

VT Health Care Innovation Project
“Disability and Long Term Services and Supports” Work Group Meeting Agenda
Tuesday, July 12, 2016; 10:00 PM to 12:30 PM
Elm Conference Room
Waterbury State Office Complex
Call-In Number: 1-877-273-4202; Passcode 8155970; Moderator PIN 5124343

Item	Time Frame	Topic	Relevant Attachments	Decision Needed ?
1	10:00 – 10:05	Welcome; Approval of Minutes Deborah Lisi-Baker	<ul style="list-style-type: none"> • Attachment 1a: Meeting Agenda • Attachment 1b: Minutes from January 21, 2016 • Attachment 1c: Minutes from April 7, 2016 	Yes Yes
2	10:05 – 10:15	DLTSS Sustainability Priorities Georgia Maheras	<ul style="list-style-type: none"> • Attachment 2: SIM Sustainability Project Timeline 	
3	10:15 – 10:45	Mental Health/Substance Abuse/ Developmental Services Medicaid Pathway Selina Hickman		
4	10:45 – 11:35	Frail Elders Project Cy Jordan, Josh Plavin and Erica Garfin	<ul style="list-style-type: none"> • Frail Elders Project Presentation • Frail Elders Project Final Report 	
5	11:35 – 12:05	All Payer Model including Next Gen Medicaid and Medicare ACO Programs Michael Costa		

6	12:05 – 12:20	<p>Updates</p> <p>a) LTSS/Choices for Care Medicaid Pathway Bard Hill and Julie Wasserman</p> <p>b) DLTSS Data Gap Remediation Project Larry Sandage and Sue Aranoff</p>	<ul style="list-style-type: none"> • <u>Attachment 6a</u>: LTSS/CFC Medicaid Pathway Action Plan and Timeline • <u>Attachment 6b</u>: DLTSS Data Gap Remediation Project: Connecting Home Health Agencies 	
7	12:20 – 12:30	<p>Public Comment</p> <p>Deborah Lisi-Baker</p>	<p>Next Meeting:</p> <ul style="list-style-type: none"> • Thursday, October 6, 2016, 10:00 am – 12:30 pm, Waterbury State Office Complex, Cherry B Conference Room <p>Final Meeting:</p> <ul style="list-style-type: none"> • Tuesday, November 1, 2016, 10:00 am – 12:30 pm, Waterbury State Office Complex, Ash Conference Room to focus on VHCIP Sustainability Plan and more 	

Attachment 1b: Minutes from
January 21, 2016

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

Pending Work Group Approval

Date of meeting: Thursday, January 21, 2016, 10:00am-12:30pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:10am. A roll call attendance was taken and a quorum was not present.	
2. VHCIP 2015 Year in Review	<p>Georgia Maheras presented on VHCIP accomplishments in 2015, and planned activities for 2016 (Attachment 2).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Transition to all-payer model will be critical, as will sustainability for new models. 	
3. VHCIP 2016 Draft Workplans	<p>Deborah Lisi-Baker and Sarah Kinsler presented the 2016 workplans for the DLTSS, Payment Model Design and Implementation, Practice Transformation, and Health Data Infrastructure Work Groups (Attachments 3a-3d).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Jackie Majoros asked how this group will be able to provide input into the all-payer model. Georgia Maheras replied that we have a variety of opportunities and channels to provide feedback and input on the all-payer model, including public comment at GMCB, and less formal conversations with Secretaries, Commissioners, and others. Julie Tessler suggested All Payer Model presentations directly to this group would strengthen the process and take advantage of the great knowledge at the table. Sam Liss concurred. • Deborah Lisi-Baker noted that because this group is now meeting quarterly, we will continue to do a significant amount of work on our own and supported by Pacific Health Policy Group (PHPG) between meetings. She invited members to participate in this work. • Joy Chilton suggested aligning the workplan activities and timeline with the all-payer model timeline. Deborah replied that we don't know that timeline yet, but that we are trying to do that, and requested that members share information as appropriate. Julie Tessler offered to share what her organization has developed, and suggested talking with leaders from the DA/SSA/AAA organizations and others who are active in this area. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> Dale Hackett commented to focus on the individual receiving services is the most critical factor. Deborah Lisi-Baker suggested this be a key research question to guide our work this year. Susan Aranoff noted that the Payment Models Work Group is interested in how DLTSS services are funded, and invited members to provide input on topics. Julie Tessler will share a presentation on DA financing. 	
4. DLTSS Data Gap Remediation Funding Request	<p>Susan Aranoff provided an update on the DLTSS Data Gap Remediation Funding Request.</p> <ul style="list-style-type: none"> The Health Data Infrastructure Work Group strongly supported the DLTSS Data Gap Remediation proposal. The Steering Committee also voted unanimously to support this work and move it forward to Core Team, along with a proposal for continued work with the DAs and SSAs. Sue is currently working with Home Health Agency and Area Agency on Aging provider organizations and VITL to develop a more detailed budget and project plan. Provider response has been very positive thus far. A key issue is whether SIM funds can be used to support interface build-out on the provider-side, or whether providers will need to fund that work themselves. Sue noted that this can be very expensive, depending on the provider's EHR vendor. Another key issue is whether the Area Agencies on Aging can be connected to the VHIE, given that they are not strictly medical providers. 	
5. Unified Community Collaboratives and Blueprint for Health Payments	<p>Jenney Samuelson presented on the Unified Community Collaboratives (UCCs) and Blueprint for Health payment changes (Attachments 5a and 5b).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> Susan Aranoff asked how UCCs are working on socioeconomic determinant issues. Jenney provided an example from the Burlington area, where the hospital and United Way are working together on housing. The hospital was struggling to discharge people not because they needed continued acute care, but because of lack of housing. These organizations worked with Champlain Housing Trust and Howard Mental Health to provide supportive housing beds to allow for discharge from the hospital. Morrisville is also working on transportation issues. Sam Liss asked about focus on employment needs. Jenney replied that there is not an example of this yet, but that she expects it to emerge in the coming months as UCCs mature. She also noted that Medicare and Medicaid are starting to think about employment assistance. Dale Hackett asked how this group balances non-medical needs that impact health with funding requests. Jenney noted that this is an ongoing challenge but that communities are increasingly creative in finding funding to support their work. In Burlington, funds came from the hospital and the housing trust. Deborah Lisi-Baker asked about UCCs' focus on adults vs. pediatric populations. Jenney noted that UCCs and their focus areas are evolving. Many are currently focusing on individuals with high patterns of utilization, which are often adults; however, Integrated Family Services is also of great interest in many communities. Dale Hackett noted that adolescents are also a key group. Jenney commented the Blueprint payment changes include measures specific to adolescent well-child visit, which provides an opportunity to increase screening rates for adolescents as well as to improve screening quality across health service areas (HSAs). Dave Yacovone asked how the Blueprint tracks the amount of money distributed in incentive payments versus 	

Agenda Item	Discussion	Next Steps
	<p>the amount being reinvested in community support. Jenney replied that the Blueprint does not track reinvestment. She also noted that analytics have shown that savings from the Blueprint are greater for commercial insurers than Medicaid – though savings from medical services were similar, Medicaid support services (like transportation and community-based services) were staying flat or increasing. Dave noted that aging populations aren't a focus in the new payment system. Jenney noted that this is a transitional year as we look ahead to the all-payer model.</p> <ul style="list-style-type: none"> • UCCs are meant to pull together the regional Blueprint and ACO governance structures to avoid duplication and increase coordination and alignment. The Blueprint Community Health Teams continue to operate and support communities in providing care; UCCs build on this to perform cross-organization quality improvement projects under the guidance of a leadership team. While some UCCs have consumer representatives now, not all are ready yet. UCCs are also working to develop charters which document their governance and decision-making processes. Charters are locally-developed and housed at the local level. • Sam Liss asked Jenney whether UCCs are distinguishing between person-centered and person-directed care. Jenney replied that there is a growing understanding of this 	
<p>6. Updates/Next Steps</p>	<p><i>HIPAA-Compliant Releases, Privacy, and Confidentiality (Gabe Epstein):</i> Gabe presented briefly on this topic to the Practice Transformation Work Group in January and will present again in February. He was invited to talk with the St. Johnsbury community about HIPAA compliant releases, privacy and confidentiality issues within their Integrated Communities Care Management Learning Collaborative process; and has met with representatives from DMH on this topic. Gabe will also be presenting a webinar for the other Learning Collaborative teams later in January.</p> <p><i>Learning Collaborative Core Competency Trainings (Erin Flynn):</i> Contractors to support this work have been selected, and negotiations are in progress. Erin will have more updates at the Practice Transformation Work Group in February, and for this group in April. The trainings will run through 2016, with over 30 training opportunities in general care management and DLSS-specific competencies. There will also be advanced care management training and training for supervisors available, and train-the-trainer opportunities for a subset of participants. Erin also invited members of this group to share information about the trainings with their networks.</p> <p><i>DLSS Payment Reform Efforts (Deborah Lisi-Baker):</i> Work Group leadership will be working with PHPG, the Payment Models Work Group, and State staff to support ongoing work and analyses in this area.</p>	
<p>7. Public Comment/Next Steps</p>	<p>Next Meeting: Thursday, April 7, 2016, 10:00am-12:30pm</p> <ul style="list-style-type: none"> • Susan Aranoff introduced Dave Yacovone, former legislator, DAIL and DCF Commissioner, AHS Deputy Secretary, and now DAIL Dir. of Aging. 	

VHCIP DLSS Work Group Member List

Roll Call: **1/21/2016**

Member		Member Alternate		December Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
Debbie Jenney ✓	Austin Samuelson ✓	Craig	Jones		AHS - DVHA
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 Peter ✓	Goetschius Cobb ✓	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
	30		10		

14 No Quorum

VHCIP DLTSS Work Group Participant List

Attendance:

1/21/2016

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>here</i>	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
Denise	Carpenter		Specialized Community Care	X
Alysia	Chapman		DA - HowardCenter for Mental Health	X
Joy	Chilton	<i>phone here</i>	Home Health and Hospice	MA
Amanda	Ciecior	<i>here</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	<i>phone here</i>	Cathedral Square and SASH Program	M
Gabe	Epstein	<i>here</i>	AHS - DAIL	S
Patrick	Flood		CHAC	M

Erin	Flynn	here	AHS - DVHA	S
Mary	Fredette		The Gathering Place	M
Joyce	Gallimore	phone	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		AHS - DAIL	X
Jeanne	Hutchins		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
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		AHS - DVHA	S
Georgia	Maheras	phone	AOA	S
Jackie	Majoros	here	VLA/LTC Ombudsman Project	M
Carol	Maroni		Community Health Services of Lamoille Valley	M
Mike	Maslack			X
Lisa	Maynes		Vermont Family Network	X

Madeline	Mongan		Vermont Medical Society	M
Todd	Moore		OneCare Vermont	X
Mary	Moulton		Washington County Mental Health Services Inc.	X
Kirsten	Murphy		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		Disability Rights Vermont	M
Annie	Paumgarten		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
Suzanne	Santarcangelo	phone	PHPG	X
Rachel	Seelig		VLA/Senior Citizens Law Project	M
Susan	Shane	phone	OneCare Vermont	MA
Julia	Shaw		VLA/Health Care Advocate Project	X
Richard	Slusky		GMCB	S/MA
Angela	Smith-Dieng	phone	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		Bi-State Primary Care/CHAC	X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	M
Marie	Zura		DA - HowardCenter for Mental Health	X

Dave Yacovone - here - DAIC
 Jenney Samvelson - here - DVHA BluePrint

Attachment 1c: Minutes from
April 7, 2016



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

Pending Work Group Approval

Date of meeting: Thursday, April 7, 2016, 10:00am-12:30pm, Oak Conference Room Waterbury State Office Complex

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:10am. A roll call attendance was taken and a quorum was not present at the start of the meeting. Minutes of the 1/21/16 meeting were not approved.	
2. Project Updates	<p>The update for the Integrated Communities Care Management Learning Collaborative and the Core Competency training programs was tabled for later in the meeting.</p> <p>DLTSS-related HIE/HIT Initiatives Update Georgia Maheras provided an update on DLTSS-related HIE/HIT Initiatives.</p> <p>Update on Health Information Technology (HIT) Strategic Plan Reference Attachment 2b: The State of Vermont HIT Plan was last updated in 2010 and did not address many of the issues discussed as part of the DLTSS Work Group. It now speaks to interoperability, and planning to meet these needs moving forward. The process included a great deal of stakeholder outreach. Georgia highlighted objective numbers 3, 9, and 14 as objectives that are being addressed, in particular. The Plan intends to be a high-level vision to move forward in the area of Health Infrastructure Technology in Vermont.</p> <p>Jackie Majoros asked where leadership and governance lie now. Georgia responded that the GMCB has an approval component, the Legislature has a funding component and there are other agencies that work well on their own but also operate in silos – thus creating a fractured governance structure at this time.</p>	

Agenda Item	Discussion	Next Steps
	<p>Page 29 of the materials presents the Vermont Health Information Technology Plan initiatives:</p> <p>Statewide HIT/HIE Governance & Policy 01 – Establish (and run) comprehensive statewide HIT/HIE governance. 02 – Strengthen statewide HIT/HIE coordination. 03 – Establish and implement a statewide master data management program (data governance) for health, health care, and human services data. 04 – Develop and implement an approach for handling the identity of persons that can be used in multiple situations. 05 – Oversee and implement the State’s telehealth strategy. 06 – Provide bi-directional cross state border sharing of health care data.</p> <p>Business, Process & Finance 07 – Continue to expand provider Electronic Health Record (HER) and HIE adoption and use. 08 – Simplify State-required quality and value health care related reporting requirements and processes. 09 – Establish and implement a sustainability model for health information sharing.</p> <p>Stakeholder Engagement & Participation 10 – Centralize efforts for stakeholder outreach, education, and dialogue relating to HIT/HIE in Vermont.</p> <p>Privacy & Security 11 – Ensure that statewide health information sharing consent processes are understood and consistently implemented for protected health information – including information covered by 42 CFR Part 2 and other State and federal laws. 12 – Ensure continued compliance with appropriate security and privacy guidelines and regulations for electronic protected health information.</p> <p>Technology 13 – Ensure Vermont Health Information Exchange (VHIE) connectivity and access to health and patient information for all appropriate entities and individuals. 14 – Enhance, expand, and provide access to statewide care coordination tools. 15 – Enhance statewide access to tools (analytics and reports) for the support of population health, outcomes, and value of health care services. 16 – Design and implement statewide consent management technology for sharing health care information. 17 – Provide a central point of access to aggregated health information where consumers can view, comment on, and update their personal health information.</p>	

Agenda Item	Discussion	Next Steps
	<p>Update on State Innovation Models (SIM)-funded health data infrastructure projects</p> <p>SIM-funded projects: completed</p> <ul style="list-style-type: none"> • Gap Analyses for Accountable Care Organization (ACO) and DLTSS providers completed. <ul style="list-style-type: none"> – Ongoing activity. • 2015 Gap Remediation for ACO member organizations and Designated Mental Health and Specialized Service Agencies. <ul style="list-style-type: none"> – Ongoing activity. • ACO Gateways for OneCare and Community Health Accountable Care (CHAC) completed. • EMRs acquired for five Specialized Services Agencies (SSAs) and for the Dept. of Mental Health/State Psychiatric Hospital. • Health Data Inventory completed. • Telehealth Strategic Plan finalized. <p>SIM-funded projects: Ongoing</p> <ul style="list-style-type: none"> • Terminology Services for the VHIE started. • Data Quality improvement efforts for Designated Agencies. • Vermont Care Network Data Repository work begun. • Event Notification System launch scheduled. • ACO Gateway for Healthfirst started. • Request for proposals for Telehealth Pilots released and vendors selected. • DLTSS Gap Remediation <p>Update on HIT Fund health data infrastructure projects.</p> <ul style="list-style-type: none"> • VITLAccess: <ul style="list-style-type: none"> – Brattleboro Retreat, Northwestern Counseling & Support Services, Howard Center, Bradley House, Cathedral Square, Central Vermont Home Health and Hospice, Addison County Home Health, Lamoille County Mental Health Services, Lamoille Home Health & Hospice, The Manor, Visiting Nurse Association of Chittenden County. • Connections to the VHIE: <ul style="list-style-type: none"> – Three Lab interfaces for Skilled Nursing Facilities. – Five Admission, Discharge, Transfer (ADT) interfaces and One Continuity of Care Document (CCD) interface for Home Health and Visiting Nurse Associations. – Four Lab interfaces for Designated Agencies. <p>On the horizon: new CMS funding</p> <ul style="list-style-type: none"> • Eligibility for 90/10 federally matched funding to the VHIE. 	

Agenda Item	Discussion	Next Steps
	<p>Sue Aranoff asked about how the comments from the State of Vermont are being collected in relation to the new proposed rule from SAMSHA. Several sets of comments are being submitted; one from ADAP, one from the Department of Health, one from the Health Care Reform team and one from Legal.</p> <p>Molly asked if the Telehealth Pilot contracts have been executed yet; not yet.</p> <p>Jackie asked about how to get a status on the Event Notification System – Georgia responded that a status report is available each month on the website for each of the ongoing projects under SIM.</p> <p>Georgia addressed the recent change that will now allow the use of federal funds to support the HIE connections for organizations that previously had not been able to access them: Home health agencies, skilled nursing facilities, and home and community based services in particular. Molly asked if it includes housing yet – not yet. But Georgia indicated that Vermont is currently working on ways to find funding for this area as well.</p>	
<p>3. All Payer Model and Medicaid Pathways</p>	<p>All Payer Model and Medicaid Pathways</p> <p>Michael Costa – Deputy Director of Health Care Reform and Selina Hickman, Director of Operations and Quality at the Agency of Human Services Secretary’s Office presented from the slides on pages 35 to 51 of the materials packet.</p> <p>How do we integrate the system going forward? And Why do we want to?</p> <ul style="list-style-type: none"> • Better quality for Vermonters • Healthier Vermonters • Happier providers • Better stewardship of Vermont \$ <p>Barb Prine and Kirsten Murphy asked about stakeholder engagement.</p> <p>The group agreed that it would be good to schedule time soon to further describe in detail what DVHA is expecting to see from a new ACO arrangement in Vermont. In short, we are willing to pay an ACO differently and pay them up front for the care of all the individuals on their rolls. And now it’s time to put those pieces together to create that ACO and determine the services for which it will be paid. An RFP for this new ACO was posted by DVHA.</p> <p>Julie Tessler asked what spending is outside of the model? The response was Drugs, or Medicare Part D.</p> <p>Julie Wasserman asked if everyone (Commercial, Medicare and Medicaid) is in the model or just Medicaid? When it comes to the RFP it’s only Medicaid because that’s within the purview of the State of Vermont; the APM intends to include everyone.</p>	

Agenda Item	Discussion	Next Steps
	<p>Barb Prine highlighted the fact that it seems like some state staff are not aware of the background behind the waiver process and it was noted that it is common that people are not always aware of what happens outside of their own departments. Selina noted that it speaks to the readiness of the State of Vermont for this change.</p> <p>Barb Prine, Kirsten Murphy, Dion LaShay, Jackie Majoros and Julie Tessler also noted that they recommend that there be more consumer and stakeholder participation in the Medicaid Pathway development process. Selina noted that she will bring back these recommendations.</p> <p>Julie Tessler also noted that it would be helpful to note that DVHA pays for services that will be outside the ACO model altogether and that is important to note. Slides will be revised.</p> <p>Kirsten and Dion agreed that consumers and people who are disadvantaged are not necessarily being engaged up front to ensure that their needs will be met in terms of what services will be included in the process.</p>	
<p>4. PHPG Update: VT Integrated Care Model and Payment Reform</p>	<p>PHPG Update: VT Integrated Care Model and Payment Reform</p> <p>Scott Whittman and Suzanne Santarcangelo from Pacific Health Policy Group presented from the slides in the packet.</p> <p>Barb Prine asked for clarification around the description of the Vermont Integrated Model of Care and whether it is aspirational or is actually happening. The clarification is that this is a description of a model – not current practices. The chart also describes the elements of the program. The checkmark means there is a requirement, but may not be happening across the board. The checkmark is used when there is evidence that there is a requirement for this element.</p> <p>Jackie noted that the goals and principles of the Medicaid Pathway should be aligned with the elements of the Model of Care. Georgia commented that the goals and principles are meant to be more broad. As well, Jackie noted that the notation of “Special Health Needs” under the bullet of access to care seems to be too limiting.</p> <p>Barb Prine asked about the use of the term ‘investment’ and Scott clarified that where we have two systems of health care payment (traditional and community based) where one system can provide savings and/or benefits for the other. The investment is meant to describe the notion that the benefits would prove that more could be allotted for the second system.</p> <p>Barb Prine noted that in some cases the consumer is unaware that a denial of services or benefits has occurred – for example, when a provider prescribes 40 hours of day supports but the approval is only for 20 hours, the consumer is likely to never know that happened. Jackie noted people ‘don’t know what they don’t know.’ And that patient education programs may not address those gaps.</p>	

Agenda Item	Discussion	Next Steps
	<p>As well, this process intends to put a more concerted effort into ensuring that best practices are being applied in a uniform way and to monitor for that fidelity across those measures.</p> <p>Dion expressed a concern that there should be a buffer built in to help mitigate the risk (of not providing necessary services) and that is why we need to be sure that the mitigation strategies are strong and clearly stated.</p>	
5. Public Comment/Next Steps	Next Meeting: Thursday, July 7, 2016 10:00 am – 12:30 pm Waterbury State Office Complex, Ash Conference Room	

VHCIP DLTSS Work Group Member List

7-Apr-16

Member		Member Alternate		Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓				AHS - DAIL
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
Peter	Cobb	Joy	Chilton ✓		Home Health and Hospice
Dale	Hackett ✓				Consumer Representative
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
Madeleine	Mongan				Vermont Medical Society
Kirsten	Murphy ✓				Developmental Disabilities Council
Nick	Nichols ✓				AHS - DMH

Ed	Paquin				Disability Rights Vermont
Leura	Pelesi				Vermont Health Care Association
Eileen	Peltier				Central Vermont Community Land Trust
Paul	Reiss	Amy	Cooper		Accountable Care Coalition of the Green Mountains
Jenney	Samuelson	Craig	Jones		AHS - DVHA
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
	28 27		10		

1314 Q ✓

	Meeting Name:	VHCIP DLTSS Work Group Meeting	
	Date of Meeting:	April 7, 2016	
	First Name	Last Name	
1	Susan	Aranoff	here
2	Ena	Backus	
3	Susan	Barrett	
4	Bob	Bick	
5	Denise	Carpenter	
6	Alysia	Chapman	
7	Joy	Chilton	
8	Peter	Cobb	
9	Amy	Coonradt	
10	Amy	Cooper	
11	Alicia	Cooper	
12	Molly	Dugan	here
13	Gabe	Epstein	here
14	Patrick	Flood	
15	Erin	Flynn	none
16	Mary	Fredette	
17	Joyce	Gallimore	
18	Lucie	Garand	
19	Christine	Geiler	
20	Martita	Giard	
21	Dale	Hackett	here
22	Mike	Hall	
23	Carolynn	Hatin	
24	Selina	Hickman	here

Michael Costa - AOA
 Scott Whittman - PH PG

25	Bard	Hill	here
26	Jeanne	Hutchins	
27	Craig	Jones	
28	Pat	Jones	phone
29	Margaret	Joyal	
30	Joelle	Judge	here
31	Trinka	Kerr	
32	Sarah	Kinsler	
33	Tony	Kramer	
34	Andrew	Laing	
35	Kelly	Lange	
36	Dion	LaShay	phone
37	Deborah	Lisi-Baker	here
38	Sam	Liss	here
39	Carole	Magoffin	
40	Georgia	Maheras	here
41	Jackie	Majoros	here
42	Lisa	Maynes	
43	Madeleine	Mongan	
44	Mary	Moulton	
45	Kirsten	Murphy	phone
46	Nick	Nichols	here
47	Miki	Olszewski	
48	Jessica	Oski	
49	Ed	Paquin	
50	Annie	Paumgarten	
51	Laura	Pelesi	

52	Eileen	Peltier	
53	John	Pierce	
54	Luann	Poirer	
55	Barbara	Prine	here
56	Paul	Reiss	
57	Virginia	Renfrew	
58	Jenney	Samuelson	
59	Suzanne	Santarcangelo	here
60	Rachel	Seelig	
61	Susan	Shane	
62	Julia	Shaw	
63	Richard	Slusky	
64	Angela	Smith-Dieng	
65	Holly	Stone	here
66	Beth	Tanzman	
67	Julie	Tessler	here
68	Bob	Thorn	
69	Beth	Waldman	
70	Marlys	Waller	phone
71	Nancy	Warner	
72	Julie	Wasserman	here
73	Kendall	West	
74	James	Westrich	
75	Bradley	Wilhelm	
76	Jason	Williams	
77	David	Yacovone	here
78	Marie	Zura	

Debbie Austin - DCHA

Attachment 2: SIM
Sustainability Project
Timeline

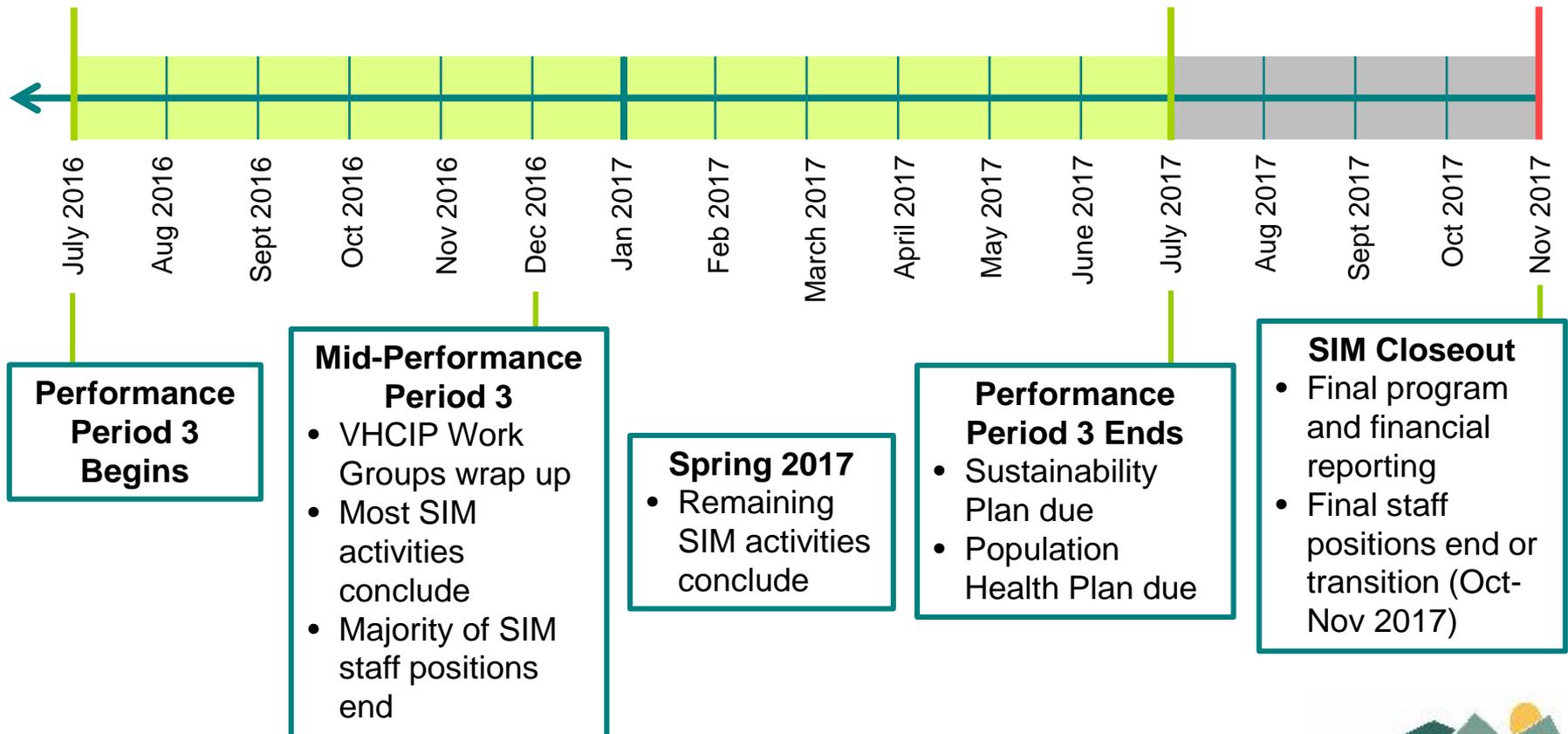
VHCIP Performance Period 3 Timeline

Performance Period 3

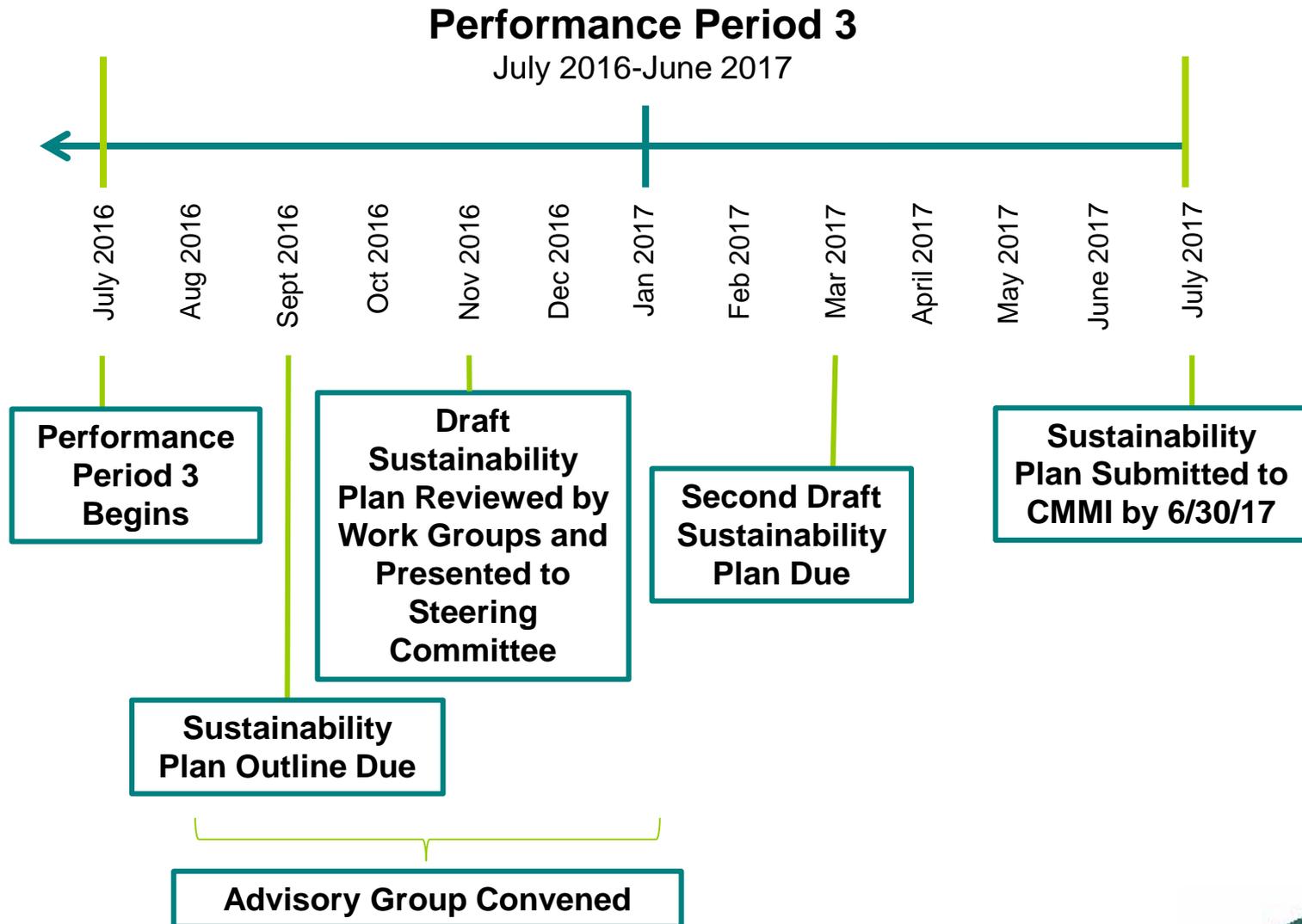
July 2016-June 2017

PP3 Carryover

July 2017-Nov 2017



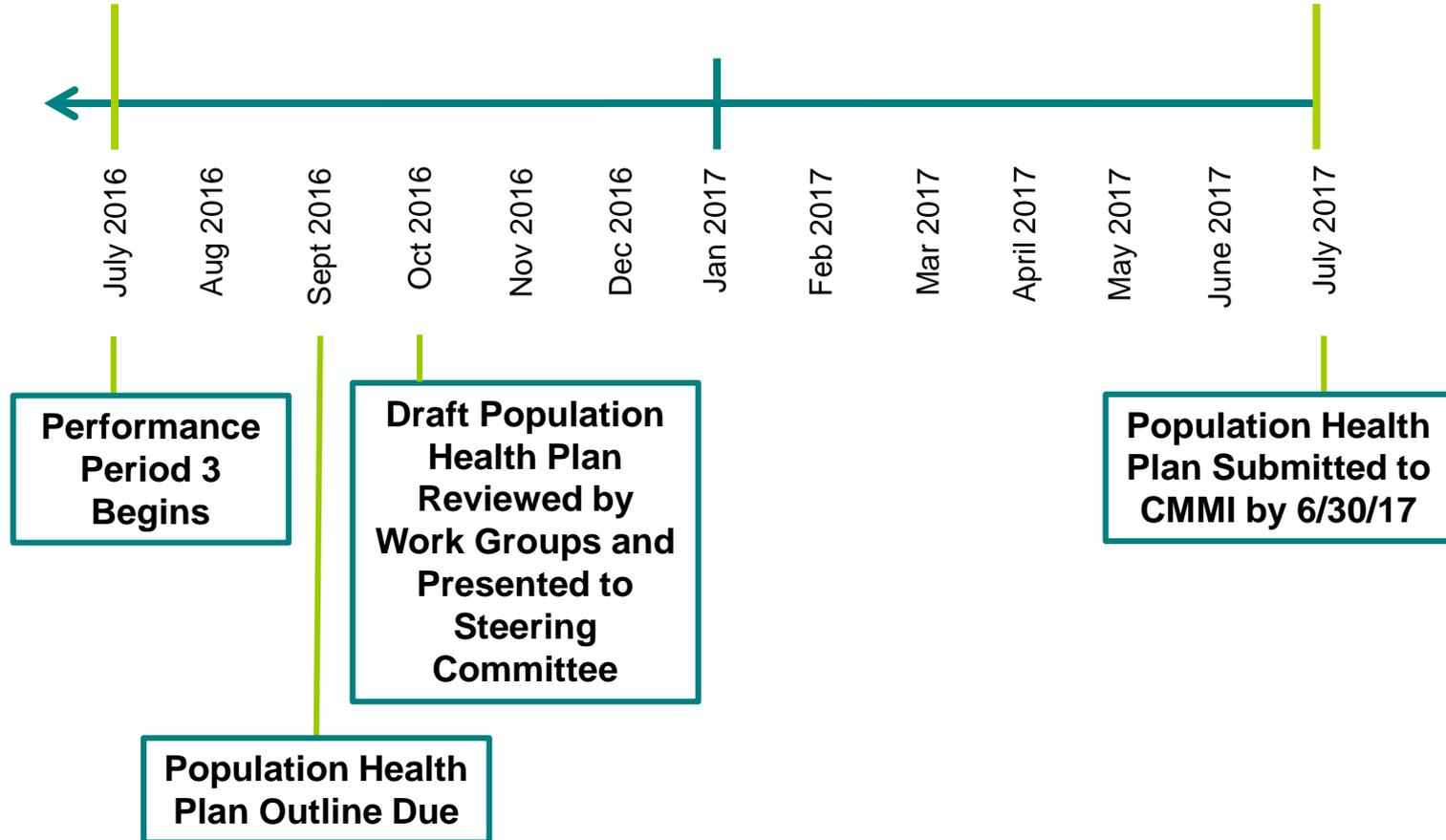
Sustainability Plan Review



Population Health Plan Review

Performance Period 3

July 2016-June 2017



Attachment 6a: LTSS/CFC Medicaid Pathway Action Plan and Timeline

**LTSS/CFC Medicaid Pathway
Delivery System and Payment Reform Opportunities
Action Plan and Timeline
DRAFT -- June 2016**

GOAL: Improve access to person and family centered and directed care resulting in enhanced quality and better outcomes while ensuring a sustainable network of DLTSS providers and alignment with Vermont's current health care reform efforts.

Internal Planning Team: Bard Hill, Julie Wasserman, Megan Tierney-Ward, Sarah Lane, Deborah Lisi-Baker, Sue Aranoff, with PHPG support.

Action Plan and Timeline

1. Identify members to participate in the LTSS/CFC Medicaid Pathway Subgroup (May)
 - *Invited Provider Members:* Patrick Flood (HHA/FQHC/ACO), Mike Hall (AAA), Sarah Launderville (VCIL), Jackie Majoros (LTC Ombudsmen), Joanne Bohlen (Adult Day), Ed Paquin (Disability Rights Vermont), Deborah Lisi-Baker (DLTSS Chair), one representative from home health: Kim Lague (Central Vermont), Treny Burgess (Caledonia) or Rita Laferriere (VNH), Laura Pelosi (VHCA), Molly Dugan (SASH), Lynn Lawson (Consumer), Trevor Squirrell (Brain Injury Association), Virginia Milkey (COVE), Kirsten Murphy (DD Council), John Pierce (Advocate/Consumer); Jeanne Hutchins (UVM); Rosemary Mayhew (Bel-Aire Center); Joyce Touchette (Converse Home); Josh Smith (Green Mountain Support Services)
 - *State of VT Members:* Selina Hickman (AHS), Julie Wasserman (AHS), Camille George (DAIL), Bard Hill (DAIL), Megan Tierney-Ward (DAIL), Sara Lane (DAIL), Sue Aranoff (DAIL), Bill Kelly (DAIL Finance), Tom Boyd (DVHA reimbursement), Carrie Hathaway (DVHA finance), Craig Jones (Blueprint), Linda Martinez (DVHA Clinical), other ad hoc invitees based on final scope
 - *Co-Chair:* Bard Hill (State of VT) with Provider Co-Chair (identified by Subgroup once formed)
 - *Staff:* Julie Wasserman, Sue Aranoff
 - *Consultant Support:* Scott Wittman, Suzanne Santarcangelo (PHPG)
2. Determine level of provider engagement and interest in work group participation (May).
 - Kick-off invitation will include LTSS/CFC Medicaid Pathway goals, VT Integrated Model of Care, Action Plan and Timeline, and other relevant materials.
3. Set up a meeting schedule (every 3 weeks) and begin meeting. (June)
 - To include internal State planning team and stakeholder planning groups

4. Identify Delivery System Transformation Goals: Solicit State staff, provider, stakeholder, and consumer/advocate concerns with current delivery model, program requirements (including alignment with planned updates to HCBS standards) and payment methodologies. (June/Ongoing)
5. Determine Scope of Work Group Planning: Using “Scope Discussion Table”: (June/July)
 - i. Identify programs and services that should be considered as “in” or “out” of scope, including:
 - a) Programs and services to be considered as candidates for delivery system reform, payment reform, or both.
 - b) Whether program inclusion should be considered as part of short-term (Calendar Years 2016 and 2017) or long-term planning efforts
 - ii. Identify projects that may serve as pilots for reform that are already under development or have plans for implementation, and identify next steps.
 - a) Create work plan to implement pilot(s) and define feedback mechanisms to inform statewide reform efforts.
 - iii. Preliminary review of draft scope to determine if program or legal requirements present any known limitations or impediments to reform initiatives.
6. Review final Draft Scope and Discuss Delivery System Design Models to support VT Integrated Model of Care. (August)
 - Identify Delivery System Design elements that specifically support an integrated delivery system, including alignment with VT’s Blueprint for Health and planned HCBS rule updates.
 - Review other states’ models and opportunities to enhance funding (e.g., Medical Home and/or ACO investments in community based care) as applicable.
7. Identify Alternatives to current Fee-for-Service Payment Models that support the VT Integrated Model of Care and the proposed Delivery System Design Model (September)
8. Identify Quality and Oversight Framework including any new performance and outcome measures and alignment with planned HCBS updates. (September/October)
9. Present preferred design options for delivery system and payment reform, ensuring one drives the other. Solicit input from providers, stakeholders and consumer/advocates. (September/October)
 - To include outreach to providers not on planning team and formal and informal stakeholder feedback sessions.

10. Determine Resources and/or Technical Assistance needed to implement preferred delivery system and payment reform models for both short and long-term sustainability (e.g. data, staffing, change in standards or certification processes). (September - December)
11. Identify which features of the proposed reforms, if any, would require approval from CMS. (September- December).
 - Define approach (e.g., SPA, GC Demonstration amendment, GC technical review or appendix change) and timeline for any necessary CMS review.
12. Identify any Statute, regulatory, policy or budgetary changes needed. (September - December)
13. Determine provider readiness for reforms and identify any final obstacles. (September - December)
14. Develop a proposed 2017 implementation date and plan for operational changes to support reform model, solicit feedback. Seek approval from CMS and/or Legislature as needed. (December).

When applicable, provide progress reports and lessons learned from projects already under development that are pursuing DLTSS system integration and payment reform. These “lessons learned” can help inform the work of the DLTSS Medicaid Pathway.

Present progress to date on the DLTSS Medicaid Pathway efforts at the DLTSS Work Group’s quarterly meetings (July and October 2016).

Attachment 6b: DLTSS Data
Gap Remediation Project:
Connecting Home Health
Agencies

DISABILITY AND LONG TERM SERVICES AND SUPPORTS DATA GAP REMEDICATION PROJECT: NEXT STEPS - Connection of Home Health Agencies

Susan Aranoff, Esq.

Larry Sandage

Holly Stone

July 12, 2016

Project Background

- Goal: To increase the Health Information Technology capacity of Vermont's Disability and Long Term Services and Supports (DLTSS) Providers and other "non-Meaningful Use providers"
- Objective: Home Health Agencies and Area Agencies on Aging establish connections to VHIE to implement the Next Generation Medicare Shared Savings Program, and comply with the IMPACT Act.

Project Overview

- Nearly \$800,000 of SIM funds allocated to connect the remaining HHAs and, when possible, AAAs to the VHIE.
- Funds must be spent between 2/15/16-12/31/16.
- VITL is carrying out the project in 3 phases.

Project Overview

- Implement VITLAccess for Home Health Agencies, including Bayada.
 - VITLAccess is a provider portal that allows access to health care providers to patient care information from other entities.
- Develop Interfaces from Home Health Agencies' EHRs to the VHIE.
 - An interface is the “connector” that allows information to flow from a provider's electronic health record system to the Vermont Health Information Exchange (VHIE).

In Summary:

- **Allow the information to flow and be shared**
- **Provide access to the client's health record**

Phased Approach

- For VITLAccess, Home Health Agencies will be implemented in groups.
 - Phase One – February 15, 2016, to June 30, 2016
 - Phases Two and Three – July 1, 2016, to December 31, 2016
- For Interfaces:
 - Initial Discovery phase to determine vendor capability:
 - Total of 12 agencies using 5 different EHRs.
 - Phase One
 - Development by organization (based on Discovery):
 - Goal is to remediate a minimum of 50% of the number of needed Interfaces.
 - Phases Two and Three

VITLAccess Implementation

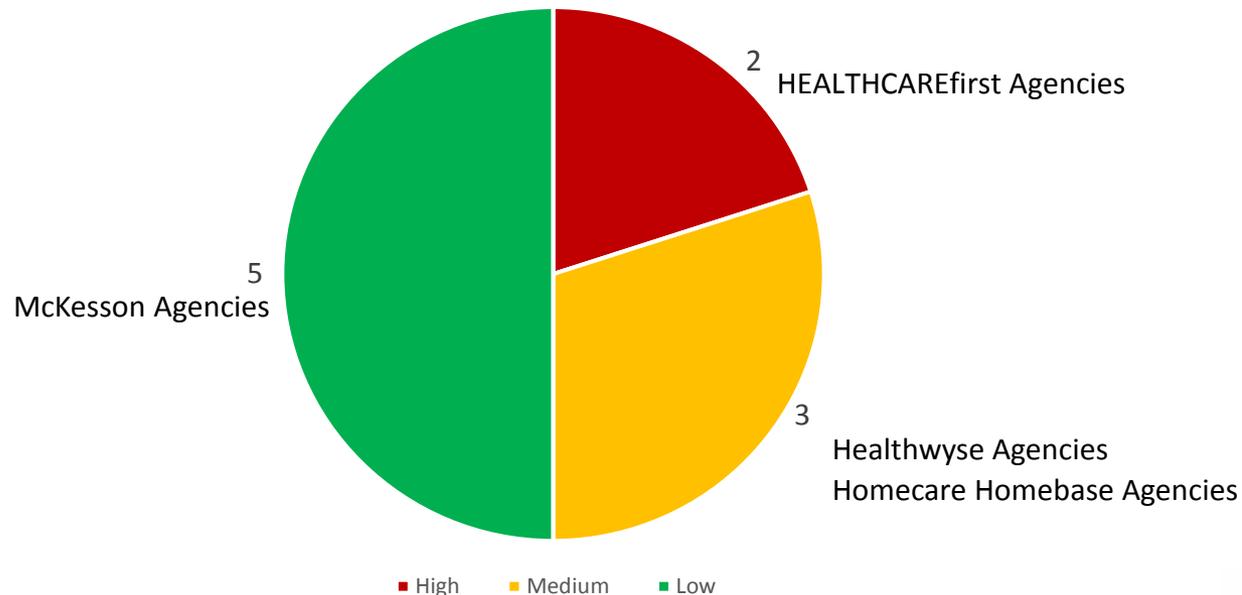
- Profile: Introductory meeting and role definition.
 - Client Organization Executive Leadership attendance
- Enroll: User designation and technical set up of users.
 - Client Organization Clinical Leadership involvement
- Launch: Training and Go-Live
 - Client Organization Clinical Leadership and staff

VITLAccess Implementation Phases

Phases	Agencies	Est. Users
1	Visiting Nurse Association of Chittenden & Grand Isle Counties (including the VT Respite House)	100
	Addison County Home Health & Hospice	40
	Bayada Home Health Care	140
	Lamoille Home Health & Hospice	25
	Total Users	305
2	Central Vermont Home Health & Hospice	50
	Visiting Nurse and Hospice for Vermont & New Hampshire	60
	Rutland Area Visiting Nurse Association & Hospice	60
	Total Users	170
3	Bennington Area Visiting Nurse Association & Hospice	25
	Caledonia Home Health Care & Hospice	30
	Franklin County Home Health Agency	40
	Manchester Health Services	10
	Orleans, Essex VNA & Hospice	20
	Total Users	125
Total users all 3 phases		600

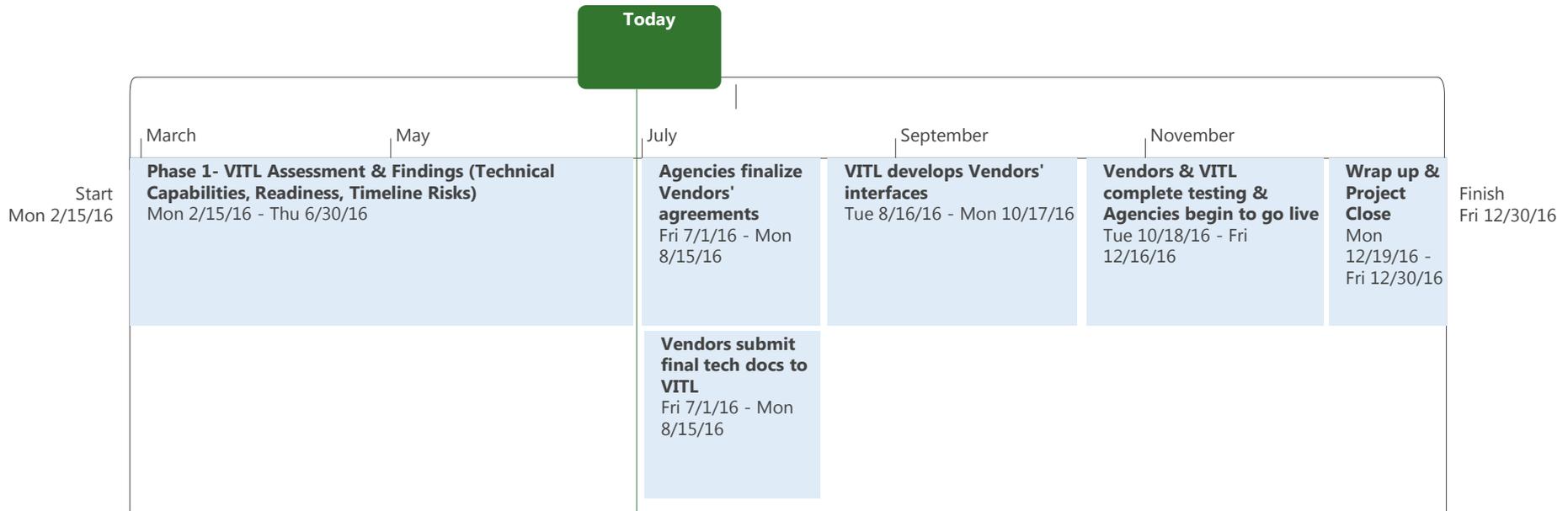
Interfaces: Phase 1 VITL Findings

- All Home Health EHR vendors vary in interoperability and interface implementation cost.
- Proceed with 9/10 agencies (completing at least 8 by end of year)*
- Agency project completion risk assessment based on current technical capability, readiness, and timeline constraints



*Allscripts' Agency is live; Addison Co Home Health & Hospice is selecting new vendor

High Level Phase 2 & 3 Timeline



Next Steps

- Monthly project status calls begin July 21
- Agency commitment to timeline (see above)
- Communications & agency scheduling with project contacts:
 - Jennifer Starling jstarling@vitl.net
 - Holly Stone holly.stone@partner.Vermont.gov
 - Susan Aranoff Susan.Aranoff@vermont.gov
 - Kristina Choquette kchoquette@vitl.net
 - Larry Sandage Larry.Sandage@partner.vermont.gov