



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

Pending Work Group Approval

Date of meeting: Thursday, December 10, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:03am. A roll call attendance was taken and a quorum was not present. A quorum was present after the second agenda item. Ed Paquin moved to approve the September and October minutes by exception. Susan Aranoff seconded. The September minutes were approved unanimously with three abstentions (Martita Giard, Jeanne Hutchins, and Rachel Seelig); the October minutes were approved unanimously with one abstention (Rachel Seelig).	
2. DLTSS Data Gap Remediation Project and Funding Proposal	<p>Susan Aranoff presented on the DLTSS Data Gap Remediation Project, formerly part of the ACTT suite of projects, and discussed proposed next steps.</p> <ul style="list-style-type: none"> • “Non-Meaningful Use” providers refers to providers who are not eligible for financial incentives and support under the federal Meaningful Use program, which supports HIT adoption among certain provider classes and care settings. One of our goals was to support improved technology infrastructure among providers not eligible for this federal support. • Health Data Infrastructure (HDI) Work Group recommended \$800,000 be approved to support improving health information exchange capabilities for Home Health Agencies (HHAs) and Area Agencies on Aging (AAAs), with unanimous support at the work group and the Steering Committee. Conversations with VITL to develop concrete project proposals and budgets are ongoing. Julie Wasserman underscored the Steering Committee’s strong support for this proposal, and their recommendation to Core Team to prioritize this proposal and the VITL-VCP proposal. • Georgia provided an update on our SIM budget and No-Cost Extension. Last time this group met, SIM staff were working on a Year 3 Operational Plan. Just before Thanksgiving, CMMI instructed us to submit a No-Cost Extension instead on a very tight timeline. A six month no-cost extension of Year 2 was approved last night; Year 2 will now be an 18-month year and will run through June 2016, with Year 3 starting in July 2017 and ending in June 2017. There will be no changes to current activities that are already in place; however, activities relying on Year 3 funds will not begin until July 2016. The Core Team is eager to review new 	

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	<p>proposals but needs additional information about our spending to date to do so. Georgia thanked the group for their patience; changes on the federal end create challenges for staff, program managers, and contractors.</p> <ul style="list-style-type: none"> ○ It is possible that some of the DLTSS Gap Remediation work could possibly be funded with our Year 2 budget, but we won't know that for a few months. ● Barb Prine suggested this group make a recommendation to the Core Team to support this proposal and the VCN Data Quality proposal. Deborah Lisi-Baker commented that there is already strong support from the HDI Work Group and Steering Committee. ● Georgia suggested that a presentation to this group in January with additional plans and budgetary information. Julie Wasserman and Deborah Lisi-Baker concurred. ● Dale Hackett asked what the Core Team's priorities are. ● Joy Chilton commented that she would like additional information before a vote, given the strong support already voiced for this proposal at the HDI Work Group and Steering Committee. 	
<p>3. Innovation, Teamwork, and Payment Reform in the Northeast Kingdom</p>	<p>Patrick Flood presented on discussions currently underway in St. Johnsbury (Attachment 3). These discussions have three areas: Choices for Care, mental health, and Integrated Family Services.</p> <ul style="list-style-type: none"> ● St. Johnsbury wants to pilot an Accountable Health Community and a global budget, which he defines as including social services organizations, community organizations, and others beyond clinical care, to improve the health of the community. Each of the work streams above is part of this broader effort. ● Choices for Care: Lack of advancement and updates in reimbursement methodology and amounts has been a significant problem for this program, and for participating agencies. St. Johnsbury is proposing: <ul style="list-style-type: none"> ○ A bundled rate or case rate for personal care, respite, and companion care provided by the region's HHA. ○ A team-based case management structure. ○ Shared savings agreement (details to be determined) to support investment in community services that are currently underfunded, and to support participating organizations' bottom lines. This would require legislative change. <p>The group discussed the following:</p> <ul style="list-style-type: none"> ● Deborah asked about limiting time spent on administrative burden. Patrick suggested setting a common sense limit (10%, for example), and then working to reduce administrative burden to meet it. Julie Tessler noted that the DAs are working together and with the state to identify which measures are critical for internal and external assessment and quality measurement. The DAs do want bundled payments, they are working with IFS, and are working through challenges in shared savings agreements. Julie Tessler also noted that there is a national movement toward Certified Community Behavioral Health Clinics (CCBHCs) and developing cost-based reimbursement similar to how FQHCs are paid. ● Bard Hill added that there are financial, political, practical, and outcome elements to this, and suggested we focus on the Triple Aim and improving care for the people we serve. He noted that additional refining is 	

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	<p>needed as we move into the legislative session to gain support from legislators and others within state government. He noted that Choices for Care was designed in a specific environment and has evolved from there, and would look different if designed from scratch in the current environment. There are also many constituencies involved with competing concerns in some areas. Patrick responded that providers and community organizations in his area are cautiously optimistic. Bard noted that if a solution is going to be budget neutral and some providers receive more money, others will have to receive less. He also commented that we need to ensure no unintended negative outcomes for participants occur.</p> <ul style="list-style-type: none"> • Sam Liss asked what changes this would cause for individuals. Patrick responded that partnerships with community organizations (for example, transportation providers) are already happening. A more flexible funding structure would support these investments as well as paying for other services that are critical for health. Employment and education could potentially be included; Patrick is open-minded regarding areas for reinvestment. Bard Hill commented that while there are some people of employment age in the Choices for Care program, many are well over retirement age. • Dale Hackett asked how we can change reimbursement and payment to providers to support keeping the system healthy. Patrick commented that there are too many factors to analyze, and called out payment and benefits for personal care attendants as a key issue, as well as efficiency. • Barb Prine asked how, in a time of budget cuts, we ensure that people in need of services keep receiving them. Patrick replied that we should not be making cuts in this area, but rather additional investments. He noted that as a business leader, recapturing savings is an attractive model that would allow him to make investments and generate savings. Patrick also noted that care managers and organizations are already being forced to cut or scale back services to individuals, and there are appeals processes in place. He also noted that there are checks and balances built into a community system. • Rachel Seelig noted that when people apply for and are approved for Choices for Care, they are allocated a set number of hours for services. Patrick suggested that people should be making those decisions with their care managers that are not limited to a few particular types of services, rather than a central decision by the State. • Bard asked how many CFC recipients also receive Medicaid home health services. Patrick responded that the majority receive a combination of services. Bard commented that the current model, focused on 15-minute increments of specific service types, with more flexibility would allow for a combination of service types that would support better outcomes. • Dion LaShay thanked Patrick for his work. He asked whether Patrick or others would present in other areas of the state. Patrick commented that the Bennington and Rutland HHAs are currently merging and are interested in these models. • Nicole LeBlanc asked whether this could allow reinvestment in housing vouchers. Patrick replied that it could. <p>Deborah suggested continuing this conversation in the coming months.</p>	

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<p>4. HIPAA Compliant “Releases”, Privacy and Confidentiality Issues</p>	<p>Brad Wilhelm and Gabe Epstein presented on HIPAA-compliant releases and privacy and confidentiality issues.</p> <ul style="list-style-type: none"> • PHI = Protected Health Information – Any information regarding your health that has your name on it or otherwise could be identified as yours. • 42 CFR Part 2 (“Part 2”) is a federal law that regulates some providers of mental health and substance abuse services, which strictly restricts a subset of information about services provided by a specific subset of providers/care settings; all Part 2 information is also protected by HIPAA, but not all HIPAA-protected information is covered by Part 2. Release forms for information governed by Part 2 requires a more complex release form. • These discussions came out of releases related to cross-organization shared care plans developed in a number of communities through the Integrated Communities Care Management Learning Collaborative, funded by SIM. • Gabe presented principles for developing a compliant release, and walked through the draft form. <ul style="list-style-type: none"> ○ Barb suggested removing the Agency of Human services, which includes DCF, Corrections, and a number of other agencies, and including DAIL instead. Gabe noted it was intended to include AHS field offices. ○ Ed Paquin commented regarding sharing of PHI and other restricted information within State government and State agencies. Bard noted that there are additional releases involved in applying for State services and programs. Suzanne Santarcangelo noted that there are various rules and regulations that restrict the sharing of PHI and other restricted information within State government. Gabe noted that in most cases, care teams do not include State agencies or State employees (with the exception of VCCI, the Vermont Chronic Care Initiative, which is a DVHA program), and the form notes that providers have their own privacy practices. ○ Susan Aranoff thanked Legal Aid for the time they have contributed to commenting on and developing this form. ○ This form will be offered to all of the Learning Collaborative communities. ○ Barb suggested removing criminal history, children’s health and safety assessment, and DCF involvement off the list, and expressed concerns about psychotherapy notes. Gabe commented that there are special HIPAA rules around psychotherapy notes, and that he aimed for over-inclusion in creating this draft form. ○ Joy Chilton noted that her organization includes psychotherapy notes in their release forms to remind themselves of the additional rules in this area, rather than expecting to use them. ○ Gabe noted that privacy law is complex and legal opinions are varied. ○ Erin Flynn commented that the Learning Collaborative pilots are just that, and that in putting this form into use, they will likely identify issues and suggest changes. ○ Gabe and Erin also noted that a verbal discussion of release forms and confidentiality is important to supplement this form with learning collaborative participants. ○ Kirsten Murphy suggested that in some situations, children’s health information could be highly 	

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	<p>relevant to this form and suggested it not be entirely removed from the form.</p> <ul style="list-style-type: none"> ○ Send further comments to Gabe via email: David.Epstein@vermont.gov. 	
5. Updates	<p><i>Year 2 No-Cost Extension:</i> Also discussed during item #2. Work planned for January-June 2016 is still happening, with different federal dollars than initially planned. We will distribute the No-Cost Extension documents later this week – note that it only discusses the January-June 2016 period, and additional information regarding Year 3 (July 2016-June 2017 period) will come later. While this extends the official end date of our project, the timeline of our work is not changing (with a few exceptions) – we had planned to perform some work in 2017 due to claims runout and other issues.</p> <p><i>Process for 2016 Work Group Workplans:</i> The No-Cost Extension process has delayed 2016 workplan development. Workplans will be reviewed by work groups in January, following staff and co-chair review.</p>	
4. Public Comment/Next Steps	<p>Next Meeting: Thursday, January 21, 2016, 10:00am-12:30pm</p> <ul style="list-style-type: none"> • Meetings will be quarterly on first Thursdays going forward (April, July, and October). • Susan Aranoff asked for volunteers or suggestions for people to serve on an advisory team (~10 hours commitment) for the Frail Elders project, and for recommendations for state or national experts in this area. Sue will send an email to the group about this. 	

VHCIP DLSS Work Group Member List

Roll Call: 12/10/2015

*Ed Paquin 10
 Sue Aranoff 20
 - by exception
 29th member
 3 abstentions
 October
 abstention*

Member		Member Alternate		September Minutes	October 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 ✓	H		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 ✓			H		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	A	A	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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VHCIP DLTSS Work Group Participant List

Attendance:

12/10/2015

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	here	AHS - DAIL	S/M
Debbie	Austin		AHS - DVHA	M
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Bob	Bick		DA - HowardCenter for Mental Health	X
<u>Mary Alice</u>	<u>Bisbee</u>		Consumer Representative	M
Denise	Carpenter		Specialized Community Care	X
Alysia	Chapman		DA - HowardCenter for Mental Health	X
Joy	Chilton	phone here	Home Health and Hospice	MA
Amanda	Ciecior		AHS - DVHA	S
Peter	Cobb		VNAs of Vermont	X
Amy	Coonradt	here	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	here	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
Carolynn	Hatin		AHS - Central Office - IFS	S
Selina	Hickman		AHS - DVHA	X
Bard	Hill	here	AHS - DAIL	X
Jeanne	Hutchins	here	UVM Center on Aging	M
Craig	Jones		AHS - DVHA - Blueprint	MA
Pat	Jones	phone	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	here	Green Mountain Self Advocates	X
Brenda	Lindemann		Consumer Representative	MA
Deborah	Lisi-Baker	here	SOV - Consultant	C/M
Sam	Liss	phone	Statewide Independent Living Council	M
Vicki	Loner		OneCare Vermont	X
Carole	Magoffin	here	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Jackie	Majoros		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		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		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	here	VLA/Disability Law Project	MA
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Virginia	Renfrew		Zatz & Renfrew Consulting	X
Suzanne	Santarcangelo	here	PHPG	X
Rachel	Seelig	here	VLA/Senior Citizens Law Project	M
Susan	Shane	here	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	here	DA - Vermont Council of Developmental and Mental Health Serv	M
Bob	Thorn		DA - Counseling Services of Addison County	X
Beth	Waldman		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	Wu	AHS - DVHA	S
Marie	Zura		DA - HowardCenter for Mental Health	X
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