

**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).