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

## *Pending Work Group Approval*

**Date of meeting:** Tuesday, July 12, 2016, 10:00am-12:30pm, Elm Conference Room, Waterbury State Office Complex.

| Agenda Item | Discussion | Next Steps |
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| **1. Welcome** | Deborah Lisi-Baker called the meeting to order at 10:05am. A roll call attendance was taken and a quorum was present.<br><br>Susan Aranoff moved to approve the January 2016 meeting minutes by exception. Julie Tessler seconded. The minutes were approved unanimously.<br><br>Susan Aranoff moved to approve the April 2016 meeting minutes by exception. Dale Hackett seconded. The minutes were approved unanimously. | |
| **2. DLTSS Sustainability Priorities** | Georgia Maheras led a discussion on VHCIP sustainability (Attachment 2). The Work Group will review the Sustainability Plan in November and will receive brief updates at every meeting through the Fall.<br>• As SIM activities wrap up, SIM sustainability planning activities will ramp up.<br>• A contractor, Myers and Stauffer, will support stakeholder convening specific to sustainability, will track all written and verbal feedback, and will draft plan documents for State review, including review by the new Administration in Winter/Spring 2017.<br>• Sustainability planning will include review of each SIM activity/work stream and identify whether activities were 1) one-time activities; 2) ongoing activities that will be continued by private-sector partners; or 3) ongoing activities that will be continued by the State.<br>• In addition, the Population Health Plan will come to all SIM Work Groups for review in October. This effort is driven by the Population Health Work Group.<br>• Georgia also noted that we received Performance Period 3 budget approval on June 29, in advance of the start of our third performance year on July 1. She thanked the SIM team and our federal partners for making this happen.<br>• Georgia also introduced Julie Corwin, a new Senior Health Policy Analyst at DVHA, who is joining the SIM team. | |

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| | • Year 3 Operational Plan is posted on VHCIP website, June Status Reports are soon to be posted.<br><br>The group discussed the following:<br>• Dale Hackett asked: How will this process break down silos? How will this process create new silos or reinforce existing silos? Georgia replied that final reports from State-led evaluation will help us identify where we've removed silos or created new ones. Early evaluation results throughout the next twelve months will support early learning.<br>• Susan Aranoff asked: Will we replace the State evaluation director? Annie Paumgarten, GMCB Evaluation Director, left the project in June. Georgia replied that a candidate has accepted an offer to fill this position, and should hopefully start this month. Georgia noted that we expect additional departures over the next few months and commented that project leadership is planning for this. | |
| **3. Mental Health/ Substance Abuse/ Developmental Services Medicaid Pathway** | Selina Hickman provided an update on the Medicaid Pathway work specific to Mental Health, Substance Abuse, and Developmental Services.<br>• Objectives: Medicaid Pathway seeks to develop an organized delivery system for serving individuals and supporting integration across Medicaid – including physical health, mental health and substance abuse services, developmental services, and LTSS – a continuum of care across Medicaid services.<br>o The Vermont Model of Care (aka the DLTSS Model of Care), developed in part by this Work Group, is a foundation of this work. Erin Flynn noted that this was included in Selina's last presentation to this group.<br>o Population-based health and prevention are also foundational.<br>▪ Dale Hackett asked: How does this model balance care for the individual with improving population health? Selina replied that this model of care gets more closely at individuals' experience of care, but also focuses on measuring outcomes across populations and paying in ways that support providers in doing population-based interventions and approaches.<br>o Efficient operations and oversight – moving toward integrated services that span departments and programs requires a new approach to oversight.<br>o Alignment with All-Payer Model<br>• What does integration mean, who are the partners, and what does it look like when it happens? Pathway work group has put great effort into defining this, including variations – service coordination, partial integration, and full integration.<br>o Service Coordination – Providers continue to have separate organizations without broader governance, coordinate to provide care to patients and consult with one another to share expertise. We have this in some areas now.<br>o Partial Integration – Some integration, not necessarily a legal relationship. Focused on certain aspects of service delivery, i.e. specific populations, colocation of services. | **Julie Wasserman will share information on the Vermont Model of Care/DLTSS Model of Care to the group.**<br><br>**Selina Hickman will share draft governance outlines with the group.** |

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| | o Full Integration – Coming together in a formal legal arrangement with governance to set priorities, make decisions, and meet administrative needs like budgeting, measure collection and information technology, etc. Providers work together as a single team rather than making referrals.<br>o Barb Prine commented: Inability to hire and retain staff is the key issue for organizations providing services. Moving from service coordination to partial or full integration requires a significant look at what unintended consequences could be – for example, would this move services toward meeting Medicaid billing codes versus providing services individuals need. Selina replied that this is feedback she's heard. Integration is only part of this project, it needs to come with payment changes that ensure organizations are able to do their work. An evaluation is due to the Legislature this fall, and will hopefully build a business case for increasing funding in this area.<br>o Julie Tessler concurred: It's likely we could use the funds we have to serve people better, but it likely couldn't go farther because this sector is chronically underfunded. Julie also noted that DAs and SSAs already work well together. Blueprint-ACO UCCs, CHTs, and other collaborative efforts need to come together so we don't end up with silos for collaboration. Erin Flynn added that this is much of the work of the Integrated Communities Care Management Learning Collaborative.<br>o Kirsten Murphy commented: She agrees with the values we've discussed, but is concerned we haven't adequately built these values into our governance structures.<br>▪ What are we going to do about underserved populations?<br>▪ What level of independence do evaluators have from the system? Need strong independent oversight to ensure protection for individuals.<br>▪ How do we decide what happens with reinvestment dollars, and who decides? Bard Hill commented that many provides feel someone else is spending too much – we need to do analyses to identify where savings could occur and articulate how those savings will come out.<br>• Governance – The work group has developed draft system governance models by looking within the state and nationally. Work group is now comparing identified governance models/key elements to existing governance within communities (UCCs, IFS, or others).<br>• Next Steps – Currently two Medicaid Pathway work groups, with increasing efforts to overlap and combine efforts. Preparing to do an information gathering process to solicit feedback from any interested parties. This process will lay out a model and essential functions, and request that communities share how they would respond to the designs and structures developed separately.<br>o Barb Prine commented that this is a great concept, but Vermont is trying to do a lot and we don't know what's working yet (ex/IFS, Next Generation ACO model).<br>• Four consumers are joining the work groups this summer, including one person from the mental health services world and three people from the developmental services world.<br>• Interested parties should contact Selina to receive materials and/or listen to meetings. | |
| **4. Frail Elders Project** | Cy Jordan and Erica Garfin presented on the Frail Elders project. | |

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| | • This project started with an idea from Anya Rader Wallack, which resulted in two white pages presented to GMCB in late 2013. Two SIM-funded projects grew from this: A project looking at reducing unnecessary lab testing which has shown great results, and the Frail Elders Project. Both projects ended in June.<br>• Frail Elders project focused on two service areas, Randolph and Little Rivers.<br>• Initial focus on frailty, but expanded beyond that – "We are all one fall away from frailty."<br>• Combined lit review, key informant interviews with providers from across the care continuum, focus groups, and quantitative analyses using claims data and comparing Vermont surveys to national survey data.<br>• Cy walked through project findings.<br>  o Medicare benefits aren't meeting the needs of frail elders – but changing benefits to be more robust would not necessarily solve the issues frail elders have identified. Social needs are key factors. | |
| **5. All-Payer Model, including Next Gen Medicaid and Medicare ACO Programs** | Michael Costa provided an update on the All-Payer Model project.<br>• The project continues to progress. No agreement has been reached yet between the State and CMMI.<br>• Continued efforts to prepare for payment and delivery system reform whether or not we have a Medicare waiver. DVHA RFP has resulted in selection of OneCare Vermont as the apparently successful bidder in the DVHA ACO Procurement Contract. Contract negotiations have launched, and depend on parties reaching agreement on contract terms and a robust readiness review to ensure an ACO can meet the terms of the contract starting on 1/1/2017. Working assumption is that we will move toward capitated payment with robust quality measurement.<br>• How will this really work? This is provider-led reform. The State has asked ACO to tell the State what services they would like to provide and how they propose to do so. Can't say much about how this will play out since contract is in active negotiation. Note that recent announcement stated that Vermont Care Organization (merged ACO) is going to come to fruition as a combination of all ACOs. Through contract negotiations, DVHA can work with ACO to get more information about how they propose to make progress.<br><br>The group discussed the following:<br>• Julie Tessler noted that her understanding is that OneCare and CHAC will merge but that CHAC will continue to take non-risk bearing contracts; OneCare will take on risk-bearing contracts. Will ACOs cover all DVHA beneficiaries or just those attributed to ACOs?<br>  o Michael replied that this is his understanding. Not all providers are ready to take on downside risk – this structure will allow VCO to build two different risk tracks, and allow some providers to build additional readiness to take on downside risk. The DVHA RFP is separate from this – DVHA asked applicants to suggest a risk corridor, with the idea that risk arrangements between ACOs and providers could vary.<br>  o The DVHA contract will cover only ACO-attributed lives; providers will be paid FFS as they are today for non-attributed lives. One big question for contract negotiations with OneCare will be how many attributed lives they bring (just OneCare, or OneCare plus CHAC). Additionally, Medicare flexibilities embedded in Next Generation model apply only to providers participating in a Next Gen ACO and | |

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| | attributed lives. Michael noted that nothing about the Medicare benefit package will change, but that the State and Federal government have a keen interest in assessing whether participation changes beneficiary experience.<br>• Barb Prine asked: How would downside risk work for largely Medicaid-funded organizations?<br>o Michael replied that if GMCB set Medicare rates, some would likely stay FFS – some service sectors and services require more funding, not less. It's not an assumption that every organization will take on downside risk, risk should be appropriate for organization.<br>o One theory of APM is that financial caps on system as a whole will help push funds to currently under-resourced service areas that can help drive down unnecessary utilization.<br>o Julie Tessler commented: Populations like developmental disabilities are not necessarily medically high-risk, but we still need to provide them with services to support full community engagement and full lives. Michael replied that this is a long-term investment with a long-term payoff – savings won't be reaped in one Legislative session or out fiscal year. Increased investments in Medicaid will come more easily after initiatives like the All-Payer Model and Medicaid Pathway start to show financial benefits.<br>• Michael described the State's discussions with CMMI related to potential scale of this model. CMMI wants a model to be statewide – to include the vast majority of Medicare and Medicaid lives in Vermont over time. The State has levers to pull new providers and beneficiaries into the model, including benefit enhancements; reduced administrative barriers (avoiding MIPS and MACRA measurement requirements and payment decreases by participating in qualified alternative payment models and receiving a bonus); predictable (allow providers to predict revenues and encourage Legislature to provide payment increases over time); and sustainable – and of course improving access and quality. In addition, this will connect to population health measurement and all of the work VDH does to hopefully prevent chronic illness long-term.<br>o Kirsten Murphy noted there is a tension when the Federal government is using complex quality measurement as a punishment. How will this balance with consumer protection? Michael noted that this is a continuous tension – we know measurement is onerous for providers, but we also know it's critical for accountability and consumer protection. We must ensure quality, access, and consumer protection, but to do this in a way that doesn't detract from providers doing their jobs.<br>o Julie Tessler agreed that quality and access measures are critical when payments are lump-sum, but if we start without a level playing field (some sectors underfunded), we are disadvantaging some key sectors. Michael replied that CMMI wanted Medicaid-funded home and community-based services to be under financial caps from the start, but the State refused because that sector has been underfunded – we need to increase investment and grow readiness, including hopefully investment from well-resourced parts of the system as the incentive to invest in home- and community-based services increases.<br><br>Michael will return at the group's next meeting to continue this discussion. | |

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| **6. Updates** | a) *LTSS Choices for Care Medicaid Pathway*: Bard Hill noted that HCBS services are growing quickly nationally as states move people and spending out of higher cost institutional services – he noted that this may link to Michael's earlier point about whether HCBS should be included in APM financial caps. Julie Tessler added that this service sector has achieved a great number of savings already – how can it get credit for this?<br>• Interested parties are welcome to come to the LTSS/Choices for Care Medicaid Pathway Work Group meeting tomorrow. Contact Julie Wasserman for more information.<br>• DAs/SSAs/Developmental Services have a second work group.<br><br>b) *DLTSS Data Gap Remediation Project*: Larry Sandage and Holly Stone provided a brief update on this project, which seeks to connect Home Health Agencies to the VIE through both interfaces and through VITLAccess. The project is still in the discovery phase, with main body of work to start soon. This project was initially intended to include AAAs, but this project area has run into federal policy roadblocks and is still in discovery. | |
| **7. Public Comment/Next Steps** | Public Comment:<br>• Barb Prine commented that Jackie Majoros and Trinka Kerr are both leaving Legal Aid, and invited interested applicants to apply.<br>• Julie Tessler noted that Vermont Care Partners also has an opening and asked interested applicants to apply.<br><br>**Next Meetings:**<br>• Thursday, October 6, 2016, 10:00am-12:30pm, Cherry Conference Room, Waterbury State Office Complex<br>• Tuesday, November 1, 2016, 10:00am-12:30pm, Ash Conference Room, Waterbury State Office Complex | |

# VHCIP DLTSS Work Group Member List

Sue 1° Julie T 2° Sue 1° Dale 2°

| Member | | Member Alternate | | December Minutes | January Minutes | April Minutes | 12-Jul-16 |
|---|---|---|---|---|---|---|---|
| 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 |
| 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~~ | ~~Slucky~~ | | | | 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 |

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|---|---|---|---|---|---|---|---|
| Nick | Nichols | | | | | | AHS - DMH |
| | | | | | | | |
| Ed | Paquin ✓ | | | | | | Disability Rights Vermont |
| | | | | | | | |
| 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 Care Partners |
| | | | | | | | |
| Julie | Wasserman ✓ | | | | | | AHS - Central Office |
| | | | | | | | |
| Jason | Williams | | | | | | UVM Medical Center |
| | ~~26~~ | | 8 | | | | |

~~26~~ ~~25~~ 24

Quorum achieved ✓

| | Meeting Name: | VHCIP DLTSS Work Group Meeting | |
|---|---|---|---|
| | Date of Meeting: | July 12, 2016 | |
| | First Name | Last Name | |
| 1 | Susan | Aranoff | Not |
| 2 | Debbie | Austin | |
| 3 | Ena | Backus | |
| 4 | Susan | Barrett | |
| 5 | Bob | Bick | |
| 6 | Denise | Carpenter | |
| 7 | Alysia | Chapman | |
| 8 | Joy | Chilton | |
| 9 | Amy | Coonradt | |
| 10 | Amy | Cooper | |
| 11 | Alicia | Cooper | |
| 12 | Michael | Costa | Here |
| 13 | Molly | Dugan | Phone |
| 14 | ~~Patrick~~ | ~~Flood~~ | |
| 15 | Erin | Flynn | Here |
| 16 | Mary | Fredette | Phone |
| 17 | Lucie | Garand | |
| 18 | Christine | Geiler | |
| 19 | Martita | Giard | |
| 20 | Dale | Hackett | Phone |
| 21 | Mike | Hall | |
| 22 | Carolynn | Hatin | |
| 23 | Selina | Hickman | Here |
| 24 | Bard | Hill | Here |

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

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

Kamy Sandage - here
Julie Corwin - here
Cy Jordan - here

Erica Garfin - here