

LTSS/CFC Medicaid Pathway
Delivery System and Payment Reform Opportunities
Goals, Principles and Objectives
DRAFT

Goals and Principles

- Ensure Access to Care for Consumers with Special Health Needs
 - Access to Care includes availability of high quality services as well as the sustainability of specialized providers
 - Ensure the State's most vulnerable populations have access to comprehensive care

- Promote Person and/or Family Centered Care
 - Person and/or Family Centered includes supporting a full continuum of traditional and non-traditional Medicaid services based on individual and/or family treatment needs and choices
 - Service delivery should be coordinated across all systems of care (physical, behavioral and mental health, and long term services and supports)

- Ensure Quality and Promote Positive Health Outcomes
 - Quality Indicators should utilize broad measures that include structure, process, and experience of care measures
 - Positive Health Outcomes include measures of independence (e.g. employment and living situation) as well as traditional health scores (e.g. assessment of functioning and condition specific indicators)

- Ensure the Appropriate Allocation of Resources and Manage Costs
 - Financial responsibility, provider oversight and policy need to be aligned to mitigate the potential for unintended consequences of decisions in one area made in isolation of other factors

- Create a Structural Framework to Support the Integration of Services
 - Any proposed change should be goal directed and promote meaningful improvement
 - Departmental structures must support accountability and efficiency of operations at both the State and provider level
 - Short and long term goals aligned with current Health Care Reform efforts

Common Elements of Medicaid Pathway Work Plans

- Delivery System Transformation (VT Integrated Model of Care)
 - What will providers be doing differently?
 - What is the scope of the transformation?
 - How will transformation support integration?

- Payment Model Reform (Reimbursement Method, Rate Setting)
 - What is the best reimbursement method to support the Model of Care (e.g. fee for service, case rate, episode of care, capitated, global payment)?
 - Rate setting to support the model of care, control State cost and support beneficiary access to care
 - Incentives to support the practice transformation

- Quality Framework (including Data Collection, Storage and Reporting)
 - What quality measures will mitigate any risk inherent in preferred reimbursement model (e.g. support accountability and program integrity); allow the State to assess provider transformation (e.g. structure and process); and assure beneficiaries needs are met?

- Outcomes
 - Is anyone better off?

- Readiness, Resources and Technical Assistance
 - What resources are necessary to support the desired change and/or fund the delivery system?

Reform Objectives

Develop an organized delivery system for serving individuals and promote integration across services for:

- Mental Health
- Substance Abuse Treatment
- Long-Term Services and Supports for individuals with developmental service needs
- Physical Health
- Long-Term Services and Supports for individuals with physical disabilities and older Vermonters

Objectives for Organized Delivery System

A delivery system design and governance structure that supports the following:

- Adoption of Vermont’s Integrated Model of Care
- Service Delivery Reform, including population-based health and prevention and development of best practices
- Quality Framework
- Payment Reform, including value based purchasing
- Efficient Operations and Oversight (State and Local)
- Medicaid’s Pathway for Alignment with the All-Payer Model

Vermont Integrated Model of Care	
Core Elements of Model	Payment Reform Opportunities
Person Centered and Directed Process for Planning and Service Delivery	Organized model could facilitate funding to support integration; performance-based payments could help to support care planning across the full array of services
Access to Independent Options Counseling & Peer Support	Organized model could support multi-payer expansion of capacity of cost effective supports and services
Actively Involved Primary Care Physician	Payment flexibility for care coordination services could support interaction with PCP; Organized model could enable integrated clinical record, physician supports and training
Provider Network with Specialized Program Expertise	Organized model could support multi-payer expansion of capacity and planning across the full continuum of services
Integration between Medical & Specialized Program Care	Organized model could facilitate funding to support integration; performance-based payments could help to support care planning across the full array of services
Single Point of Contact for person with Specialized Needs across All Services	Organized model could facilitate funding to support integration; performance-based payments could help to support care planning and single point of contact across the full array of services; opportunity to develop training protocols/best practices across care management entities
Standardized Assessment Tool	Tool could be modified to include all medical and functional needs
Comprehensive Individualized Care Plan Inclusive of All Needs, Supports & Services	Payment flexibility could expand range of services available to meet individual needs
Care Coordination and Care Management	Organization and flexibility could create opportunities for integrated care coordination
Interdisciplinary Care Team	Organization and flexibility could create opportunities for integrated teaming such as Blueprint and other models
Coordinated Support during Care Transitions	Organized model could enhance communications and training
Use of Technology for Sharing Information	Organized model could facilitate integrated clinical record