        ▪ 3. Use of birth control increased.
	    o Five areas of project focus:
	        ▪ Community Coordination
	        ▪ Mass Media
	        ▪ Expanded Access	

Agenda Item	Discussion	Next Steps
	▪ Education ▪ Advocacy o The group is piloting new tools across the State to allow a variety of providers in a variety of settings to offer family planning counseling, including to such groups as: ▪ New Americans ▪ People living with disabilities ▪ Incarcerated populations • Sam Liss asked how the group is balancing the holistic approach v. the individual – in terms of the more mechanical aspects of pregnancy. E.g. taking into consideration the entire lifestyles of people, as opposed to the specific use of contraceptives. The response is that the hope is to not only take clinical needs into consideration, but also the lifestyle of the individual. For example, the types of birth control that require an individual to take an action every day may not be right for everyone, and that notion is being built into the contraceptive counseling sessions that occur. That includes a discussion around life/birth planning so that plans are tailored to overall life goals for everyone. • Dale Hackett asked about the on-going effects of a program like this on population overall, and noted that there are likely more things to consider. The response noted that IUDs, in particular, can be removed at any time and are not a permanent method of birth control. As well, Maura noted that the program overall intends to start the discussion about family planning earlier and to be more thoughtful and empowering to people to allow people to achieve their reproductive life plans. • The group discussed the family planning tool and that it is not meant to prevent all pregnancies. The first questions focus on whether the family intends to have children in the next year, or longer term. The counseling then focuses on ensuring pre-pregnancy care is sought. • Kate O'Neill asked if the group is working with the agency of education which has a cooperative agreement with the CDC around sexual health services, which focus on referral systems? Yes, they are working together and have an agreement in place to help expand the education program around the state. • Jessa Barnard noted that there is also a program at UVM that provides sex education and women's health around the state by way of academic detailing. Maura noted that she was aware of the program and that it might be an opportunity to collaborate with the EPIC program. • Jessa also asked if there are specific policy goals related to the newly passed access to birth control law. Maura stated that PPNE's next steps are to put together some handouts to provide education around the law and also to better understand the impacts and time table for the implementation of all the parts of the law. She noted that it continues to surprise her how many providers still do not know the details around providing access to birth control, or that it is covered by the ACA in most cases.	
3. Home and Community Based Rules Update	• Megan Tierney-Ward and Roy Gerstenberger from DAIL presented from the slides and materials found in Attachments 3, 3a-3c.	

Agenda Item	Discussion	Next Steps
Megan Tierney-Ward and Roy Gerstenberger, Vermont Department of Disabilities, Aging and Independent Living	The group discussed the following: Vermont has been a leader in this area in terms of offering home and community based services. 14 other states have followed suit over time. Over the last two years, CMS has released an updated series of rules, focusing on the following: 1) Area of person centered planning; a great deal of clarity has been provided in this area 2) What does community mean to the individual 3) Integrity and independence of case management (conflict-free case management) CMS is requiring states to implement a transition plan around how to achieve and address these new goals. The group discussed the following: Reference: table on page 54 of the materials packet. This is the kind of thinking that states, including Vermont, have been engaged in to ensure that they are meeting the goals of the program. The team at DAIL has assessed each of the requirements against the various programs offered to individuals in Vermont. There are two areas of federal focus: • Settings requirements (where services are provided) – for example, there is a requirement that the individual reside in a home where the doors are lockable by the individual and that only appropriate staff or providers have keys. • Person-centered planning requirements – there are very specific criteria that need to be followed. The assessment in Vermont has revealed that there are opportunities for providers to improve upon certain areas – perhaps by putting stronger language in the standards or reviewing and updating standard practices. DAIL, in partnership with AHS, is developing tools to allow providers to do their own assessments, and also a survey to help gauge patient satisfaction and provider awareness to be in compliance with the plan. There are identified pressure points which are occurring in some places around Vermont when the agency is acting in multiple roles that may be perceived as being in conflict. The timetable is that the plan as a whole has to be in place by 2018. At this point in the assessment, there are seven (7) areas where changes or updates to policy need to be made. DAIL and AHS are currently undergoing the State rulemaking process and several rules are in the process of being updated now.	

Agenda Item	Discussion	Next Steps
	Standardized process mapping is occurring around the agency now to allow VT to be a model for this kind of assessment and improvement process. Some areas that have been identified are home care providers who have shared living arrangements and home care provider characteristics – the rules do allow that the requirements meet certain standards around transparency. E.g. safety interventions or travel restrictions – an agreement is made formally with signatures and an expiration date to ensure that an individual's rights are not being overly or unfairly restricted. CMS' setting descriptions were based on feedback from citizens and communities; the concern is about the potential isolation of individuals, for example, when a group home is located on the grounds of a hospital. Also, farmstead communities have raised concerns that these environments are not typical and the individuals there are not able to interact with all general populations. These kinds of environments have particularly heightened scrutiny in that CMS and the state are both paying attention to these to ensure that they are achieving their goals. Transition plan being created and provided to CMS is being negotiated as we go. Only 4 states have been accepted so far. For more information or questions, please contact: megan.tierney-ward@vermont.gov Roy.Gerstenberger@vermont.gov	
Population Health Plan Update Heidi Klein, Vermont Department of Health	Heidi Klein, Director of Planning and Health Care Strategy and Tracy Dolan, Deputy Commissioner, Department of Health presented an update on the Population Health Plan. Please reference Attachment 4 in the materials packet. The Population Health Plan (PHP) is a required element of the SIM grant overall; but we are also doing it to meet the third aim of the Triple Aim and improve the health of the population. The Vermont plan highlights systemic change at the regional, state or community levels. Heidi Klein led a presentation and discussion of the plan: Three questions: • From your work group's point of view, how does this plan advance your work? • How well do the goals and recommendations of the plan align with yours for moving ahead? • What else would you want to see in order to get behind this plan?	

Agenda Item	Discussion	Next Steps
	Five principles: 1. Use Population-Level Data on Health Trends and Burden of Illness to Identify Priorities and Target Action. 2. Focus on Prevention, Wellness, and Well-Being at All Levels – Individual, Health Care System, and Community. 3. Address the Multiple Contributors to Health Outcomes 4. Community Partners are Engaged in Integrating Clinical Care and Service Delivery with Community-Wide Population Prevention Activities. 5. Create Sustainable Funding Models Which Support and Reward Improvements in Population Health, including Primary Prevention and Wellness. Recommendations: **Governance Requirements:** include entities that have the authority, data/information, and strategies **Care Delivery Requirements and Incentives** to move from acute care to more coordinated care **Metrics and Data** of population health outcomes **Payment and Financing Methodologies** towards value-based payment and alternative sustainable financing for population health and prevention **State: Governance Requirements** • Embed governance requirements in Medicaid contracts with ACOs and other providers. • Require ACOs, through Act 113 of 2016, to include public health and prevention leaders in their governing entities. • Create a statewide public/private stakeholder group, similar to the Population Health Work Group that recommends activities to State health policy leadership. • Expand partnerships to other sectors that impact health. Build upon the Governor’s Health in All Policies Task Force. **Regional: Governance Requirements** • Continue to expand partnerships to other sectors that impact health at the community or regional levels including housing, business, city and town planners, among others. • Expand existing Community Collaboratives to meet all the components of Accountable Communities for Health. **Metrics and Data** Use the population health measures to drive statewide priority setting for improvement initiatives Leverage the region-specific data, such as the Blueprint Profiles to each hospital service area.	

Agenda Item	Discussion	Next Steps
	Payment and Financing Methodologies How providers are paid and how funds flow through the health system The group discussed the following: • The team was commended by Sam Liss for including social determinants of health; note that it's person directed, as much as possible, not just person centered. • It was noted that OneCare Vermont and the Department of Health have been collaborating to create change packages. • Jessa Barnard from the Vermont Medical society raised the issue of data gathering and was appreciative of the efforts around coordinating data collection with other initiatives, noting the provider fatigue around data collection. • Kirsten Murphy asked about segmenting population by sub-populations and look at the needs of underserved populations. Such as the unique needs of developmental disability population and other sub-populations that have long term services and supports. Tracy responded that the PHP team did consider how they wanted to approach this. Health outcomes, underserved, groups by income/equity. They chose systemic approach. How do these systems cut across various populations and consider populations as a whole. The downside is that the PHP does not have call outs for everything. ➢ Heidi concluded by noting that feedback is wanted! Email comments on the PHP to Heidi.klein@vermont.gov or Participants should feel free to contact Georgia Maheras (georgia.maheras@vermont.gov) or Sarah Kinsler (sarah.kinsler@vermont.gov) to provide additional written or verbal comments; ***all comments are due by November 2***.	
Practice Transformation Initiative Updates Erin Flynn, Department of	Core Competency update: The training series has finished Day 6, and has offered an advanced training workshop to over 40 individuals. This training was given by Julie Burnes from PCDC, with a focus on complex individuals facing Mental Health, Substance Abuse and homelessness issues.	

Agenda Item	Discussion	Next Steps
Vermont Health Access and Pat Jones, Green Mountain Care Board	The manager and supervisor training is coming up on October 18th at WSOC. And later this week, there will be a webinar focusing on tips for facilitating meetings that are inclusive of people with disabilities. There will be two more webinars – website and resources are all posted on the VHCIP project page. The Integrated Communities Care Management Learning Collaborative (ICCMLC) held an in person learning session centered around the topic of 'keeping the shared care plan alive under dynamic and changing circumstances.' Expert faculty Dr. Terry O'Malley presented tools to map out highest priority transitions in care in a community and processes for identify data that is needed from all parties in a transition. Erin next presented future plans for the group – there will be a webinar in early November during which Maura Crandall, from OneCare Vermont will provide an update on community progress with implementing the care management software tool, Care Navigator. Pilot communities have been invited to participate and discuss early learnings from the tool implementation process. Jenney Samuelson noted that communities have expressed strongly their desire to continue this work, and that the is significant commitment from the Blueprint and ACOsto keep this learning going – discussions are underway about planning further learning sessions throughout 2017.	
5. Wrap-Up and Next Steps; Plans for Next Meeting	**Next Meeting:** Tuesday, November 8, 2016, 10:00 am – 12:00 pm AHS - WSOC Oak Conference Room 280 State Drive, Waterbury	

VHCIP Practice Transformation Work Group Member List

Julie Tessler 1° Catherine Simonson 2°

Member		Member Alternate		Minutes	4-Oct-16
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff	Bard	Hill		AHS - DAIL
		Clare	McFadden		AHS - DAIL
Abe	Berman	Sara	Barry		OneCare Vermont
		Emily	Bartling		OneCare Vermont
		Maura	Crandall		OneCare Vermont
		Miriam	Sheehey		OneCare Vermont
Beverly	Boget	Michael	Counter		VNAs of Vermont
Kathy	Brown	Stephen	Broer		DA - Northwest Counseling and Support Services
Barbara	Cimaglio	Tracy Heidi	Dolan Klein		AHS - VDH
Molly	Dugan	Stefani	Hartsfield		Cathedral Square and SASH Program
		KIm	Fitzgerald		Cathedral Square and SASH Program
Eileen	Girling	Heather	Bollman		AHS - DVHA
		Jenney	Samuelson		AHS - DVHA - Blueprint
Maura	Graff			A	Planned Parenthood of Northern New England
Dale	Hackett				Consumer Representative
Sarah	Jemley	Jane	Catton		Northwestern Medical Center
		Candace	Collins		Northwestern Medical Center
Linda	Johnson	Debra	Repice		MVP Health Care
Pat	Jones				GMCB
Nancy	Breiden			A	VLA/Health Care Advocate Project
Dion	LaShay				Consumer Representative
Patricia	Launer	Kendall	West		Bi-State Primary Care
Sam	Liss				Statewide Independent Living Council
Deborah	Lisi-Baker				Consumer Representative

VHCIP Practice Transformation Work Group Member List

Member		Member Alternate		Minutes	4-Oct-16
First Name	Last Name	First Name	Last Name		Organization
Barbara	Prine				VLA/LTC Ombudsman Project
Kate	McIntosh	Judith	Franz		Vermont Information Technology Leaders
Bonnie	McKellar	Mark	Burke		Brattleboro Memorial Hopsital
Jessa	Barnard ✓	Stephanie	Winters		Vermont Medical Society
Mary	Moulton				VCP - Washington County Mental Health Services Inc.
Sarah	Narkewicz ✓				Rutland Regional Medical Center
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Laural	Ruggles ✓				Northeastern Vermont Regional Hospital
Catherine	Simonson ✓				VCP - HowardCenter for Mental Health
Patricia	Singer	Jaskanwar	Batra		AHS - DMH
		Mourning	Fox		AHS - DMH
		Kathleen	Hentcy		AHS - DMH
Shawn	Skafelstad ✓	Julie	Wasserman ✓		AHS - Central Office
Mike	Hall	Meg	Burmeister		Area Agency on Aging (V4A)
Audrey-Ann	Spence				Blue Cross Blue Shield of Vermont
JoEllen	Tarallo-Falk				Center for Health and Learning
Julie	Tessler ✓				VCP - Vermont Council of Developmental and Mental Health Services
Ben	Watts				AHS - DOC
	33		24		

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VHCIP Practice Transformation Work Group

Attendance Sheet

Tuesday, October 04, 2016

	First Name	Last Name	Organization	Practice Transformation
1	Nancy	Abernathy	Learning Collaborative Facilitator	X
2	Peter	Albert	Blue Cross Blue Shield of Vermont	X
3	Susan	Aranoff ✓	AHS - DAIL	M
4	Debbie	Austin	AHS - DVHA	X
5	Ena	Backus	GMCB	X
6	Melissa	Bailey	AHS - DMH	X
7	Michael	Bailit	SOV Consultant - Bailit-Health Purchasing	X
8	Jessa	Barnard ✓	Vermont Medical Society	M
9	Susan	Barrett	GMCB	X
10	Emily	Bartling	OneCare Vermont	MA
11	Jaskanwar	Batra	AHS - DMH	MA
12	Todd	Bauman	DA - Northwest Counseling and Support Ser	MA
13	Bob	Bick	DA - HowardCenter for Mental Health	X
14	Charlie	Biss	AHS - Central Office - IFS / Rep for AHS - DM	X
15	Beverly	Boget	VNAs of Vermont	M
16	Heather	Bollman	AHS - DVHA	MA
17	Mary Lou	Bolt	Rutland Regional Medical Center	X
18	Nancy	Breiden	VLA/Disability Law Project	MA
19	Stephen	Broer	VCP - Northwest Counseling and Support Se	M
20	Kathy	Brown	DA - Northwest Counseling and Support Ser	M
21	Martha	Buck	Vermont Association of Hospital and Health	A
22	Mark	Burke	Brattleboro Memorial Hopsital	MA
23	Anne	Burmeister	Planned Parenthood of Northern New Engla	X
24	Meg	Burmeister	CV Area Agency on Aging	MA
25	Dr. Dee	Burroughs-Biron	AHS - DOC	X
26	Denise	Carpenter	Specialized Community Care	X
27	Jane	Catton	Northwestern Medical Center	MA
28	Alysia	Chapman	DA - HowardCenter for Mental Health	X
29	Joy	Chilton	Home Health and Hospice	X
30	Barbara	Cimaglio	AHS - VDH	M
31	Candace	Collins	Northwestern Medical Center	MA
32	Amy	Coonradt	AHS - DVHA	S
33	Alicia	Cooper	AHS - DVHA	S
34	Amy	Cooper	HealthFirst/Accountable Care Coalition of th	X
35	Julie	Corwin	AHS - DVHA	S
36	Michael	Counter	VNA & Hospice of VT & NH	M
37	Maura	Crandall	OneCare Vermont	MA
38	Claire	Crisman	Planned Parenthood of Northern New Engla	A
39	Diane	Cummings	AHS - Central Office	X
40	Dana	Demartino	Central Vermont Medical Center	X
41	Steve	Dickens	AHS - DAIL	X
42	Molly	Dugan	Cathedral Square and SASH Program	M
43	Trudee	Ettlinger	AHS - DOC	X

44	Kim	Fitzgerald	Cathedral Square and SASH Program	MA
45	Erin	Flynn ✓	AHS - DVHA	S
46	Mourning	Fox	AHS - DMH	MA
47	Judith	Franz	Vermont Information Technology Leaders	MA
48	Mary	Fredette	The Gathering Place	X
49	Aaron	French	AHS - DVHA	X
50	Meagan	Gallagher	Planned Parenthood of Northern New Engla	X
51	Lucie	Garand	Downs Rachlin Martin PLLC	X
52	Christine	Geiler ✓	GMCB	S
53	Eileen	Girling	AHS - DVHA	M
54	Steve	Gordon	Brattleboro Memorial Hopsital	X
55	Maura	Graff ✓	Planned Parenthood of Northern New Engla	M
56	Dale	Hackett ✓	Consumer Representative	M
57	Samantha	Haley	AHS - DVHA	X
58	Mike	Hall	Champlain Valley Area Agency on Aging / C(	MA
59	Stefani	Hartsfield	Cathedral Square	MA
60	Kathleen	Hentcy	AHS - DMH	MA
61	Selina	Hickman	AHS - DVHA	X
62	Bard	Hill	AHS - DAIL	MA
63	Breena	Holmes	AHS - Central Office - IFS	X
64	Christine	Hughes	SOV Consultant - Bailit-Health Purchasing	S
65	Jay	Hughes	Medicity	X
66	Jeanne	Hutchins ✓	UVM Center on Aging	X
67	Sarah	Jemley	Northwestern Medical Center	M
68	Linda	Johnson	MVP Health Care	M
69	Craig	Jones	AHS - DVHA - Blueprint	X
70	Pat	Jones ✓	GMCB	M
71	Margaret	Joyal	Washington County Mental Health Services	X
72	Joelle	Judge ✓	UMASS	S
73	Sarah	Kinsler ✓	AHS - DVHA	S
74	Tony	Kramer	AHS - DVHA	X
75	Sara	Lane	AHS - DAIL	X
76	Kelly	Lange	Blue Cross Blue Shield of Vermont	X
77	Dion	LaShay ✓	Consumer Representative	M
78	Patricia	Launer ✓	Bi-State Primary Care	M
79	Deborah	Lisi-Baker ✓	SOV - Consultant	C
80	Sam	Liss ✓	Statewide Independent Living Council	M
81	Vicki	Loner	OneCare Vermont	M
82	Carole	Magoffin ✓	AHS - DVHA	S
83	Georgia	Maheras ✓	AOA	S
84	David	Martini	AOA - DFR	X
85	John	Matulis		X
86	James	Mauro	Blue Cross Blue Shield of Vermont	X
87	Lisa	Maynes	Vermont Family Network	X
88	Clare	McFadden	AHS - DAIL	MA
89	Kate	McIntosh	Vermont Information Technology Leaders	M
90	Bonnie	McKellar	Brattleboro Memorial Hopsital	M
91	Elise	McKenna	AHS - DVHA - Blueprint	X
92	Jeanne	McLaughlin	VNAs of Vermont	X
93	Darcy	McPherson	AHS - DVHA	A
94	Monika	Morse		X

95	Judy	Morton		Mountain View Center	X
96	Mary	Moulton		VCP - Washington County Mental Health Se	M
97	Kirsten	Murphy	✓	AHS - Central Office - DDC	MA
98	Reeva	Murphy		AHS - Central Office - IFS	X
99	Sarah	Narkewicz	✓	Rutland Regional Medical Center	M
100	Floyd	Nease		AHS - Central Office	X
101	Nick	Nichols		AHS - DMH	X
102	Monica	Ogelby		AHS - VDH	X
103	Miki	Olszewski		AHS - DVHA - Blueprint	X
104	Kate	O'Neill	✓	GMCB	MA
105	Jessica	Oski		Vermont Chiropractic Association	X
106	Ed	Paquin		Disability Rights Vermont	X
107	Eileen	Peltier		Central Vermont Community Land Trust	X
108	John	Pierce			X
109	Luann	Poirer		AHS - DVHA	S
110	Rebecca	Porter		AHS - VDH	X
111	Barbara	Prine		VLA/Disability Law Project	MA
112	Betty	Rambur		GMCB	X
113	Allan	Ramsay		GMCB	X
114	Paul	Reiss		HealthFirst/Accountable Care Coalition of th	X
115	Virginia	Renfrew		Zatz & Renfrew Consulting	X
116	Debra	Repice		MVP Health Care	MA
117	Julie	Riffon		North Country Hospital	X
118	Laural	Ruggles	✓	Northeastern Vermont Regional Hospital	C
119	Bruce	Saffran		VPQHC - Learning Collaborative Facilitator	X
120	Jenney	Samuelson	✓	AHS - DVHA - Blueprint	MA
121	Jessica	Sattler		Accountable Care Transitions, Inc.	X
122	Rachel	Seelig		VLA/Senior Citizens Law Project	X
123	Susan	Shane		OneCare Vermont	X
124	Maureen	Shattuck		Springfield Medical Care Systems	X
125	Julia	Shaw		VLA/Health Care Advocate Project	X
126	Miriam	Sheehey		OneCare Vermont	X
127	Catherine	Simonson	✓	VCP - HowardCenter for Mental Health	M
128	Patricia	Singer		AHS - DMH	M
129	Shawn	Skaflestad	✓	AHS - Central Office	M
130	Pam	Smart		Northern Vermont Regional Hospital	X
131	Lily	Sojourner		AHS - Central Office	X
132	Audrey-Ann	Spence		Blue Cross Blue Shield of Vermont	M
133	Holly	Stone		UMASS	S
134	Beth	Tanzman		AHS - DVHA - Blueprint	X
135	JoEllen	Tarallo-Falk		Center for Health and Learning	M
136	Julie	Tessler	✓	VCP - Vermont Council of Developmental ar	M
137	Bob	Thorn		DA - Counseling Services of Addison County	X
138	Win	Turner			X
139	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
140	Marlys	Waller		DA - Vermont Council of Developmental and	X
141	Nancy	Warner		COVE	X
142	Julie	Wasserman	✓	AHS - Central Office	S/MA
143	Ben	Watts		AHS - DOC	X
144	Kendall	West		Bi-State Primary Care/CHAC	MA
145	James	Westrich		AHS - DVHA	S

146	Robert	Wheeler	Blue Cross Blue Shield of Vermont	X
147	Jason	Williams	UVM Medical Center	X
148	Stephanie	Winters	Vermont Medical Society	MA
149	Jason	Wolstenholme	Vermont Chiropractic Association	X
150	Mark	Young		X
151	Marie	Zura	DA - HowardCenter for Mental Health	X
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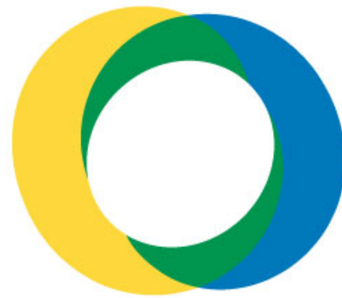
Attachment 3a: Vermont’s Aging and Disabilities Resource Connection



Vermont's Aging & Disabilities Resource Connection

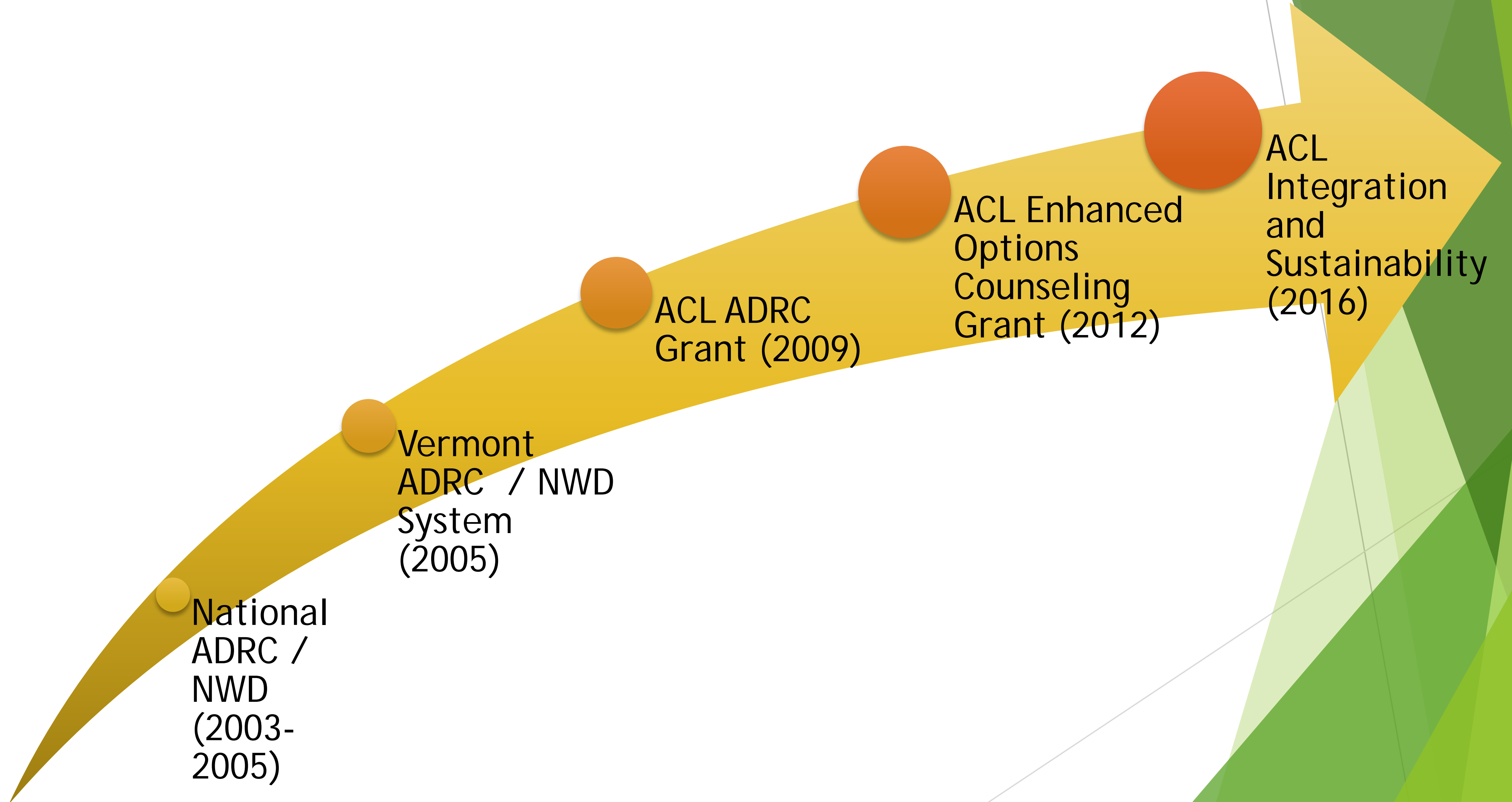
Your Network For Support

Learning Objectives

- Provide an overview of the Centers for Medicaid and Medicare Services and Administration for Community Living's vision for the Aging and Disability Resource Connection (ADRC) No Wrong Door System

- Explain the VT Department of Disabilities, Aging & Independent Living realization of the national vision and the creation of the Vermont ADRC

Project Overview



National ADRC and the “No Wrong Door” System

Identifying System Challenges

- Increase in demand for services
- Reduced service budgets
- Fragmented systems
- Difficult for consumers to access
- Confusing to navigate (for both consumers and service professionals)
- Lack of focus on the consumer
- Institutional bias

ACL's Answer: The ADRC "No Wrong Door" System

Aging and Disability Resource Centers...

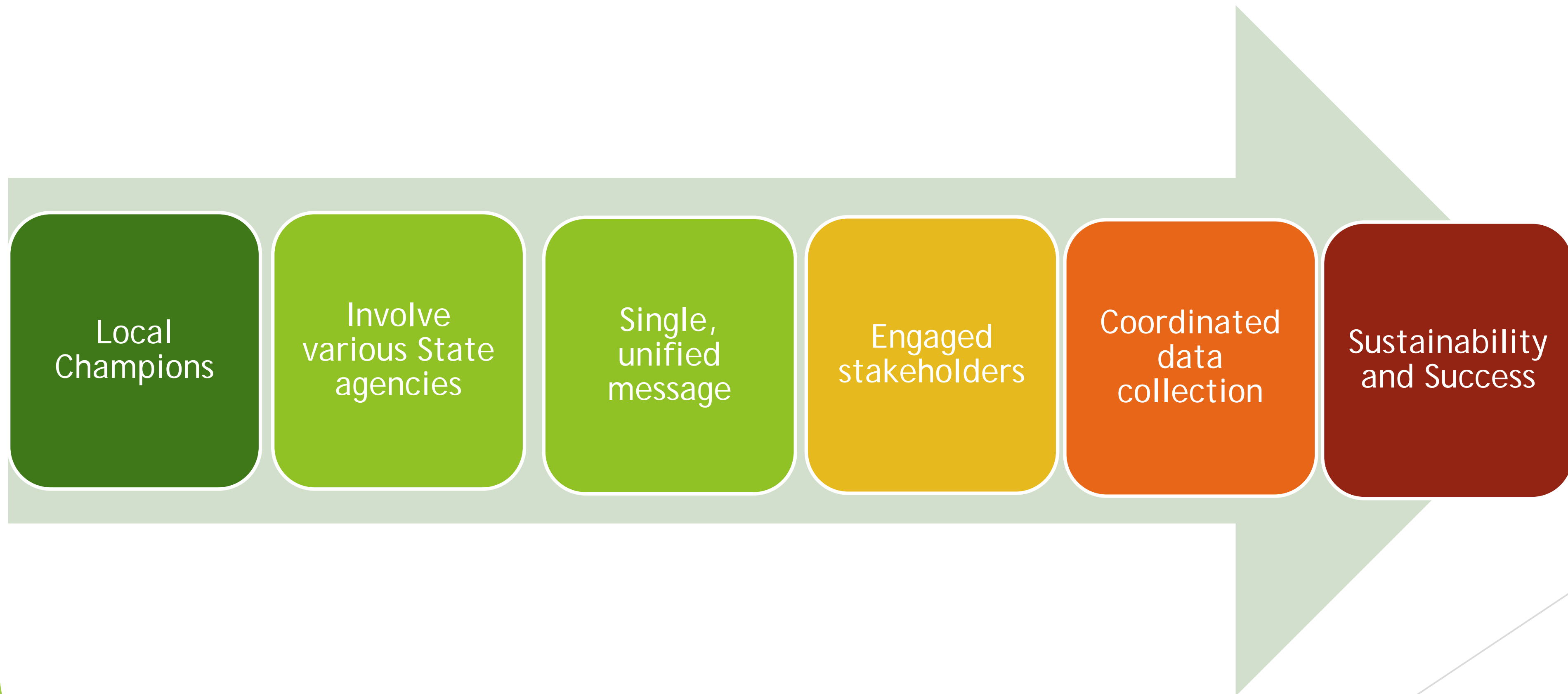
- serve *every* community in the nation
- are *highly visible* and *trusted* by people of all incomes and ages
- provide information on the *full range* of long term support options
- act as a *single point of entry* for streamlined access to services

The ADRC "No Wrong Door" System

Four Key Components to the ADRC No Wrong Door System:

- State Governance
- Outreach and Coordination
- Person-Centered Options Counseling
- Streamlined Access

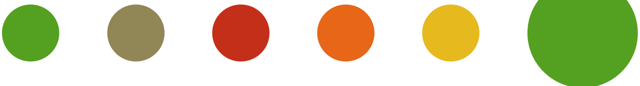
State Governance and Administration

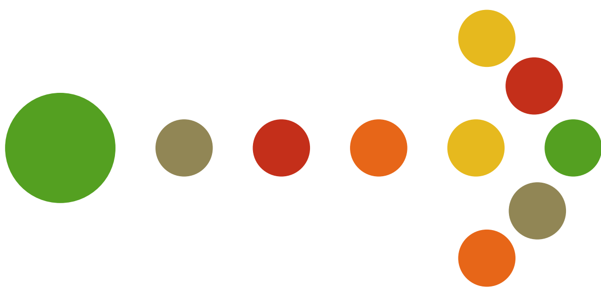


Public Outreach and Coordination of Referrals

Public information
and outreach

Network people
can trust





Coordinated services
between providers

Person-Centered Options Counseling

Interactive Process

- Counselors use a variety of person-centered thinking, planning, and practices to discover a person's individual goals, strengths, interests, and preferences

Self-directed by the individual

- Though the process may include: friends, family, caregivers and other legally-appointed individuals – the individual remains the focal point for care.

Available to all who need it

- Counselors serve people of all ages, abilities, and income levels.

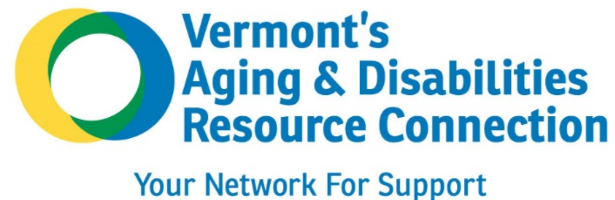
Streamlined Eligibility to LTSS Programs

Consumer complaints:	ADRC Solutions:
• Redirected to another agency or service provider • Having to repeat the same information multiple times • Receiving different information from different places • Confusing, intimidating, and fragmented process • Fear of being "lost in the system" • Impersonal, the feeling of being pushed through on a conveyor belt	• A single, standardized entry process • A coordinated process for determining both financial and functional eligibility • Uniform criteria across sites to assess risk of institutional placement • Tracking of applications in process • Follow-up to individuals on service waiting lists • Follow-up after eligibility determination for both approved and denied applicants

Vermont ADRC and “No Wrong Door”
System

Vermont ADRC Mission and Vision

The **Vermont Aging and Disability Resource Connection** envisions every Vermont community, inclusive of seniors, all persons with disabilities, Veterans, the Deaf, and family and chosen caregivers, having streamlined access to a full range of coordinated programs, services, information and supports across the lifespan.



Vermont ADRC Core Members

- The Brain Injury Association of Vermont
- Vermont Council for Independent Living
- Vermont 2-1-1
- Central Vermont Council on Aging
- Champlain Valley Agency on Aging
- Senior Solutions
- Southwestern Vermont Council on Aging
- Northeast Kingdom Council on Aging

Vermont ADRC Functions and Services

- Information, Referral, and Assistance
- Options Counseling and decision support
- Help with transitions from hospital to home, or nursing home back home
- Help applying for public programs like **Choices for Care**
- Help coordinate eligibility for **Medicaid**
- Serve veterans in the **Veterans Independence Program**
- Help with the **Money Follows the Person**

Independent Options Counseling: Filling the Need?

- Hospital Discharge Planners
- Housing Specialists
- Home-Health and Rehabilitation Intake Staff
- Community Rehabilitation & Treatment Screeners
- Care Coordinators
- Individuals, Family, Friends, and Caregivers

Independent Options Counseling: Finding the Solution in the VT ADRC

- Trusted members of the community
- Trained in person-centered thinking and planning
- Able to provide services in the setting of the individual's choice
- Equipped with a comprehensive view of medical *and* community resources
- Experience being creative with limited resources
- Experience working with state, local, medical, and community partners
- Expertise identifying social determinants of health which may affect outcomes/readmissions, such as: housing/food insecurities; transportation; etc.

Vermont's Aging & Disabilities Resource Connection

Your Network For Support

Enhanced Options Counseling Grant
Award Projects

Person-Centered Options Counseling Training Program and Accreditation

- Beginning in January (2016), Options Counselors have begun participating in a National Training Program.
- Future plans include: State-focused training; coordinated data collection; sustainable funding streams; continuous quality improvement.

Enhanced Options Counseling Long Term Care Medicaid Pilot Project

Care Transitions: Bennington

Key Findings:

- Relationships Matter
- Use of a Shared Email Platform
- Sharing of Patient Census*
- Flagging ADRC Patients in MediTech
- Face-to-Face Huddle with ADRC Partners and Hospital Staff
- Potential Hospital Savings/Avoidance of Readmissions

Care Transitions: Bennington

Client Identification Tool

General Triggers for ALL patients.	Refer To
1. Patient has no informal supports	any of the three ADRC partners
2. Caregiver/family experiencing or at risk of burnout	
3. History of multiple ER admissions/hospitalizations in last year	
ADRC Partner Specific Triggers	
4. Hospitalized due to head injury (a direct or indirect blow to the head)	BIAVT
5. Hospitalized/history of meningitis, encephalitis, or suicide attempt that deprived the brain of oxygen	
6. History of domestic abuse	
7. Experienced concussive event – MVA, abuse, sports, fall, shaken baby, etc.	
8. Experiencing confusion not related to dementia	
9. Dx or history of TBI/ABI, concussion, stroke, epilepsy, etc.	
10. Patient has a disability (including vision and hearing)	VCIL Please note VCIL serves ALL ages
11. Patient uses a wheelchair	
12. Dx or history of physical, emotional, intellectual/developmental or psychological disability(ies)	
13. Patient requires or needs education about home modifications upon discharge	
14. Meals on Wheels for persons under age 60	
15. Patient has a disability and economic issues. Needs information on resources/benefits	
16. Patient needs information about Assistive Technology	
17. Patient has a disability and is being neglected or abused	
18. Patient has a disability and is at risk for nursing home placement that could possibly be prevented if connected with the right services	
19. Patient is 60 and over	SVCOA (AAA)
20. Patient has Alzheimer's disease, Parkinson's, or any form of dementia	
21. Meals on Wheels for patients 60 and over	
22. Patient has a significant disability that requires nursing home level of care and may be eligible for Choices For Care (all ages) or similar programs (60+)	
23. Patient is 60+ and may need assistance advocating for own choices re: independence, returning home, rehab, nursing home, etc.	
24. Patient is a Veteran and requires significant care at home due to illness, age, or disability	
25. Patient is 60+ and has financial concerns that affect mental or physical health	

Care Transitions: Bennington

Key Findings:

- Relationships Matter
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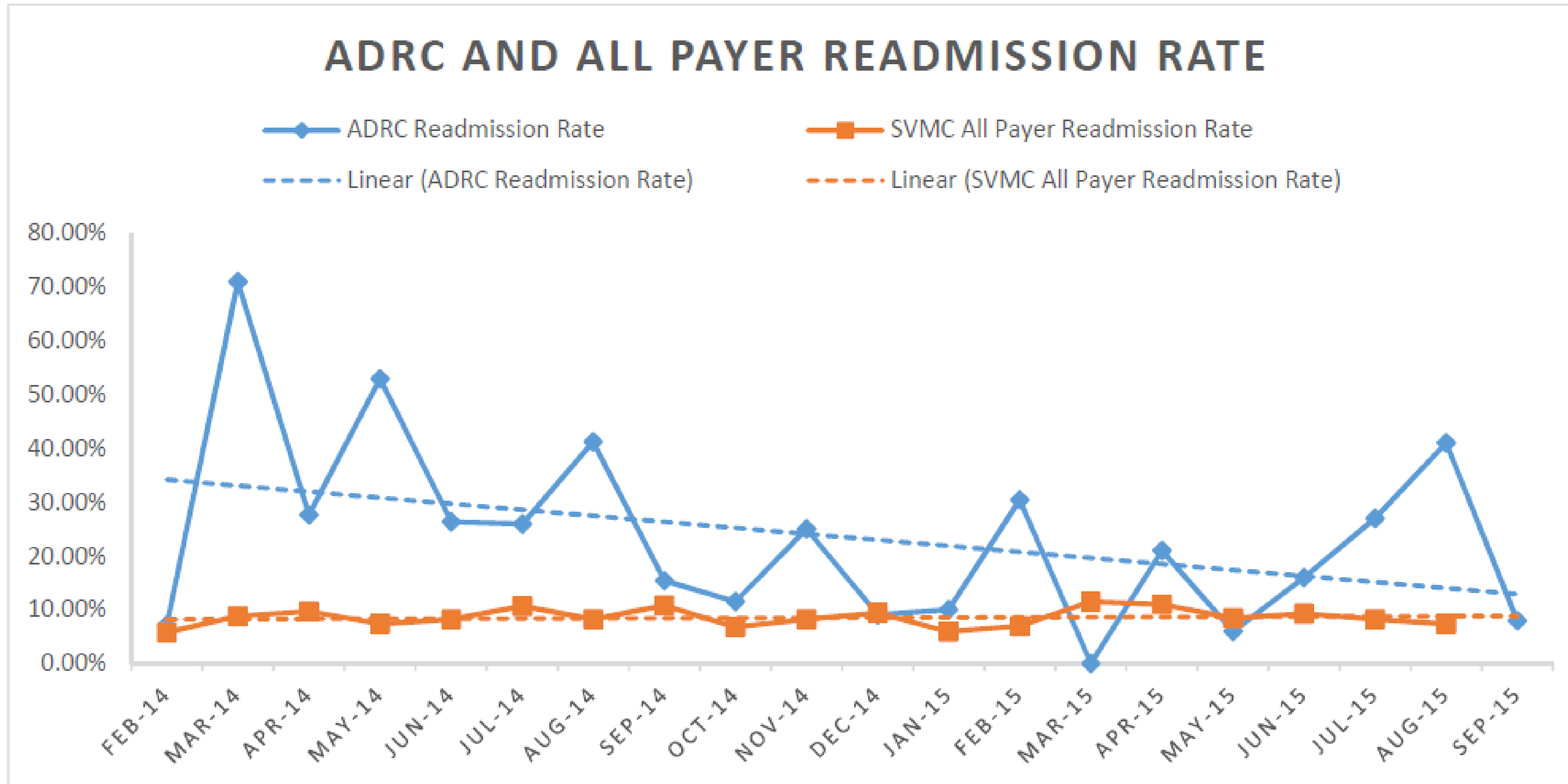
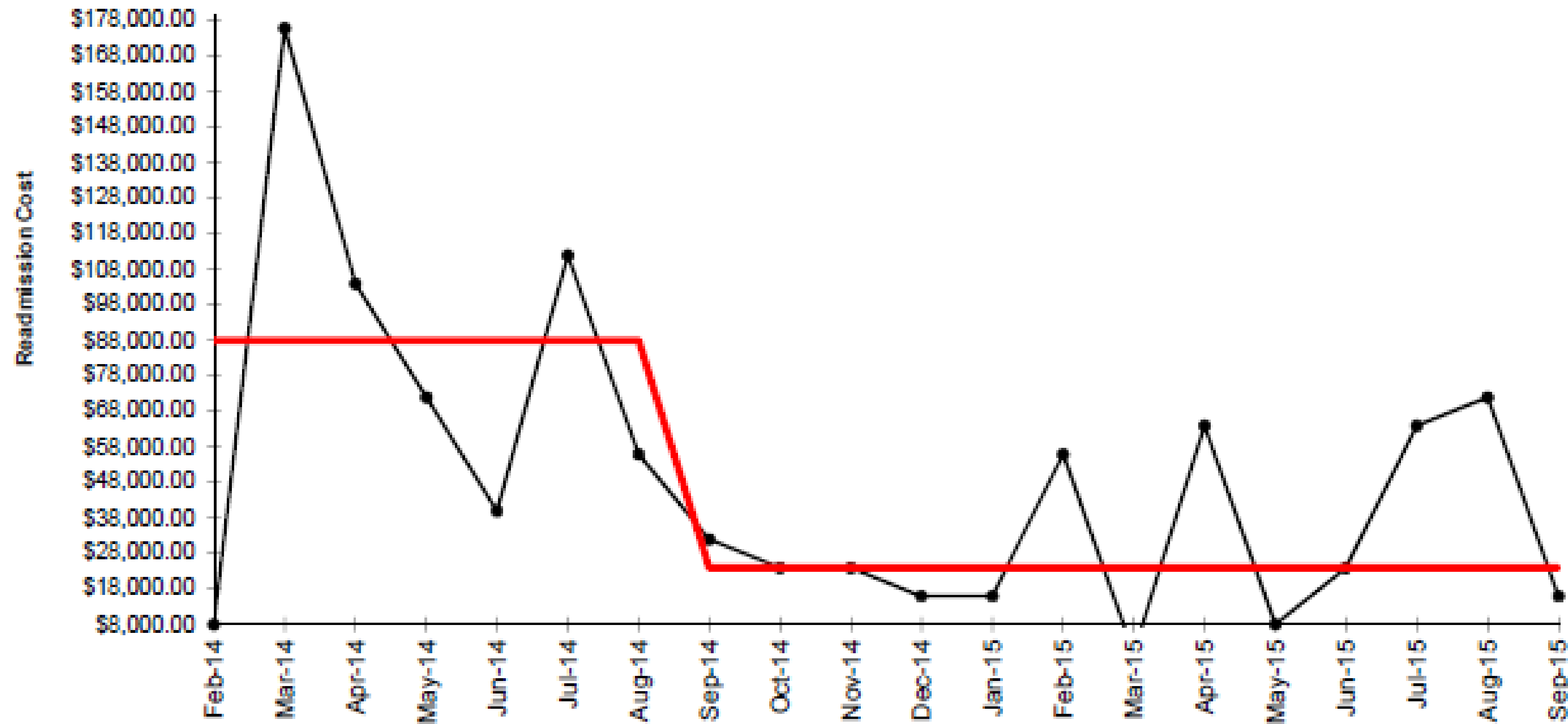
Care Transitions: Bennington



Care Transitions: Bennington

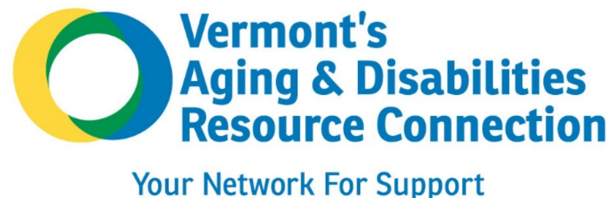


Questions?

Contact Information

Vermont Aging and Disabilities Resource Connection

- **State Contact**: Nicole DiStasio, State of Vermont, Department of Disabilities, Aging and Independent Living, Adult Services Division
- **Phone**: 802-241-0292
- **Email**: nicole.distasio@vermont.gov



Attachment 3b: Independent Options Counseling Pilot Projects

Vermont Aging and Disability Resource Connection (VT ADRC)
Independent Options Counseling Pilot Projects

Enhanced Process for Choices for Care/Long Term Care Medicaid Applications

Goals

- Decrease Choices for Care (CFC)/Long Term Care Medicaid income eligibility determination time
- Reduce emergency room and nursing home utilization
- Increase consumer/staff satisfaction

Partners

- Department for Children and Families (DCF), Economic Services Division (ESD)
- VT ADRC - Central Vermont Council on Aging (CVCOA) and Northeast Kingdom Council on Aging (NEKCOA)
- Department of Disabilities, Aging and Independent Living (DAIL)

Service area: DCF Newport and Barre District Offices
Dates: February 1, 2014 – July 31, 2015

Key Outcomes

Decreased Application Processing Time
For individuals served there was a 76% decrease in the number of days from the date of application submission to the date of decision. The average number of days that applications were reviewed dropped from 139 to 33.

Cost Savings
Individuals experienced shorter wait times for CFC/LTC Medicaid income eligibility determination resulting in fewer claims and lower total costs related to emergency room and nursing home utilization (source MMIS). This equated to a savings of between $9,000 - $21,000 per person.

Staff and Consumer Satisfaction
Enhanced Options Counseling (EOC) staff are trained in person-centered counseling and are able to provide the emotional support many applicants seek during the application process. This allowed Long Term Care Benefit Plans Specialists (LTC BPS) to focus on the area they specialize in, income eligibility. The EOC staff facilitated communication between applicants and DCF as well as the submission of complete and correct applications. Consumers, families, caregivers, hospital, nursing home and rehabilitation center staff have all highly praised the services.

Care Transitions

Goal

- Decrease the 30-day readmission rate of ADRC clients

Partners

- VT- ADRC – Southwestern Vermont Council on Aging (SVCOA), Vermont Center for Independent Living (VCIL), Brain Injury Association of Vermont (BIAVT)
- Southwestern Vermont Medical Center
- Department of Disabilities, Aging and Independent Living

Location – Bennington
Dates: January 1, 2014 – July 31, 2015

Key Outcomes

Decreased 30-day readmission rate
Prior to full implementation and integration of the Care Transitions pilot project the median readmission rate for ADRC clients was 41.1%. After multiple Plan, Do, Study, Act (PDSA) cycles and full implementation and integration, the median readmission rate for ADRC clients dropped to 15.3%.

Cost Savings
The monthly median cost for readmissions prior to full implementation and integration of the pilot was $88,000. This is based on information of $8,000 per readmission provided by SVMC. The average cost during this same time frame was $85,333. After full implantation and integration, the median monthly cost was $24,000 and average cost was $33,619. This translates to a potential monthly median cost savings and /or avoidance of $64,000 and an average cost reduction/avoidance of $51,619. Source: Tupelo Group, LLC October 30, 2015.

For more information:

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