

Vermont Health Care Innovation Project  
Disability and Long Term Services and Supports  
Initiatives and Achievements  
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Presentation to the DLTSS Work Group

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The Vermont Health Care Innovation Project's Disability and Long Term Services and Supports (DLTSS) Work Group originated from the Dual Eligible Initiative, a planning grant from CMS which allowed the State to identify ways to better serve individuals who are dually eligible for Medicaid and Medicare. These individuals have among the most complex care needs, yet the current system often fails in delivering comprehensive, effective and coordinated person-directed care. As beneficiaries of both Medicare and Medicaid, many dually eligible individuals have chronic illnesses and concurrent disabilities which span primary, acute, mental health, substance abuse, developmental, and long term service and support domains. The goal of the DLTSS Work Group was to incorporate best practices and expertise about person-centered and directed disability services into Vermont's health care reform efforts. Though the State chose not to apply for the Dual Eligible implementation funding, stakeholder involvement, recommendations and analysis from this earlier initiative became the foundation of the VHCIP Disability and Long Term Services and Supports Work Group.

A large and growing share of the population is affected by disability, with disability prevalence increasing considerably as people age. Vermont has the distinction of being one of the "oldest" states in the nation. Statistics from Cornell University's *2014 Disability Status Report* indicate that 15.5% of all Vermonters residing in the community have a disability compared to the nation's 12.6%. For Vermonters 75 years old and older, the rate climbs to 50.3%. Expenditures for Vermont's Specialized Services (which serve people with disability and long term service needs) accounts for approximately 55% of Vermont Medicaid claims.

The DLTSS Work Group has given rise to many significant accomplishments over the course of the Vermont Health Care Innovation Project's 3-year Demonstration Grant period. Highlights are listed below; see Appendix for links to complete reports.

1. *Model of Care for People with Disabilities and Long Term Services and Supports Needs, June 2014*. This 34-page DLTSS Model of Care report provides background, detail, and recommendations for creating a coordinated and integrated model of care for Vermont's service delivery system. It identifies essential "core elements" and identifies mechanisms for incorporating these elements into current practice. The DLTSS Model of Care has been renamed *The Vermont Integrated Model of Care* with the directive that it be embraced by Vermont's ACOs, Act 113 Medicaid Pathways, and the All Payer Model.

2. *Disability & Long Term Services and Supports Medicaid Expenditure Analysis, April 2015*. This PHPG report was produced in response to recurrent questions about the extent of Vermonters with DLTSS needs, the array of services in meeting those needs, and the cost to the State. A significant finding was that services to meet these individuals' specialized needs as well as their traditional medical needs comprise 72% of Vermont Medicaid claims expenditures, yet these individuals comprise only a quarter of all Vermont Medicaid beneficiaries.
  
3. *Disability Awareness Briefs, June 2015*. Disability Awareness Briefs were developed in an effort to improve quality of care and health outcomes for people with disabilities, including elders. The intent of these Briefs is to create foundational source documents on which to build training curricula, educational materials, and other products for care management practitioners and providers. The Briefs include:
  - Introduction to Disability Awareness
  - Disability Competency for Providers
  - Disability Competency for Care Management Practitioners
  - Cultural Competency
  - Accessibility
  - Universal Design
  
4. *Informed Consent, Privacy, Confidentiality, and Release Forms to Enable Information Sharing by Integrated Care Teams, April 2016*. This report describes the importance of a) having a legally valid consent form, b) ensuring that the client's choice to share information is informed and voluntary, and c) having a reliable procedure to communicate when the client's consent has been revoked. Important elements include readability, client engagement, disclosure, and the revocation process. Templates addressing these issues were developed for the VHCIP Integrated Community Learning Collaborative Care Management Teams.
  
5. *Overview of Shared Savings Programs (SSPs) and Accountable Care Organizations (ACOs) in Vermont, July 2014*. This report provides comprehensive and detailed explanations of ACOs, Shared Savings Programs, Shared Savings Program Standards, attribution methodology, provider participation in ACO networks, total cost of care, downside risk, beneficiary protections, ACO governance, beneficiary engagement, and the interface between ACOs and AHS. The report includes a table titled "Details of SSPs and ACOs in Vermont" which enumerates the specific Medicare, Medicaid and

Commercial SSP-ACO agreements operating in Vermont, including the ACOs' provider networks and the estimated percent of attributed lives within each SSP.

6. *ACOs and the DLTSS System, November 2014*. This table poses questions for Vermont's three ACOs – OneCare Vermont, CHAC and Healthfirst. The questions were compiled by Vermont Legal Aid and the Vermont Council of Developmental & Mental Health Services. The table contains written responses from each of the ACOs.
7. *DLTSS Performance Measures Reference Document, May 2014*. This report documents the DLTSS Work Group's recommendations on the Medicaid and Commercial Shared Saving Programs Year 1 quality and performance measures for the VHCIP Quality and Performance Measures Work Group. The document provides background on the quality and performance measurement structure and suggests measures that could be promoted to a new status or newly included in the measure set for the Medicaid and Commercial Shared Savings ACO Programs.
8. *Vermont Medicaid Shared Savings Program Quality Measures: Year 1 DLTSS Sub-Analysis, October 2016*. The objective of this sub-analysis was to measure the quality of care of Medicaid beneficiaries who received disability and/or long term services and supports and who were also attributed to an ACO in the Vermont Medicaid Shared Savings Program. One of the most salient findings of this analysis involves avoidable hospitalizations for people with DLTSS needs. For two important measures (see below), DLTSS individuals in an ACO had a much higher likelihood of being unnecessarily hospitalized than people not affiliated with an ACO. Avoidable hospitalizations are of great concern regarding cost, quality and outcomes; this is especially true for individuals who are elderly and/or disabled and at greater risk of losing functional capacity as a result of being hospitalized.
  - Hospitalizations for COPD or Asthma in Older Adults
  - Hospitalizations for Ambulatory Care Sensitive Conditions
9. *DLTSS Information Technology Assessment, November 2015*. This HIS Professionals Study documents the health information technology (HIT) used by Disability and Long Term Services and Supports providers in Vermont. The report provides an initial assessment of DLTSS providers' HIT capacity, and updates prior assessments of Vermont's Long Term and Post-Acute Care providers. It also examines HIT adoption levels and health information

exchange capabilities, and recommends next steps for organizations to exchange health information and engage in analytics for population health management, and enhanced and efficient care coordination.

10. *DLTSS IT Gap Remediation Project, 2015-2016*. The DLTSS Data Gap Analysis and Remediation Project began as part of the VHCIP Accessing Care Through Technology (ACTT) suite of HIE/HIT projects. The goal of the DLTSS Gap Remediation Project is to increase the Health Information Technology capacity of Vermont's Disability and Long Term Services and Supports Providers and other "non-meaningful use providers". Home Health Agencies and possibly Area Agencies on Aging will be able to establish connections to VHIE allowing them to more actively participate in Vermont's health care reform efforts and comply with the Federal IMPACT Act.
11. *Promotion and funding for Core Competency and Disability Competency Trainings, 2015-2016*. The goal of the Core Competency and Disability Competency Trainings was to improve regional integration of health and social service organizations in order to optimize care management activities for at-risk individuals, and to provide learning opportunities for best practice care management in Vermont. These trainings complemented and enhanced the extensive work of the VHCIP Integrated Community Care Management Learning Collaborative initiative.
12. *Payment Models, Value-Based Purchasing, and DLTSS Design Considerations, October 2015*. This PHPG document reviews design elements related to Value Based Purchasing and provides recommendations for payment models that support DLTSS specific outcomes, promote integration of medical services with DLTSS services, and offer financial incentives that reward change but do not compromise access to care.

#### VHCIP Sub-Grant Pilot Projects

1. *The Caledonia and Essex Dual Eligible Project, 2014-2016*. This project provided flexible funding for health-related goods and services not normally covered by health insurance, enabling an integrated multi-disciplinary community care team to better care for Dually Eligible clients who are at risk for poor outcomes and high costs of medical care. The community care team involved a wide variety of service providers including the hospital, home health, housing, long term care, aging, and community mental health. Achievements include the successful services of a Health Coach, a focus on social determinants of health such as food security and housing needs, and supports for health promotion and disease prevention.

2. *The Inclusive Healthcare Partnership Project: Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities, 2015.* The Vermont Developmental Disabilities Council in partnership with Green Mountain Self-Advocates produced a report with findings, recommendations, and opportunities for action to spark further consideration, investment, and innovation in the delivery of quality health care to adult Vermonters with intellectual and other developmental disabilities. This effort focused on transition services from pediatric to adult primary care; medical education and provider training; care models and practice transformation; and supports for health and wellness.
  
3. *Frail Elders Project, 2015-2016.* The Vermont Medical Society Foundation conducted the Frail Elders Project with the goal of improving the primary care delivery system for older Vermonters at risk of poor health outcomes or a decline in the quality of life. With the needs of older Vermonters as the paramount driver, the Frail Elders Project revealed a mismatch between reimbursable services and the needs of older Vermonters; and underscored the importance of older Vermonters remaining at home, retaining autonomy, being social engaged, and having a sense of purpose. These attributes were equal in importance to one's medical care. The Project advocated for a reform paradigm in which payment innovation for primary care supports practice innovation.

In conclusion, the analysis, collaboration, and products completed by the DLTSS Work Group reflect the opportunities and challenges involved in incorporating disability related issues and concerns in health care reform. Three years of planning have underscored the need for and importance of building a strong partnership between Vermont's community-based disability services and health care providers, while highlighting the value of person-centered and person-directed care.

The project owes a debt of gratitude to all the individuals, organizations, and consultants who have shared their commitment and expertise in shaping the resources summarized in this report. The longstanding members of the DLTSS Work Group infused the concerns and needs of individuals with disabilities (and their families) into the work of the Vermont Health Care Innovation Project. In so doing, they have helped to illuminate how these concerns must shape and inform the State's efforts to achieve the triple aim of enhancing quality of care, reducing unnecessary costs, and improving the health and social outcomes for Vermonters.



## APPENDIX

1. Model of Care for People with Disabilities and Long Term Services and Supports Needs, June 2014:  
<http://healthcareinnovation.vermont.gov/content/dltss-model-care-final-june-2014>
2. Disability & Long Term Services and Supports Medicaid Expenditure Analysis, April 2015: <http://healthcareinnovation.vermont.gov/content/medicaid-expenditure-analysis-final-april-2015>
3. Disability Awareness Briefs, June 2015:
  - Introduction to Disability Awareness  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-introduction-disability-awareness-june-2015>
  - Disability Competency for Providers  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-disability-competency-providers-june-2015>
  - Disability Competency for Care Management Practitioners  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-disability-competency-cm-practitioners-june-2015>
  - Cultural Competency  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-cultural-competency-june-2015>
  - Accessibility  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-accessibility-june-2015>
  - Universal Design  
<http://healthcareinnovation.vermont.gov/content/disability-awareness-brief-universal-design-june-2015>
4. Informed Consent, Privacy, Confidentiality, and Release Forms to Enable Information Sharing by Integrated Care Teams, April 2016:  
<http://healthcareinnovation.vermont.gov/content/informed-consent-privacy-confidentiality-and-release-forms-enable-information-sharing>

5. Overview of Shared Savings Programs (SSPs) and Accountable Care Organizations (ACOs) in Vermont, July 2014:  
<http://healthcareinnovation.vermont.gov/content/july-2014-overview-shared-savings-programs-ssps-and-accountable-care-organizations-acos>
6. ACOs and the DLTSS System, November 2014:  
<http://healthcareinnovation.vermont.gov/content/acos-and-dltss-system-november-2014>
7. DLTSS Performance Measures Reference Document, May 2014:  
<http://healthcareinnovation.vermont.gov/content/dltss-performance-measures-reference-document-may-2014>
8. Vermont Medicaid Shared Savings Program Quality Measures: Year 1 DLTSS Sub-Analysis, October 2016:  
<http://healthcareinnovation.vermont.gov/content/vermont-medicaid-shared-savings-program-quality-measures-year-1-dltss-sub-analysis-october>
9. DLTSS Information Technology Assessment, November 2015:  
<http://healthcareinnovation.vermont.gov/content/dltss-information-technology-assessment-november-2015>
10. DLTSS IT Gap Remediation Project, 2015-2016:  
<http://healthcareinnovation.vermont.gov/content/dltss-it-gap-remediation-project-2015-2016>
11. Promotion and funding for Core Competency and Disability Competency Trainings, 2015-2016: <http://healthcareinnovation.vermont.gov/areas/practice-transformation/projects/core-competency-training>
12. Payment Models, Value-Based Purchasing, and DLTSS Design Considerations, October 2015: <http://healthcareinnovation.vermont.gov/content/value-based-purchasing-design-elements-dltss-presentation-october-2015>



## Sub-Grant Projects

1. The Caledonia and Essex Dual Eligible Project, 2014-2016:  
<http://healthcareinnovation.vermont.gov/content/northeastern-vermont-regional-hospital>
2. The Inclusive Healthcare Partnership Project: Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities, 2015:  
<http://healthcareinnovation.vermont.gov/content/developmental-disabilities-council>
3. Frail Elders Project, 2015-2016: <http://www.vmsfoundation.org/elders>