VT Health Care Innovation Project
Core Team Meeting Agenda

April, 2016 1:00pm-3:00pm
Large Conference Room, 312 Hurricane Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 8155970

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	1:00-1:05	Welcome and Chair's Report a. Operational Plan Submission Update b. Staff Update c. CMMI Site Visit: May 2-3, Montpelier	Lawrence Miller	*Update.*
Core Team Processes and Procedures:				
2	1:05-1:10	Approval of meeting minutes	Lawrence Miller	Attachment 2: March 14, 2016 meeting minutes. *Decision needed.*
Spending Recommendations:				
3	1:15-2:30	Financial Requests: a. Reallocation: InvestEAP a. *Project 1: Resilient* b. *Project 2: Behavioral Health Intervention* b. Reallocation: White River Family Practice c. Additional Funds: Burns and Associates $125,000 d. Additional Funds: CHAC $417,069 e. New Request: Opiate Alliance $100,000 f. Year 3 Proposed Budget	Georgia Maheras and Sarah Kinsler	Attachment 3a: Financial Requests for Y2 and Y3 Attachment 3b: InvestEAP Memo Attachment 3c: WRFP Request Attachment 3d: Opiate Alliance *Decision needed.*

Policy Recommendations:				
4	2:30-2:40	Proposed Year 3 Milestones- Update	Georgia Maheras	Attachment 4: Milestones Table *Update.*
5	2:40-2:55	*Public Comment*	Lawrence Miller	
6	2:55-3:00	Next Steps, Wrap-Up and Future Meeting Schedule: May 9th, 1:00pm-3:00pm, Pavilion, Montpelier	Lawrence Miller	

Additional Materials: March 2016 Status Reports

Attachment 2: March 14, 2016 meeting minutes.

Vermont Health Care Innovation Project
Core Team Meeting Minutes

Pending Core Team Approval

Date of meeting: Monday, March 14, 2016, 1:00-3:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Chair's Report	Robin Lunge called the meeting to order at 10:35. A roll-call attendance was taken and a quorum was present. Lawrence Miller attended the meeting by phone; Robin Lunge chaired the meeting. *Chair's Report:* Georgia Maheras provided an update on upcoming key dates (Attachment 1). Robin Lunge added that Status Reports are now posted to the VHCIP website. Lawrence Miller noted that our relationship with CMMI's grants management team is improved and gave kudos to Georgia and the finance team for their work on this.	
2. Approval of Meeting Minutes	Paul Bengtson moved to approve the previous meeting minutes. Steven Costantino seconded. A roll call vote was taken and the motion carried unanimously.	

3. Performance Period 3 Milestones	Georgia Maheras presented the Performance Period 3 milestones (Attachment 3). She noted that the columns on the right-hand side in blue (Metrics, Contractors, Staff and Key Personnel) are not yet completely updated but will be updated for the next Core Team meeting. These proposed Performance Period 3 milestones are based on the draft Performance Period 3 milestones approved by the Core Team in October, with key dates and targets updated and a few programmatic changes to reflect current direction. Changes are described below:
	
	• Payment Model Design and Implementation Focus Area:
	  ○ Shared Savings Program: Updated targets to show an increase from PP2. These new targets should be achievable.
	  ○ Episode of Care: Milestone updated based on ongoing discussions with CMMI and the Core Team; this milestone aligns with Core Team discussion and decisions at January meeting.
	  ○ Hub and Spoke: Provider and beneficiary targets updated with Hub & Spoke leadership input; previous Year 3 targets already achieved.
	  ○ State Activities to Support Model Design and Implementation – Medicaid: Targets related to	

Agenda Item	Discussion	Next Steps

	EOCs were updated based on modifications to EOC program.
	• Practice Transformation:
	  ○ Regional Collaborations: Added transition plan for HSAs dependent on SIM funding (in addition to Blueprint for Health funds); this will also be included in the Sustainability Plan.
	• Health Data Infrastructure:
	  ○ Expand Connectivity to HIE – Gap Remediation: Expanded time period for gap identification to Fall 2015/Spring 2016 since gap identification is not yet fully complete.
	  ▪ Monica Hutt suggested adding a milestone around gap remediation for LTSS providers that builds on the PP2 milestone in this area. Sue Aranoff will work with Sarah Kinsler to arrive at language.
	  ○ Care Management Tools: Universal Transfer Protocol milestone (#3) updated to reflect current status of project – this work is now aimed at improving workflow improvements rather than seeking a technology solution. Also added were continued implementation of care management solutions (#4).
	• Evaluation:
	  ○ Monitoring and Evaluation Activities Within Payment Programs: Added PPS – Health Home payment model (formerly TBD).
	• Program Management and Reporting:
	  ○ Program Management and Reporting – Communication and Outreach: Updated meeting numbers to reflect anticipated number of meetings in PP3; note that these targets are slightly lower than our actual expectations.
	
	The group discussed the following:
	• Paul Bengtson asked when funding will start to end for organizations and when our sustainability strategy will kick in. Georgia Maheras responded that it depends on the activity. For example, our health data infrastructure investments have largely gone to improving infrastructure connected to VITL. Because we have a strong structure in place with our HIT plan and health data investments, the ongoing operational cost is flipped over into an existing state resource. This planning has been underway as part of the HIT Plan. A more complicated area is our practice transformation investments – it's still an open question as to how much of a role the Blueprint, an ACO, or each region will have in picking these activities up following the end of SIM funds. This will be included as part of sustainability planning. SIM funds end on June 30, 2017, unless they are carried forward for a very specific activity. We have tried to put the vast majority of investments into the 2016 calendar year to ensure we'll spend it.
	• Steven Costantino asked whether practice transformation funds were intended to be a one-time investment intended to completely transform practices, or as part of an ongoing investment. Georgia Maheras replied that it's a mix. The Learning Collaborative and Core Competency Trainings are one-time investments to jump start transformation; the Regional Collaborations are ongoing, with SIM funds to	

Agenda Item	Discussion	Next Steps
	bolster existing Blueprint efforts. Steven asked at which point we know that practices have completed transformation. Paul Bengtson commented that his system is always transforming, though they may have finished transformation to the extent that this program was seeking, and asked how much we're thinking about where new sources of money might be to continue the work that needs to continue. • Robin Lunge asked for more information about sustainability planning. Georgia Maheras noted that intensive internal planning will kick off this week, but that this is complicated by ongoing conversations with CMMI related to the APM. • Paul Bengtson asked whether we have to demonstrate overall savings before the end of the grant. Georgia Maheras replied that we demonstrated this in Year 1 of the grant. All agreed that it's worth reminding stakeholders of this fact and of any additional savings in subsequent grant years. • Monica Hutt asked for additional information related to Year 1 of the Medicaid Shared Savings Program. Georgia Maheras noted that initial analyses are complete but that additional analyses and a final report are forthcoming. • Georgia Maheras reminded the Core Team that these draft milestones, if approved by the Core Team, might require changes based on discussions with CMMI. Paul Bengtson moved to approve the Year 3 milestones. Steven Costantino seconded. A roll call vote was taken and the motion carried.	
4. High-Level Goals	The Core Team previously approved high-level project goals, which were sent to CMMI for review. Following CMMI feedback, we have revisions and clarifications to these goals and how they are measured. Georgia Maheras described changes: • Goal 2: Added specificity to connect goals to targets within SSPs. • Goal 3: Defined "interface" with VHIE. The group discussed the following: • Related to Goal 2, Annie Paumgarten noted that these correspond with specifications in national measures and all three SSPs. • Related to Goal 3, Steven Costantino requested clarification. Georgia Maheras explained that for our HIT target, we defined "interface" as unidirectional information flow from provider to VHIE or vice versa. We will easily achieve this target following Home Health Agency work in 2016. This definition was developed following additional information gathering about interfaces.	
5. Year 1 Closeout	Georgia Maheras provided an update. • Since January, we have received approval for the last of Year 1 contracts. We hope to have final expenses processed in April so Diane Cummings can provide an update. We expect to send approximately $330,000 back to CMMI (less than previously expected - $400,000 was the estimate announced at the January Core Team meeting).	
6. Funding	Georgia Maheras presented funding proposals, beginning with an update on our Year 2 spending. Actuals for Year	

Agenda Item	Discussion	Next Steps

Proposals	2 budget to date show that we have additional spending to do in the Contractual line. We hope to get contracts approved and invoices paid so we can spend this down (these numbers do show invoices received but not yet processed). Evaluation and Health Data Infrastructure are trending low this year due to lower than expected spending. We still have cushion in the Year 2 budget which allow us to make some new requests today.
	
	Details on Year 2 spending and the following funding requests are available in Attachments 6a-6f.
	
	• Reallocation – Healthfirst: Underspending and withhold on spending for clinician time resulted in request for reallocation and no-cost extension. Related to withhold on spending for clinician time, Healthfirst has shifted this spending to non-clinician Healthfirst staff time.
	  ○ Paul Bengtson asked what happens once grant funding ends. Holly Lane noted that Healthfirst is attempting to move itself to a point of self-sufficiency but that this task isn't yet completed; extension will allow Healthfirst to continue to move forward. Funds have gone to support data collection, analysis, and reporting. Paul asked how this changes if Vermont goes to one ACO by 1/1/17. Holly Lane noted that lack of funds for clinician time has been a significant challenge as clinicians and others attempt to think through potential governance for these changes.
	• Reallocation – RiseVT: Reallocation related to change in reimbursement for Travel category related to changes to State mileage amount and budget savings from Fringe category; both will move to Other category. This information was updated late last week.
	  ○ Dorey Demers provided additional information related to Fringe savings. This was related to delays in hiring a full team. Full staff wasn't hired until November (planned for February 2015) resulted in almost $50,000 in savings in Fringe category. RiseVT has seen huge success since launch in engaging community members, businesses, and providers.
	  ○ Steven Costantino asked what's included in the Other category. Dorey replied that this funding goes in large part to targeted mini-grants to businesses and other organizations.
	• Reallocation – Southwestern: Budget variance is due to underspending related to an additional position that was never hired. Southwestern would like to shift these funds to conference expenses – one to send two team members to a national conference to share lessons learned around care transitions, and another to host a regional conference for Vermont and other states in the area. Southwestern's initial grant application did include costs related to this regional conference, but was cut due to SIM budget constraints. This project is jointly funded by SIM and Southwestern.
	  ○ Billie Allard provided additional details – duties for additional staff members were absorbed by existing staff. National conference is due to Southwestern's designation as a national exemplar in two areas; if funds are available, they will present podium presentations. Regional conference on transitional care will build on a previous regional conference focused on patient safety. Hospital resources will continue to go to this; additional funds would allow for a nationally known speaker to act as keynote and to add special interest speakers and a panel discussion.	

Agenda Item	Discussion	Next Steps
	○ Lawrence Miller noted that if any speakers at the regional conference are physicians we need to carefully explain limits on physician payment. • Reallocation and Addition – VMSF (Frail Elders) – $10,500 (all PP2): This request includes $2,100 reallocation and $10,500 addition to expand literature review and key informant interviews and to support billing analytics. ○ Cy Jordan noted that this increase is for 7.5% of the budget; this reflects the fact that the literature is bigger and deeper than expected. It will also help ensure that focus group sample will not be biased. Steven Costantino moved to approve the previous four proposals as presented. Paul Bengtson seconded. A roll call vote was taken and the motion carried. • New Request – MMIS Modification – $750,000 ($100,000 in PP2; $650,000 in PP3): This will allow MMIS to make technical changes to support risk-based capitated payments under the APM. We do have funds available for this in PP2 and PP3; PP3 funds will come out of funds earmarked for the APM ($1.5 million total available). ○ Hal Cohen asked for a sense of what other funds will be needed for APM in PP3. There is an additional request in this meeting for actuarial services in PP2; we may need more of this in PP3. We do not have additional requests from the APM team at this time, but are meeting with them later this week. This request was made by the APM team. ○ Lori Collins noted that we still need to be able to collect encounter data for CMS. ○ Michael Costa noted that the APM team has been working with DVHA to model population-based payment for Medicare A&B services for attributed lives. Paul Bengtson asked how this will work for Medicare. Robin Lunge noted that Medicare beneficiaries' care will still be paid through the federal system under the APM, but that these payments will also be capitated. Pat Clausen with HPE noted that changes are expected to be made largely by September, with a few continuing through the fall and into 2017. • New Request – Core Competency Training – DDC – $7,856 (all PP2): The Core Team approved launching a series of Core Competency Trainings to build on the learning collaborative. One focuses on core care management skills, and the other on disability awareness. Interest was much higher than expected; this would allow an increase for some of the disability core competency training (more will be included in PP3 budget, along with additional request related to care management core competencies). There are waitlists for every training session; registration was full within 48 hours. There is particularly high interest in the disability core competency training. • Additional Funds Needed – APM Actuarial Support for Medicaid – Wakely Actuarial – $30,000 (all PP2): This request was initially approved in September 2014. The new request would allow for Medicaid actuarial analyses related to the APM. This is similar to the work done by Wakely to support approval of	

Agenda Item	Discussion	Next Steps
	the Year 1 Medicaid SSP SPA and will allow us to communicate with CMCS around particular actuarial questions. o Michael Costa has been working with Tom Boyd and Alicia Cooper on this request. This will ensure we have sufficient actuarial analytic capacity. Robin Lunge invited public comment. Al Gobeille noted that he is planning on abstaining on the Medicaid funds and asked whether members need to abstain if they are working on the APM. Lawrence noted that he does not believe members need to abstain since there is no personal gain from approval. There was no public comment. Paul Bengtson moved to approve the previous three proposals as presented. A roll call vote was taken. The motion carried with one abstention (Steven Costantino).	
7. VHCIP Sub-Grant Program: Physician Payments	Georgia Maheras reminded the group that we have been holding payments to physicians within the sub-grant program since November 2015 due to an inquiry. We had a very productive call with CMMI last week and will be submitting additional information to CMMI, as well as developing a policy related to how we as a program pay physicians. The policy focuses on payments to physicians who are in active medical practice. Physicians who are not in active medical practice are not impacted by this policy. The policy is: Physicians who are actively practicing medicine are allowed to participate in stakeholder engagement. We will pay a rate that is below fair market value for physician time, as well as paying for in-state mileage at the approved State rate (we will not reimburse for out-of-state travel). We will ask that the policy be retroactive to the beginning of the sub-grant program (May 2014) and will apply to all sub-grantees. We will submit this policy to CMMI and OAGM. We believe this will go a significant way toward resolving these issues on the federal side. Robin Lunge requested a motion to approve this item. Hal Cohen moved to approve this policy. Paul Bengtson seconded. The motion carried.	
8. Public Comment	There was no public comment.	
9. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Monday, April 11, 2016, 1:00-3:00pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

VHCIP Core Team Member List
Roll Call:

3/14/2016

Member		1/29/2016 Minutes	Y3 Milestones	Funding Proposals							MD pmts
				Healthfirst	RiseVT	SWMC	VMSF	MMIS	DDC - Core Competenc	Wakely - APM	
First Name	Last Name										
Paul	Bengston	✓	✓	✓				✓			✓
Hal	Cohen	✓	—	✓				✓			✓
Steven	Costantino	✓	✓	✓				A			✓
Al	Gobeille	✓	✓	✓				✓			✓
Monica	Hutt	✓	✓	✓				✓			✓
Robin	Lunge	✓	✓	✓				✓			✓
Lawrence	Miller	✓	✓	✓				✓			✓
Steve	Voigt	—	—	—	—	—	—	—	—	—	—

1° Paul 1° Paul
2° Steven 2° Steven
passed passed

1° Steven
2° Paul
passed

1° Paul
2° Hal
passed-

1° Hal
2° Paul
passed

VHCIP Core Team Participant List

Attendance: 3/14/2016

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	Core Team
Susan	Aranoff	here	AHS - DAIL	S
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Paul	Bengston	here	Northeastern Vermont Regional Hospital	M
Beverly	Boget		VNAs of Vermont	X
Harry	Chen		AHS - VDH	X
Amanda	Ciecior	here	AHS - DVHA	S
Hal	Cohen	here	AHS-CO	M
Amy	Coonradt	here	AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Steven	Costantino	here	AHS - DVHA, Commissioner	M
Mark	Craig			X
Diane	Cummings	here	AHS - Central Office	S
Gabe	Epstein	here	AHS - DAIL	S

John	Evans		VITL	X
Jaime	Fisher		GMCB	A
Erin	Flynn	here	AHS - DVHA	S
Joyce	Gallimore		Bi-State Primary Care	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Martita	Giard		OneCare Vermont	X
Al	Gobeille	phone	GMCB	M
~~Bea~~	~~Grause~~		Vermont Association of Hospital and Health Systems	X
Sarah	Gregorek		AHS - DVHA	A
Mike	Hall		V4A	X
Carrie	Hathaway		AHS - DVHA	X
Selina	Hickman		AHS - Central Office	X
Monica	Hutt	here	AHS - DAIL	M
Kate	Jones		AHS - DVHA	S
Pat	Jones	phone	GMCB	S
Joelle	Judge	here	UMASS	S
Sarah	Kinsler	here	AHS - DVHA	S
Heidi	Klein		AHS - VDH	S
Leah	Korce		AHS - DVHA	S
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Robin	Lunge	here	AOA	M
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S
Steven	Maier		AHS - DVHA	S
Lawrence	Miller	phone	AOA - Chief of Health Care Reform	C
Meg	O'Donnell	here	UVM Medical Center	X
Annie	Paumgarten	here	GMCB	S
Luann	Poirer		AHS - DVHA	S
Frank	Reed		AHS - DMH	X
Lila	Richardson	here	VLA/Health Care Advocate Project	X
Larry	Sandage		AHS - DVHA	S
Suzanne	Santarcangelo		PHPG	X

Julia	Shaw		VLA/Health Care Advocate Project	X
Kate	Simmons		Bi-State Primary Care	X
Richard	Slusky	Phone	GMCB	S
Carey	Underwood			A
Steve	Voigt		ReThink Health	M
Julie	Wasserman	here	AHS - Central Office	S
Kendall	West		Bi-State Primary Care	X
James	Westrich		AHS - DVHA	S
Katie	Whitney		AHS - Central Office	A
Bradley	Wilhelm		AHS - DVHA	S
Jason	Williams		UVM Medical Center	X
Sharon	Winn		Bi-State Primary Care	X
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Kathy	Arabia	Phone	Southwestern Vermont Medical Center	X
Billie Lynn	Allard	Phone	Southwestern Vermont Medical Center	X
Dorey	Demers	here	Northwestern Medical Center/RiseVT	X
Cy	Jordan	here	Vermont Medical Society	X
Holly	Lane	here	Healthfirst, Inc.	X

~~Meg O'Donnell here~~

Brian Costello - here (VMSF/Frail Elders)

Attachment 3a: Financial Requests for Y2 and Y3

Financial Proposals: Y2 and Y3

April 11, 2016

Georgia Maheras, JD

Project Director

AGENDA

- Y2 Actuals to Date
- Reallocation: InvestEAP
  - *Project 1: Resilient*
  - *Project 2: Behavioral Health Intervention*
- Reallocation: White River Family Practice
- Reallocation: CHAC sub-grant
- Additional Funds: Burns and Associates $125,000
- Additional Funds: CHAC $417,069
- New Request: Opiate Alliance $100,000
- Year 3 Proposed Budget

Y2 Actuals (NCE) to date

Year 2 Budget -CMS/CMMI Approved				
January 1, 2015 - June 30, 2016				
BUDGET CATEGORY	BUDGET-YEAR 2	ACTUALS and Unpaid Contract Invoices to 02/29/16	CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)	REMAINING UNOBLIGATED BALANCE
Personnel/Benefits	$ 2,085,164.00	$ 1,060,379.87		$ 1,024,784.13
Operating (includes Indirect*except QE 03/31/2016)	$ 1,138,189.00	$ 297,249.17		$ 840,939.83
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	$ 6,274,520.00	$ 2,255,451.95	$ 4,019,068.05	
PAYMENT MODELS-TOTAL	$ 4,211,058.75	$ 1,428,767.17	$ 2,782,291.58	
CARE MODELS-TOTAL	$ 921,531.17	$ 155,787.56	$ 765,743.61	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	$ 1,915,230.99	$ 540,717.39	$ 1,374,513.60	
EVALUATION-TOTAL	$ 664,362.00	$ 262,035.67	$ 402,326.33	
GENERAL-TOTAL	$ 230,000.00	$ 33,967.03	$ 196,032.97	
CMMI Required: Population Health Plan-TOTAL	$ 7,000.00	$ 5,662.50	$ 1,337.50	
Contractual Total	$ 14,223,702.91	$ 4,682,389.26	$ 9,541,313.65	$ -
TOTAL YEAR 2 BUDGET	$ 17,447,055.91	$ 6,040,018.30	$ 9,541,313.65	$ 1,865,723.96

Reallocation: InvestEAP

- Background: InvestEAP received two sub-grants:
  - Resilient-$249,942
  - Behavioral Health Intervention-$60,145
- Rationale: Under-spending
- Amount Requested: no increase
  - #1-reallocate $5,000 to Other; reallocate $45,000 in contracts to use for trainings.
  - #2-reallocate $1,000 to Other.
- Timeline: unchanged.
- Scope of Work:
  - #1-partnering with a federally-qualified health center, will partner to demonstrate the impact of integrating an innovative stress prevention and early intervention program with traditional primary care delivery.
  - #2-provide behavioral screening and interventions to demonstrate its effectiveness in the workplace (King Arthur Flour).
- Budget Line Item: Technical Assistance to Providers Implementing Payment Reform

White River Family Practice

- Background: WRFP is a sub-grantee.
- Rationale: Underspending; clinician issue.
- Amount Requested: no-change
  - Shift within existing line items to support scope modification.
- Timeline: ends 11/30/16
- Scope of Work:
  - Measure patient confidence and readmission and utilization rates; care management.
- Budget Line Item: Technical Assistance to Providers Implementing Payment Reform

Community Health Accountable Care (sub-grant)

- Background: Sub-grant.
- Rationale: Underspending in some categories; request to repurpose funds.
- Amount requested: no increase.
- Scope of Work: ACO infrastructure.
- Budget Line Item: Technical Assistance to Providers Implementing Payment Reform

Additional Request: Burns and Associates

- Background: Existing contract to support Medicaid-specific reforms.
- Rationale: Increased work related to all-payer model and Medicaid Pathway.
- Amount requested: $125,000 (shift from PP3 to PP2)
- Budget Line Item: Technical Assistance to Providers Implementing Payment Reform; All-Payer Model

Additional Funds: CHAC-update from July

- Background: Core Team approved funding for CHAC in July 2015. At that time, the approval specifically indicated that if an ACO had an increase in attributed lives in 2016, the Core Team would provide additional funds.
- Rationale: CHAC had an increase in attributed lives:

	Medicare 7/15	Medicare 1/16	Medicaid 7/15	Medicaid 1/16	Commercial 7/15	Commercial 1/16	Total Est Att Lives 7/15	$ Per Att Life	Total previously approved 7/15	Increase for new attributed lives 1/16
CHAC	6,446	14,700	21,213	33,000	8,048	9,958	35,707 (+21,951)	19	$678,433	$417,069

- Amount requested: $417,069 for Y3
- Budget Line Item: Technical Assistance to Providers Implementing Payment Reform

New Request: Opiate Alliance

- Background: Collaboration in Chittenden County to Reduce the burden of opiate use disorders in Chittenden County using a Collective Impact approach that will improve public health and public safety outcomes. This is a new collaborative focused on leverages existing opiate prevention/treatment efforts and expanding to the meet the need of the county. The project will use data to inform all four identified needs/barriers that support partner integration and peer learning.
- Rationale: Resources and information regarding need for opiate addiction services are not coordinated in Chittenden County. Across the county, entities have taken action to address the problem: expanding treatment access to eliminate waitlists; public education; drug court interventions; and growing recovery supports to name a few. But the strategies are not yet part of a coordinated, aligned, mutually reinforcing response, and in fact, are sometimes working at cross purposes. There is no common rubric by which to measure community-wide progress. This funding would support a broader project providing that coordination.
- Amount requested: $30,000 (Y2); $70,000 (Y3) -- note this is a subset of funding to support the project. There are additional funds provided by other entities.
- Budget Line Item: HIE Infrastructure and Technical Assistance to Providers Implementing Payment Reform

PROPOSED YEAR 3 BUDGET

Goal and Assumptions

Goal: Approval of Year 3 budget for submission to CMMI as part of Operational Plan.

Assumptions:

1. This includes personnel and contractual costs for anticipated 2017 no-cost extension.
2. Includes all previously approved contracts and proposes TBDs for certain items still developing.
3. Contract items are formatted by focus area.
4. Assumes our most recent PP2 reallocation and subsequent carryover are approved.

Total Budget: $11,437,714.50

- Personnel: $1,133,403.14
- Fringe: $525,332
- Travel: $39,112.50
- Equipment: $17,321.25
- Other: $189,997.50
- Supplies: $11,440
- CAP: $453,361.26
- Contracts: $9,067,746.85

Project Management: $281,851
Evaluation: $646,869

- Project Management:
  - UMass: $281,851
- Evaluation:
  - Self-Evaluation Plan:
    - JSI: $474,369
  - Surveys:
    - Datastat: $172,500
  - Monitoring and Evaluation Activities:
    - Lewin, Burns, and Bailit (part of the Payment Models estimates)

Practice Transformation: $2,747,669.58

- Learning Collaboratives:
  - Abernathey: $20,000
  - VPQHC: $44,889.33
  - Core Competency:
    - DDC: $94,315.50
    - PCDC: $178,725
  - Accountable Communities for Health: $160,000
- Regional Collaborations:
  - BiState/CHAC: $797,069
  - OneCare: $832,670.75
- Practice Transformation:
  - DA/SSA (Medicaid Pathway): $400,000
- Sub-Grant TA:
  - Policy Integrity: $25,000
- Workforce Demand Model:
  - IHSGlobal: $195,000

Health Data Infrastructure: $1,956,474

- Home Health Agency Project:
  - VITL: $618,000
- Designated Agency Data Quality:
  - VITL: $75,000
- ACO Gateway Support:
  - VITL: $269,370
- Event Notification:
  - Patient Ping: $594,354
- Work Group Support:
  - Stone: $120,000
- Data Warehousing:
  - BHN/VCN: $546,754
  - H.I.S.: $8,000
- Opiate Alliance: $70,000

Payment Model Design and Implementation: $1,617,620

- Several contractors provide support across Payment Models:
  - Bailit Health Purchasing, Inc.: $244,920
  - Burns and Associates: $522,000
  - Pacific Health Policy Group: $180,000
  - DLB: $16,000
  - Wakely : $70,000
  - Maximus: $200
  - Friedman: $5,000
- ACO SSPs:
  - Lewin: $579,500

Sustainability and Population Health Plan

- Sustainability Plan:
  - RFP: $100,000
- Population Health Plan:
  - RFP: $35,000
  - Hester: $10,000
- Sustainability Misc. (should be 20%): 1,431,959.27

Attachment 3b: InvestEAP Memo

VERMONT

M E M O R A N D U M

TO:	Georgia Maheras, Esq., Deputy Director of Health Care Reform for Payment and Delivery System Reform and Director, Vermont Health Care Innovation Project
FROM:	Steven Dickens, Invest EAP Director
DATE:	April 7, 2016
SUBJECT:	Request for approval of revised budget for Invest EAP Grant agreement #03410-13-15

This memo serves as a request to revise the budget for the grant agreement to Invest EAP, as part of the Provider Sub-grant Program within the Vermont Health Care Innovation Project.

Reallocate Contracts and reinvest in Other Budget Line

We have not used all of the money we anticipated to spend in the Contracts Line (we expect $50,000 under spending in the Resilient VT project and $10,000 underspending in the Behavioral Health Intervention project), and request that we move $5,000 from the Contracts Line to the Other Line in the Resilient VT budget, and $1,000 from the Contracts Line to the Other Line in the Behavioral Health Intervention budget. This money will offset slightly higher than anticipated expenses for research participation incentives.

Sustainable funding post SIM grant

We have impressive results to-date, showing statistically significant positive health outcomes in almost every measured area as a result of our interventions. We have been speaking with two large insurance entities interested in paying for these services ongoing after the SIM grants end, statewide. Implementation of these proposals will only be possible if we have trained staff statewide and develop an appropriate infrastructure to deliver these services.

We propose using the remaining unused funds in the Contract category for additional training and infrastructure development to achieve long-term sustainability.

Proposed and Original Budget for Each Project

	Resilient Vermont Project				
Budget Category	1/1/15-12/31/16	1/1/16-6/30/16	7/1/16-11/30/16	Proposed Total	Original Total
Personnel					
Frindge					
Travel	$ -	$ 500.00	$ 500.00	$ 6,500.00	$ 6,500.00
Equipment	$ 1,800.37	$ -	$ -	$ 1,900.00	$ 1,900.00
Supplies	$ -	$ -	$ -	$ 1,000.00	$ 1,000.00
Other	$ 750.00	$ -	$ -	$ 26,560.00	$ 21,560.00
Contracts	$ 71,073.82	$ 55,000.00	$ 16,551.00	$ 191,260.00	$ 196,260.00
Total Direct Costs	$ 73,624.19	$ 55,500.00	$ 17,051.00	$ 227,220.00	$ 227,220.00
Indirect	$ 7,691.59	$ 5,000.00	$ 1,700.00	$ 22,722.00	$ 22,722.00
Total	$ 81,315.78	$ 60,500.00	$ 18,751.00	$ 249,942.00	$ 249,942.00

	Behavioral Health Screening Intervention Project				
Budget Category	1/1/15-12/31/16	1/1/16-6/30/16	7/1/16-11/30/16	Proposed Total	Original Total
Personnel	$ 3,028.52	$ 3,000.00	$ 1,500.00	$ 17,796.00	$ 17,796.00
Frindge	$ 1,990.86	$ 1,900.00	$ 750.00	$ 8,431.00	$ 8,431.00
Travel	$ -	$ -	$ -	$ -	$ -
Equipment	$ 603.26	$ -	$ -	$ 5,400.00	$ 5,400.00
Supplies	$ -	$ -	$ -	$ 370.00	$ 370.00
Other	$ 860.00	$ 860.00	$ 250.00	$ 2,680.00	$ 1,680.00
Contracts	$ 6,004.83	$ 5,000.00	$ -	$ 20,000.00	$ 21,000.00
Total Direct Costs	$ 12,487.47	$ 10,760.00	$ 2,500.00	$ 54,677.00	$ 54,677.00
Indirect	$ 1,248.75	$ 1,076.00	$ 250.00	$ 5,468.00	$ 5,468.00
Total	$ 13,736.22	$ 11,836.00	$ 2,750.00	$ 60,145.00	$ 60,145.00

Note: If the line item budget for each time period is less than the total proposed budget, it is because we anticipate that

Attachment 3c: WRFP Request

White River Family Practice
VHCIP – Sub-grantee Reallocation Request
Health Confidence Project

Current Scope of Project

We have identified a registry of patients within our practice comprised of patients who demonstrate one or more of the following characteristics: (a) frequent ER usage; (b) frequent hospital admissions or readmissions; (c) a diagnosis of asthma with treatment for this condition either in the ER or through hospital admission within the past 24 months; and (d) a diagnosis of poorly controlled diabetes with coexisting depression. These patients' self-reported confidence in managing their own health issues (Health Confidence, HC) is assessed at every visit. Employing increased and dedicated Care Coordination services, intensive pre-visit planning and post-visit communications, in-house mental health services and our staff's newly acquired (and ongoing) motivational interviewing training, we are focusing on improving patients' HC and health understanding. Through our electronic record and in collaboration with Dartmouth Hitchcock Medical Center, we continue to track health confidence and utilization over the study period.

Our ongoing efforts and results have been sent to VHCIP as part of quarterly updates. These have shown an improvement in health confidence for our registry patients and a decrease in hospital and ER utilization.

Revised Scope

In part, due to the disruption of payment to VHCIP sub-grantees, we were unable to financially maintain the services of our Care Coordinating Nurse and also needed to temporarily suspend the half day of mental health services dedicated to this registry of patients. As such, we are unable to complete the study as originally outlined.

However, this also presents an opportunity. As we have observed some very positive improvements in health confidence and utilization, we would like to take this opportunity to better understand our patients' experiences of the project. We are hoping that if we work with our patients, we may be able to whittle down the very extensive care coordination services offered to those of highest value and be able to offer these services on an ongoing basis. Our revised scope includes the following:

1. Patient Focus groups and patient interviews to determine which of the patient interventions done as part of intensive care coordination were most meaningful to our patients, what interventions would be helpful to them and what does health confidence mean to our patients. These focus groups will be coordinated through White River Family Practice but will be conducted by The Dartmouth Institute. The goal is to conduct these focus groups and surveys in June.
2. Re-instituting Care Coordinating Services and Mental Health services over the summer. Using data from our focus groups and interviews, we would like to re-institute care coordination and mental health services over the summer. The care coordination will need to be done in a more streamlined fashion with a dedicated registered nurse focused on study patients for 8 hours weekly.
3. Continued data collection of Health Confidence measures in the office and Utilization Measures from Dartmouth Hitchcock Medical Center. Continued use of chronic care management

resources embedded in our medical record with a goal of increased training and use within the office to ensure ongoing identification of patients at higher risk based on health confidence and other measurable items.

4. Use of eClinicalworks Kiosk function to increase the ways in which our patients are able to update their own records and provide us with more patient reported measures.
5. Additional funding to ensure that project information is fully analyzed and presented in ways that will be helpful to other primary care practices in Vermont and elsewhere.

In summary, our revised scope is focused on the sustainability of this project. Our initial data has shown a high correlation between health confidence and utilization. We would like to continue to focus on health confidence as an intervention. In the process, we would like to engage our patient participants as much as possible in helping us find the type of care with supports high health confidence and lower ER and hospital utilization. We hope to determine if this can be done in a streamlined fashion that is feasible in the current health care system.

Please see the revised scope. The expenditures have been divided into the requested time periods: 1/1/15-12/31/16, 1/1/16-6/30/16 and 7/1/16 through 11/30/16.

WRFP SIM Grant Initiatives

White River Family Practice

Project Start Date: 5/12/2014

Today's Date: 3/28/16

WBS	Task	% Done
1	**HEALTH CONFIDENCE MEASUREMENT (HCM)**	88%
1.1	Trial of Self-Confidence Assessment Cards (Dr. Uiterwyk)	100%
1.2	Revise Health Confidence Measurement (HCM) Cards	100%
1.3	Discuss Use of HCM Cards with all Practitioners and Clinical Staff	100%
1.4	Trial of HCM Cards by all WRFP providers (in selected patients)	100%
1.5	Meet with John Wasson, MD, to discuss trial & use of Health Confidence in SIM Grant.	100%
1.6	Obtain HCM from DHMC (& APD) WRFP Patients. (Hospitals unable to deliver HC values.)	75%
1.7	Decide where HCM responses are recorded (in eCW as structured data, separate XL file, HYH Registry, other?)	100%
1.8	Expand use of HCM and Motivational Interviewing (MI) approach to patient care as appropriate (other Chronic Diseases, etc.)	100%
1.9	Implement new HYH in Hospital Admissions, Frequent ED-Use (FEDU) Patients, CDM patients, (and Annual Wellness Visits). (Practitioners find HYH too unwieldly to use routinely in its present format.)	20%
2	**HOSPITAL READMISSIONS & TCM**	92%
2.1	Obtain historic DHMC WRFP Pts' readmission data for baseline.	100%
2.2	Collaborate with DHMC Data staff to obtain best monthly reports of hospital admissions & ED visits	100%
2.3	Obtain historic APD WRFP Pts' readmission data for baseline. (APD - cannot supply as of 1/1/15. (The 20% represents initiating the discussions with APD representatives; APD unable to go further.)	20%
2.4	Collaborate with APD to obtain best monthly reports of hospital admissions. (See 2.3 above.)	0%
2.5	Develop SPC charting for hospital readmissions.	100%
2.6	Implement Health Confidence Assessment with all Hospital Readmits	100%
2.7	Sort Patients with frequent Hospital Readmissions by PCP	100%
2.8	All WRFP Practitioners review the PCP-specific list of HR patients. (Note: Some HR patients may be beyond current ability to manage without readmission - e.g., trauma, specialty care, etc.)	100%
2.9	Merge Frequent Readmit Cohort with Confidence Assessments to identify Hospital Readmissions (HR) pts with Low HCM. (See 2.11)	100%
2.10	Practitioners meet to review these patients and identify HR/LowHCM cohort for focused TCM & Team Management. (Panel revised 1/15; HC measures actively collected.)	100%
2.11	Develop processes of focused TCM care for hospital readmits with practitoners and staff (mapping process for post-hospitalization office visits, pre-visit planning, intensive TCM, medication reconciliation, etc., & identification of Clinical Staff involved in team-care.)	100%
3	**EMERGENCY DEPARTMENT (ED) VISITS & TCM (Frequent, recurring, or non-emergent)**	100%
3.1	Request algorithm for determination of "non-emergent use" from payers (Done, with minimal response; will use low HC as proxy measure of likely non-emergent ED use. (Payers unable to deliver.)	100%

WRFP SIM Grant Actual and Re-Allocation Funding						
				1/1/16 - 6/30/16		
			1/1/15-12/31/15	0/1/16-2/29/16	03/1/16-06/30/16 (Projected)	07/1/16-11/30/16 (Projected)
Toni Apgar, RN			$50,060	$8,683	Departed	
Lexi Burroughs (mental health)			$10,434	$1,739	800 (If resuming in June, 2016)	$4,000
Sean Uiterwyk, MD			$12,052			
Jill Blumberg, MD			$3,013	$2,009	$4,017	$5,022
Lisa Paquette, RN					$2,521	$4,880
Total Salary			**$75,559**	**$12,431**	**$7,338**	**$13,902**
Fringe			$9,000		$342	$570
Conference Travel			$138			
Supplies			$101			
Equipment			$8,591			
Mark Nunlist, MD (Consultant)			$42,418	$7,020	$10,676	$17,500
Symquest						
Cert Diabetes Educator						
Dev't of Hefalth Coach Curriculum			$3,402			
Indirect			$17,220	$2,870	$5,740	$7,175
TDI Focus Groups (x3)						$4,210
TDI Phone Interviews (10)						$3,850
Food for focus groups	s ($150 x 3)					$450
Admnistrative set-up/clean-up/prep		($50 x 3)				$150
Gift cards for phone interviews ($50 x 10)						$500
Gift cards for focus group attendance ($100 x 20 patients x 3 groups)						$6,000
Kiosk application and training in eCW (for input of Patient-Reported Measures)						$4,000
Totals			$ 156,429	$34,752	$24,096	$58,307
Grant Award	$363,070					
Paid through 2/29/16	$280,667					
Balance Available	$82,403					

Attachment 3d - Opiate Alliance

General Information:

Organization Applying: Chittenden County Opiate Alliance
Key Contact: Heidi Gortakowski
Key Contact Email: heidi.gortakowski@vermont.gov
Key Contact Phone: 802.951.0142
Key Contact Mailing Address: 108 Cherry St. Suite 301 Burlington, Vermont 05401
Fiscal Officer: Charlie Baker, Executive Director Chittenden County Regional Planning Commission
Fiscal Officer Email: cbaker@ccrpcvt.org
Fiscal Officer Phone: 802 846 4490 *23
Fiscal Officer Mailing Address: 110 W. Canal St., Suite 202, Winooski, VT 05404

Project Title: Chittenden County Opiate Alliance
Brief Summary: The Chittenden County Opiate Alliance vision for change is to "Reduce the burden of opiate use disorders in Chittenden County using a Collective Impact approach that will improve public health and public safety outcomes."

The Opiate Alliance will organize data and information from collaborating partner organizations that will enable timely, accurate and rapid deployment of resources targeted toward agreed upon objectives. The Alliance represents the unified commitment to common principles and transparency across sectors. The Alliance's structure will enable the development of a collective process for prioritizing strategies and ensuring accountability for their implementation. This integration paired with backbone support for facilitation and data infrastructure will be a novel approach to addressing opiates in Chittenden County.

This funding will supplement Collective Impact funding received by the Alliance from the UVM Medical Center and a grant from the Stiller Family Foundation through United Way of Chittenden County.

Budget Category	Spring 2016	**Total**
Personnel	Portion of backbone staff salary	$20,000
Fringe	Portion of backbone staff fringe/benefits	$10,000
Consultants	To support Collective Impact training or Action Team activities	$15,000
Equipment	To support backbone staff and/or data infrastructure	$5,000
Supplies	To support all Action Teams and the Steering Committee	$10,000
Other Costs	To support care coordination and case management as needed	$30,000
Direct		**$90,000**
Indirect	Portion of overhead for backbone staff organization	$10,000
Total		**$100,000**

Charlie Baker
Executive Director
Chittenden County Regional Planning Commission

Project Narrative

Background:

By most measures, opioid use and abuse, and the ancillary burdens they bring to our community, continue to rise. There is not a coordinated strategy – at the population level nor the implementation level – to inform our community response to this public health and safety crisis. Many partners have undertaken actions to address the problem: expanding treatment access to eliminate waitlists; public education; drug court interventions; and growing recovery supports to name a few. But these strategies are not yet part of a coordinated, aligned, mutually reinforcing response, and in fact, are sometimes working at cross purposes. There is no common rubric by which to measure community-wide progress. Recognizing this, a group of Chittenden County and Agency of Human Services leaders met throughout the fall of 2015 and agreed to a new approach and to seek dedicated funding to support data driven integration; this became the Chittenden County Opiate Alliance.

Needs Statement:

The Alliance has identified four key barriers to reducing the burden of opiate abuse in Chittenden County; each of these represents a need:

1. **Treatment access and recovery support**

   The number of people receiving medication assisted treatment (MAT) in the hubs increased rapidly through 2014 but the number of people waiting for services remained relatively consistent, indicating that there is continued demand for these services. This access need is more acute in Chittenden County than in other regions (see Opioid

Scorecard). Treatment capacity is no longer expanding as rapidly as in the past, primarily due to workforce shortages. It is difficult to recruit and maintain adequate staff with the skills needed to work with this population (see 4 below).

2. **Rapid intervention for care and case coordination and management across sectors for people with complex service needs**

   Individuals suffering from addiction face a variety of challenges in becoming substance free. Many social and economic factors present barriers to successful recovery and reintegration into the community. Social determinants of note: housing, un- or underemployment, poverty, education, and transportation. These influence recovery, recidivism, child welfare, and other factors that inhibit treatment and recovery efforts.

3. **Limited funding for and long scope of community-based prevention of substance use**

   Prevention is key to any public health problem yet addressing stigma, perceived harm, and mental health and illness require long term, population-level approaches across the socio-ecological model. Prevention can often be de-prioritized when considering more proximal medical, treatment, criminal justice, and child welfare emergencies. The distal outcomes of prevention and limited resources make this an important barrier to address.

4. **Workforce development of practitioners and in human services**

   In addition to additional workforce support in treatment arenas, partners have identified a need for additional interdisciplinary expertise to support cross sector work. For example, police officers who understand public health; treatment clinicians who can connect with social workers and schools. As the landscape of addition and opiates

changes in Vermont, formal education, training opportunities, and recruitment of new practitioners lag behind the evolving epidemic. Concretely, there is an identified need to add addiction-specific content into existing curriculum and to make focused training available for identified staff across sectors. Of equal importance, employers need information and support to effectively employ Vermonters in recovery.

For the purposes of this proposal, the Alliance aims to build a more meaningful and responsive organizational infrastructure across partners in thoughtful and confidential ways. The primary focus will be on data to inform all four identified needs/barriers that support partner integration and peer learning. Secondary to that, the Collective Impact approach adopted by the Alliance is aligned with Accountable Communities for Health work, the State Health Improvement Plan, and the Agency of Human Services Strategic Plan all of which target vulnerable populations, specifically Medicaid beneficiaries. The Alliance is consistent with the state's all-payer model proposal to (1) promote better integration of the health system across the medical and social services care continuum, (2) improve access to primary care, (3) reduce the prevalence and improve the management of chronic disease, and (4) address the substance abuse epidemic in Vermont.

Project Activities

Activity 1: Adopt Collective Impact approach and Chittenden County Opiate Alliance structure

Activity 1a: Formalize collaborative structure

The Alliance will organize and align the disparate efforts to address our community's

opioid crisis under one structure. A Steering Committee of executive leaders (or their designees with decision-making authority) from the partner organizations and community members with experience with opioid addiction and its consequences will be formed. The Steering Committee will:

- Guide vision and strategy with active decision-making
- Build public will and seek commitment of resources including staff time and funding
- Hold partner organizations accountable
- Identify and advocate for policy changes.

Activity 1b: Initiate Action Teams based on identified barriers

The Alliance is unique in the level of commitment from key state and local government and non-profit leaders, and the broad scope of this initiative. For the first time, a comprehensive approach at this level will be put forward in Chittenden County. Action teams will include content experts, data analysts, and community members working on specific strategies to reduce the opiate burden. Some Action Teams already exist and will continue implementing their plans under this new structure; other existing groups may require an explicit opiate focus to align with a specific strategy under the overall plan (e.g. the Chittenden County Adult Local Interagency Team may function for 1 meeting/month as a rapid response team). Action Teams will meet routinely and will:

- Be accountable to the Steering Committee
- Implement strategies in collaborative and mutually reinforcing ways

- Elevate systems issues/barriers to achieving impact to Steering Committee as needed
- Use shared data infrastructure
- Prepare performance metrics, data trends and recommendations for quarterly Steering Committee meetings

Activity 1c: All partners agree to an overarching commitment to collect, analyze and use data to inform the work of the Alliance.

Activity 2: **Implement Collective Impact approach to address the burden of opiates**

Activity 2a: The inclusion of dedicated backbone staff will be critical to the success of this initiative. Hiring and supporting these staff is a key activity of this initiative and is intricately linked with all components of Activities 1 and 3. As outlined in by the Collective Impact Framework, the backbone functions to:

- Build key relationships and trust across members of the alliance
- Facilitate, mobilize, and coordinate the day-to-day behind the scenes
- Provide consistent, clear communication to all partners
- Compile data from multiple sources
- Support the Steering Committee and action teams by looking for trends or themes across data sources and workgroups
- Data Analyst/Manager may work with partner organizations to expand on existing data or develop new data systems/analysis
- Project Director ideally has skills or experience with Collective Impact and CompStat or stat-like frameworks

Activity 2b: Convene and implement Action Teams to address barriers as identified in needs portion of this proposal. Action Teams will be supported by the Steering Committee to focus on evidence-based and promising practices that require integration across sectors that was previously challenges by the lack of this alliance.

Activity 3: **Measure reduction in opiate-related burden in Chittenden County**

Activity 3a: Determine lead data analysts and managers from each partner organization who can participate in collaborative conversation about true gaps in data. This will involve broadening the understanding of relevant data to include information from all participating partners.

Activity 3b: Identify barriers to understanding that can be addressed by improved data infrastructure. This will require targeted discussion of the needs/barriers and prioritization of questions that need to be answered. To date, this conversation has been limited to, "We need more data" and this activity aims to move to a more concrete and focused conversation that can support shared data infrastructure and understanding to ensure appropriate implementation of strategies.

Activity 3c: Improve the data infrastructure. This may require investment in additional technological solutions and will be informed by activities 3a and 3b.

Outcomes & Evaluation

The Alliance will conduct quantitative and qualitative evaluation of the outcomes and sustainability in the three major areas listed below:

Area 1: How much will you do?

For Activity 1:

- # of partners
- Work hours convened
- # of trainings on Collective Impact
- Dollar value of resources being invested in the alliance by each partner

Area 2: How will you measure how well you do it?

For Activity 2:

- Trust and confidence in the Steering Committee and Action Teams
- Engaging the community in the process; % of stakeholders actively participating
- Dollar and value of resources from partners being invested through this coordinated, aligned response

Area 3: How will you know if anyone is better off?

For Activity 3: Population outcome data already identified is noted here: http://healthvermont.gov/adap/dashboard/opioids.aspx

- Percent of persons age 12 and older who misused a prescription pain reliever in the past year
- Rate of Emergency Department visits for heroin overdose syndrome per 10,000 Vermonters
- Number of accidental (non-suicide) drug deaths involving prescription opioids
- Number of accidental (non-suicide) drug deaths involving heroin
- Number of accidental (non-suicide) drug deaths involving fentanyl

- Increased efficiency of the system's alignment (shorter wait times; increasing housing options; individual program performance measures of partners)

Beyond these identified measures, there is recognition that some of the measures must be determined by the Alliance as it begins to work together under this new structure and refine the details of its shared approach.

Conclusion

The Chittenden County Opiate Alliance is a novel collaboration convened, at first, *ad hoc* but now under a Collective Impact structure with multiple funding sources dedicated to support partner organizations in doing work differently. With a target population of vulnerable Vermonters in need of substance abuse services combined with a data-driven public health perspective, this work is consistent with State Innovation Model objectives.

CHITTENDEN COUNTY OPIATE ALLIANCE PARTNERS:

Collaborating Partners	
Steering Committee	**Additional Partners**
Agency of Human Services (AHS)	Agency of Education (AOE)
Burlington Labs	Area Health Education Center (AHEC)
Chittenden County Regional Planning Commission (CCRPC)	Blueprint for Health
Chittenden County State's Attorney	Boys & Girls Club of Burlington
City of Burlington	Chittenden Cty School Superintendents
City of Burlington Police Department (BPD)	Committee on Temporary Shelter (COTS)
Department for Children & Families (DCF)	Community Health Center of Burlington
Department of Corrections (DOC)	Greater Burlington Industrial Corporation
Department of Mental Health (DMH)	Health First
Green Mountain Care Board (GMCB)	Jeffords Institute
Howard Center	Maple Leaf
KidSafe	Partnership of Prevention Coalitions
Lake Champlain Regional Chamber of Commerce	Social Work Association
Turning Point Center	UVM School of Medicine
United Way of Chittenden County	UVM School of Nursing
US Department of Justice	UVM School of Social Work
UVM Medical Center (UVMMC)	
Vermont Department of Health (VDH)	

CHITTENDEN COUNTY OPIATE ALLIANCE PROJECT TIMELINE:

Date Range	Deliverables
March – June 2016	• Convene Steering Committee; develop position descriptions and begin process to hire backbone staff; identify the public "Chair(s)" of the Alliance; • Orient all Action Teams to Collective Impact approach and responsibilities to the collective; • Facilitate process of teambuilding to build relationships *and* get everyone on the same page, build agreement on language of shared agenda and increase awareness as needed of how collective impact works.
May – August 2016	• Develop metrics collection and analysis process and product; • Development of action plan with specific performance measures • Quarterly SC meeting
September – December 2016	• Develop timelines for monitoring and evaluation of both outcomes and how the process of working collectively is going. • Quarterly SC meeting
Ongoing	• Action Team implementation activities.

ATTACHMENTS

1. Collective Impact Application to UVMMC
2. Letter of Intent with partner commitments
3. United Way - Stiller Family Foundation Letter of Support

COBRA

Collective Impact Grant Opportunity Proposal Form

Criteria

The University of Vermont Medical Center will invest in community initiatives that improve the overall health of our community. Projects must address one of the priority areas identified in UVM Medical Center's 2013 Community Health Needs Assessment, which are:

- Access to Food and Nutrition
- Dental Health (especially children)
- Mental Health (with a focus on children and substance abuse)
- Removing Barriers to Care (e.g. affordability, transportation, language)
- Senior Issues (caregiving, safety, well-being)

The University of Vermont Medical Center favors projects that:

- can lead to lasting change
- demonstrate value
- utilize collaboration
- include goals towards financial sustainability
- demonstrate organization's understanding of its role in broader human service community

The collaboration must include a 501(c)3 organization or a governmental organization, which will serve as the backbone organization for the project. This grant opportunity is intended for collaborative initiatives involving three or more organizations working on a shared goal. Collaborations should be located in the UVM Medical Center's primary health service area (Chittenden and Grand Isle counties). Innovative projects will be considered where they show a unique and creative way to address community health which might lead to best practice or address an emerging need.

Funding decisions are made by the UVM Medical Center's Community Health Investment Committee, which includes six UVM Medical Center employees, and six community members, and is chaired by the UVM Medical Center's Chief Medical Officer. The fund invests up to $769,000 annually in both external and internal community benefit programs.

Please note that most of the questions below include the number of words allowed. Applications will not be considered complete if any question is left blank. **Please reference the Collective Impact Information sheet before preparing the application. Please use 10 point font, Arial, single-spaced.**

Proposals are due by noon, on Monday, January 25th. Notification of funding decisions will be made on February 9th, 2016. Please submit an electronic copy to Julie Cole at julie.cole@uvmhealth.org. Any questions, please call Julie at 802-847-8929 or email.

COBRA

Contact Information

Name of Backbone Organization: ECOS Project/Chittenden County Regional Planning Commission
Contact person: Charlie Baker
Address:110 W. Canal St., Suite 202, Winooski, VT 05404
Email: cbaker@ccrpcvt.org
Phone number: 802-846-4490 x23

Application

1) Collaboration Title: __**Chittenden Opiate Burden Reduction Alliance (COBRA)**_____

2) Amount requested (not to exceed $100,000): __**$100,000 per year for three years**___

3) Five health priorities were identified by UVM Medical Center's 2013 Community Health Needs Assessment. Indicate the **PRIMARY** priority area this collaborative will address:

- ☐ Access to Food and Nutrition
- ☐ Dental health (especially children)
- ☐ Mental Health (especially children)
- XXX Removing Barriers to Care (transportation, affordability, language)
- ☐ Seniors (caregiving, safety, well-being)

4) Did a representative from this collaborative attend the Vermont Collective Impact conference on October 20th, 2015? (yes or no only)

YES. Several did

5) Please describe the common agenda of this collaborative. Please answer each subheading. (200 words or less total)
   a. What is the problem?
   b. What is the shared vision for change?

By most measures, opioid use and abuse, and the ancillary burdens they bring to our community, continue to rise. There is a lack of coordination - both at the population level and the strategy level - to inform our community response to this public health and safety crisis impacting individuals, families, employers, neighborhoods and the community at large. Much is being done through various strategies to address the problem: expanding treatment access to eliminate waitlists; public education; drug court interventions; and growing recovery supports to name a few. But these strategies are not yet part of a coordinated, aligned, mutually reinforcing response, and in fact are sometimes working at cross purposes.

COBRA's vision for change is to "Reduce the burden of opiate use disorders in Chittenden County using a Collective Impact approach that will improve public health and public safety outcomes."

COBRA will gain the authority to request information, address systems issues involved in data sharing and confidentiality, direct information sharing or analysis, and identify shared metrics. The principles of COBRA are: **timely and accurate information and data** to inform **effective strategies** using aligned and, when necessary, **rapid deployment of resources** combined with **relentless follow-up and assessment.** While individual partners use many of these principals, COBRA represents the unified

commitment to them across sectors. COBRA's structure will enable the development of a collective process for prioritizing strategies and ensuring accountability for their implementation and evaluation.

6) Please describe the initiative. Please answer each subheading. (400 words or less total)
   a. What are the agreed upon actions of the collaborative?
   b. How does this work address the primary priority from above?
   c. How many will be served and what is the target population?

COBRA will **organize and align the disparate efforts** to address our community's opioid crisis under one structure. A Steering Committee (SC) of executive leaders (or their designees with decision-making authority) from the partner organizations and community members with experience with opioid addiction and its consequences will be formed. The SC will:

- Guide vision and strategy with active decision-making
- Build public will and seek commitment of resources including staff time and funding
- Hold partner organizations accountable
- Identify and advocate for policy changes.

COBRA is unique in the level of commitment from key state and local government and non-profit leaders, and the broad scope of this initiative. For the first time, a comprehensive approach at this level will be put forward. Action teams will include content experts, data analysts, and community members working on specific strategies to reduce the opiate burden. Some Action Teams already exist and will continue implementing their plans under this new structure; other existing groups may require an explicit opiate focus to align with a specific strategy under the overall plan (e.g. Adult LIT may function for 1 meeting/month as a rapid response team). Action Teams will meet routinely and will:

- Be accountable to the Steering Committee
- Implement strategies in collaborative and mutually reinforcing ways
- Elevate systems issues/barriers to achieving impact to Steering Committee as needed
- Prepare performance metrics, data trends and recommendations for quarterly SC meetings

Several Action Teams have been identified:

1. Treatment and Recovery Support- The system of care should help people get appropriate level of service from screening and treatment to recovery. This Action Team will map a system of care design that clarifies how patients enter treatment and are followed through to recovery supports. Data points will be identified to inform the team how patients are progressing throughout treatment. The Opioid Task Force will implement October 2015 Action Plan with multiple partners including UVMMC, Howard Center, VDH ADAP, CHCB, Maple Leaf, independent physicians and recovery services and supports. Serving 250+ individuals currently on waitlist for treatment and unknown number of individuals addicted but not yet seeking treatment, and 4,000+ individuals currently accessing Turning Point Center recovery supports.

2. Adult Local Interagency Team (Adult LIT) will provide selected case coordination & management for individuals suffering from addiction. With a laser focus on individual case management, Adult LIT will identify system issues including social determinants that present barriers to successful recovery and reintegration into the community. Partners include BPD, DCF, DoC, UVMMC, Howard Center, VDH, State's Attorney. Serving 20+ individuals and their families in our effort to understand where systems barriers exist that prevent more effective access and recovery.

3. Prevention and Community Education using the existing Chittenden County Prevention Coalition. Will use prevention activities and public education to reduce first use and stigma related to addiction, serving the entire community.

4. Workforce Development -- Focus on formal education and training opportunities currently available and those that can be developed to bring more people into the addiction field, and to support those already working in the field. Opportunities will be identified to add addiction-specific content into existing curriculum and to make focused training available for identified needs. Partner leads would be UVM and VDH. Ultimately serving entire community but immediate effect on treatment specialists, clinicians, social workers, and other human services employees.

All partners agree to an overarching commitment to collect, analyze and use data to inform the work of COBRA.

7) Key Partners and Roles: Please list and briefly explain partner's role in the initiative and other mutually reinforcing activities. (30 words or less for each partner role description)

COBRA PARTNER ROLE KEY CODE: Steering Committee member = SC; Funder = F; Policy Change Advocacy = P; Action Team Strategy Participant=SP; Data Source = DS

Partner	**Roles**
UVM Medical Center	SC; F; P; SP; DS
City of Burlington Mayor's Office and Burlington Police Dept.	SC; F; P; SP; DS
Vermont Agency of Human Services (Health, Mental Health, Children and Families, Corrections, Burlington Field Services)	SC; F; P; SP; DS
Green Mountain Care Board	SC; F; P
Howard Center	SC; P; SP; DS
Chittenden County State's Attorney, Vermont Judicial system, other Chittenden County Police Depts.	SC; P; SP; DS
Local non-profits that provide direct services to individuals/families	P; SP; DS
Local business community	SC; P; SP
United Way of Chittenden County	SC; F; P; SP
Chittenden County Regional Planning Commission	Hosting backbone organization and staff

8) Objectives and shared measurement. What does your collaboration hope to accomplish? Please answer each subheading. (500 words total or less total)

Existing population and client level data demonstrate the impact of opioid use and abuse on the various sectors in our community. With dedicated resources, COBRA aims to make sense of existing data in a holistic way, use this to identify gaps, and inform system and process improvement. COBRA's performance measures will cover three objectives and address the following questions.

a. How much will you do?

Goal #1= bring together partners under the COBRA umbrella

Measures:

- # of partners
- Work hours spent together
- # of trainings on collective impact
- $ value of resources being invested in the problem by each partner

b. How will you measure how well you do it? What are the agreed upon measures?

Goal #2- Implement Collective Impact approach to address the crisis

Measures:

- Trust and confidence of the partners and confidence in the SC and Action teams
- Engaging the community in the process; % of key stakeholders actively participating
- $ and value of resources from partners being invested through this coordinated, aligned, response

c. How will you know if anyone is better off (how will the data be tracked)?

Goal #3: Reduce the burden of opiate use disorders in Chittenden County

- Turn the curve on key measures being tracked at http://healthvermont.gov/adap/dashboard/opioids.aspx
- Increased efficiency of the systems alignment (shorter wait times; increase in housing options; individual program performance metrics)

Beyond these identified measures, there is recognition that some of the measures must be determined *by the collective* as we begin to work together under this new structure and refine the details of our shared approach.

9) How will continuous communication be fostered between the collaboration? (200 words or less)

Continuous communication is critical to working across such diverse groups. Partners agree that strong documentation and facilitation will be critical to ensuring clear flow of communication, and this will demand the building of trust in backbone staff and each other. In short:

- Membership/participation on the Steering Committee or Action Teams obligates participants to stay up-to-date and engaged in meetings.
- Backbone staff will create agendas, document decisions and actions agreed to in Steering Committee & Action Team meetings and develop a shared space/platform for all partners' use
- Backbone staff will check in with staff and chairs to hold Steering Committee, Action Teams, and individual partners accountable for their commitments.

Neutrally-facilitated meetings themselves should promote communication and highlight the importance of coming prepared by knowing your data, taking on action items, and demonstrating willingness to do things differently. If everyone commits to this, we may see a culture change in accountability and collaborative work.

CORBA

10) Timeline: Please provide a timeline of the grant period, noting key steps. (200 words or less):

This timeline is preliminary and will be further refined by the COBRA Steering Committee once it is formed.

Month	Key Steps
March-June	Convene SC; develop position descriptions and begin process to hire backbone staff; identify the public "Chair(s)" of COBRA; Orient all Action Teams to Collective Impact approach and responsibilities to the collective; Facilitate process of teambuilding to build relationships *and* get everyone on the same page, build agreement on language of shared agenda and increase awareness as needed of how collective impact works. Hire backbone staff.
May-August	Develop metrics collection and analysis process and product; Development of action plan with specific performance measures Quarterly SC meeting
September-December	Develop timelines for monitoring and evaluation of both outcomes and how the process of working collectively is going. Quarterly SC meeting
Current and Ongoing	Action Team implementation activities. Data collection, and analysis

11) Please describe the backbone organization. How will the agency sustain this role over time? (200 words or less):

ECOS Project (www.ecosproject.com) is a partnership of United Way, UVM Medical Center, Lake Champlain Regional Chamber of Commerce, GBIC, City of Burlington CEDO, UVM, CCRPC and its member municipalities. The ECOS (Environment, Community, Opportunity, Sustainability) vision is: A healthy, inclusive and prosperous community. ECOS brings both neutrality, and an overarching vision of well-being for the community, along with an enormous breadth and depth of partners who are committed to a sustainable Chittenden County. As the backbone organization of ECOS and by extension COBRA, CCRPC will hire and manage staff in the fulfillment of the scope of work. It is intended that this project will develop sustainable systems and measurement tracking processes that will provide information after this project ends without the need for additional staff. In other words, the expectation is that the 3 year effort will not need to be sustained with separate staff when completed.

12) Is this initiative replicable or scalable? Please explain (100 word or less):

This will be a major effort for our community to address a complex issue using a collective impact framework. We expect to learn a lot about how to respond to an issue using this approach. The approach can and will be replicated to address other complex community challenges (ending homelessness; creating a family centered approach to service delivery) in Chittenden County and throughout Vermont. Additionally, given the many state partners (AHS departments, GMCB, DPS), replication through existing infrastructure and staff in other state districts can be based on and adapted from lessons learned in Chittenden County.

13) How will this collaboration build community capacity (100 words or less)?

Community capacity to address this opioid crisis will be increased and have broader impact, because the many kinds of activities currently being undertaken in response will be coordinated, mutually-reinforcing, and data-informed. This will allow us to stop doing what isn't working, expand what is, and fill gaps that impact the efficacy of other strategies. Cross sector partnerships and relationships will be developed and strengthened through COBRA's structure. Additionally, with a targeted focus on workforce development, COBRA hopes to support investment in human capital that should enable addressing opiate and other complex issues for many years. Together, we will accomplish more than what any individual program or partner could achieve on its own.

14) If identical or similar community programs exist, how will this initiative complement rather than duplicate services? What makes this collaboration unique? (100 words or less):

In fact, eliminating duplication and increasing efficacy of our collective approach is the very purpose of this project. All partners are committed to a data-driven approach. Despite strong leadership at many individual organizations, there is not one clear leader or a structure for coordination and accountability. COBRA capitalizes on unprecedented political will in the face of data that indicate the challenge is growing rather than shrinking. It is transparent about the fact that several partners are already contributing to this effort but provides a novel accountability structure. This transparent accountability paired with the tools of Collective Impact and CompStat (a law enforcement and public health crisis response model) are unique, are supported by the engaged partners, and, at this point, simply require the dedicated staff to form the backbone of collaboration.

COLLABORATIVE NAME

Collaboration Budget and Narrative

Total Program Budget

Please note: Grant funds will not cover: travel costs except those related directly to the project, capital campaign expenditures, endowment, political activities of any sort, indirect costs. Grant funds do not routinely cover capital expenses. However, capital expenses will be considered if acquiring the item(s) is clearly required for the success of the program.

Successful proposal(s) will include a variety of funding sources (both cash and in-kind).

Revenue sources for this Program, including other grant funds committed, pending grant funds (indicate confirmation date), in-kind (staff time, equipment, services provided at no cost to the project).

Description	Amount	Status (pending, confirmed)
Stiller Family Foundation	$100,000 per year for 3 years	confirmed
UVM Medical Center	$100,000 per year for 3 years	pending
SIM grant through Green Mountain Care Board	$100,000 per year for 3 years	pending
Total Revenue from all sources	$300,000 per year for 3 years	

Expenses for this Program, including personnel, salaries, fringe benefit costs, consultants, equipment, supplies, other direct expense.

Description	Amount requested from UVM Medical Center	Amount to be funded by other sources	Total budget from all sources
Backbone staff (Project Director and Data Manager)	$100,000	$20,000	$ 120,000
Benefits/overhead		$60,000	$ 60,000
Flexible funding pool		$60,000	$ 60,000
Collective Impact or other consultants		$60,000	$ 60,000
Total Program/Project Expenses	$100,000	$200,000	$ 300,000

Budget Justification: Explain the rational for funds requested in the budget. (Example: Budget Item: $500, Gardener's Supply, the rationale might be "Gardening gloves for participating students".) For capital expense(s), please provide a detailed description of how the expense(s) will be essential to the program success.

This budget is preliminary and will need further refinement by the SC once it is convened. Backbone staff will be employed by ECOS/CCRPC. These salary levels are preliminary and include 2 FTEs. The benefits/overhead from ECOS/CCPRC are approximately $30k per FTE. The flexible funding pool will be used by the Adult LIT team to meet needs identified though the case management of 20+ people who are addicted so we can get these individuals into services immediately and see if we can improve their long term recovery prospects. In addition, the flexible funding will be used to seed innovative approached to prevention, public education, and neighborhood safety. The Steering Committee will be responsible for allocating these funds with recommendations from Action Teams. We would like to explore using FSG (the national Collective Impact experts) to provide on-going consultation to the SC and Action Teams. We also may engage some data consultants to help develop the unified data repository and collection system.

United Way of Chittenden County
unitedwaycc.org

March 17, 2016

VHCIP/SIM Core Team
c/o Al Gobeille
109 State Street, Pavilion Building
Montpelier, VT

Dear Al,

I am pleased to write this letter in support of the Chittenden County Opiate Alliance grant, and to confirm that United Way of Chittenden County has secured a match grant of $100,000 per year for three years from the Stiller Family Foundation. The Stiller grant will come to us, and will be used to pay for staffing of the backbone support for the Alliance, to support collective impact consulting to organize our community response to the opiate crisis, to fund needs and gaps in resources to address the strategies being prioritized through the Alliance and to seed/test some innovative responses.

A condition of the Stiller Family Foundation grant is that the Alliance secures an additional $200,000 per year for three years to leverage their gift. The UVM Medical Center has committed $100,000 per year for three years towards the Stiller grant match, and we are hoping the VCHIP/SIM grant will complete the remaining $100,000 match requirement for our first year of operations.

United Way of Chittenden County will also be an active participant on the Executive and Steering Committees of the Alliance, and will provide as much support and influence we can to make this collective and inclusive response to the Opiate crisis in Chittenden County successful.

Thank you for your consideration.

Sincerely,

Martha E. Maksym
Executive Director

Attachment 4: Milestones Table

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
Project Implementation	CMMI-Required Milestone	**Project Implementation:** Project will be implemented statewide.	Achieved: Project is implemented statewide, implementation is ongoing. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature.	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 1 Carryover Milestones.	Ongoing. Will be complete by 12/31/15. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. *Contractors:* All contractors	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 2 Milestones by 6/30/16.	Ongoing. Anticipated completion 6/30/16. *Reporting:* Monthly reports to Core Team, quarterly reports to CMMI and Vermont Legislature. *Contractors:* All contractors.	**Project Implementation:** Continue to implement project statewide. Implement all Performance Period 3 Milestones by 6/30/17.	All metrics	All contractors.	Georgia Maheras	All SIM-funded staff and SIM key personnel
Payment Models	CMMI-Required Milestone	N/A	N/A	**Payment Models:** 50% of Vermonters in alternatives to fee-for-service.	Achieved: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. *Contractors:* Bailit Health Purchasing; Burns and Associates	**Payment Models:** 60% of Vermonters in alternatives to fee-for-service by 6/30/16.	In progress: 55% of Vermonters in alternatives to fee-for-service as of November 2015, based on unduplicated counts. *Contractors:* Bailit Health Purchasing; Burns and Associates; Health Management Associates.	**Payment Models:** 80% of Vermonters in alternatives to fee-for-service by 6/30/17.	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare	Research, Alignment and Design of Payment Models: Burns and Associates (Medicaid); Bailit Health Purchasing (all payers); Health Management Associates (all-payers).	Georgia Maheras	All SIM-funded staff and SIM key personnel
Population Health Plan[3]	CMMI-Required Milestone	N/A	N/A	N/A	N/A	**Population Health Plan:** Finalize Population Health Plan outline by 6/30/16.	In progress: Draft outline developed; RFP for contractor support released. *Reporting:* Monthly status reports. *Contractors:* TBD.	**Population Health Plan:** Finalize Population Health Plan by 6/30/17.	Not reported on quarterly basis, but required reporting element by end of project.	Population Health Plan Development: James Hester.	Heidi Klein	SIM-funded staff: Sarah Kinsler Key personnel: Tracy Dolan, Heidi Klein
Sustainability Plan	CMMI-Required Milestone	N/A	N/A	N/A	N/A	**Sustainability Plan:** Finalize Sustainability Plan outline and procure contractor to support Plan development by 6/30/16.	In progress: Work to refine sustainability strategy is underway; RFP for contractor support to be released in Q1 2016. *Reporting:* Monthly status reports. *Contractors:* TBD.	**Sustainability Plan:** Finalize Sustainability Plan by 6/30/17.	Not reported on quarterly basis, but required reporting element by end of project.	Sustainability Plan Development: TBD.	Georgia Maheras	All SIM-funded staff All SIM Key Personnel
Focus Area: Payment Model Design and Implementation												
ACO Shared Savings Programs (SSPs)	Payment Model Design and Implementation	**ACO Shared Savings Programs (SSPs):** 1. Implement Medicaid and Commercial ACO SSPs by 1/1/14. 2. Develop ACO model standards: Approved ACO model standards. 3. Produce quarterly and year-end reports for ACO	1. Achieved: SSPs launched 1/1/2014. 2. Achieved: ACO model standards approved. 3. Achieved: Quarterly and year-end reports produced, and evaluation plan developed.	**ACO Shared Savings Programs (SSPs):** 1. Continue implementation activities in support of the initial SSP performance period according to the SSP project plan. 2. Modify program standards by 6/30/15 in	1. In progress: Implementation is ongoing through 12/31/15. 2. Achieved: Program standards modified and contract amendments finalized. 3. Achieved: Final cost and quality calculations	**ACO Shared Savings Programs (SSPs):** Expand the number of people in the Shared Savings Programs in Performance Period 2 by 6/30/16: Medicaid/commercial program provider participation target: 950.	In progress. *Reporting:* Reporting to GMCB, and DVHA, measured quarterly. *Contractors:* Bailit Health Purchasing; Burns and Associates; The Lewin Group; Pacific Health	**ACO Shared Savings Programs (SSPs):** Expand the number of people in the Shared Savings Programs in Performance Period 3 by 12/31/16: Medicaid/commercial program provider participation target: 960. [Baseline as of	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid	Facilitation: Bailit Health Purchasing; Medicaid: Burns and Associates; Analytics: The Lewin Group; DLTSS/Medicaid: Pacific Health Policy Group;	TBD – GMCB (Commercial SSP); Amy Coonradt (Medicaid SSP)	SIM-funded staff: Julie Wasserman; Erin Flynn; Amy Coonradt; Susan Aranoff; David Epstein; ~~Amanda Cieciorz~~ James Westrich; Brian

[1] Vermont's milestone table organization changed as part of the discussions with CMMI around the Year One Carryover milestones. Milestones were grouped into topic areas matching Vermont's core program areas.

[2] All beneficiary and provider participation targets included in Performance Period 3 Milestones are *inclusive* of pre-Performance Period 3 baseline. Process targets (e.g., meetings held during PP3) are *not inclusive* of previous work.

[3] This table includes project areas that were referenced in earlier submissions to CMMI, but which do not have milestones prior to Year Three.

	Focus Area	Performance Period 1 (PP1)[1] **Performance Period 1 Milestone**	Performance Period 1 (PP1) **Current Status and Reporting**	Performance Period 1 Carryover (PP1 Carryover) **Performance Period 1 Carryover Milestone**	Performance Period 1 Carryover (PP1 Carryover) **Current Status, Reporting, and Contractors**	Performance Period 2 (PP2) **Performance Period 2 Milestone**	Performance Period 2 (PP2) **Current Status, Reporting, and Contractors**	Performance Period 3 (PP3) **Performance Period 3 Milestone**[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
		program participants and payers: Evaluation plan developed. 4. Execute Medicaid ACO contracts: Number ACO contracts executed (goal = 2). 5. Execute commercial ACO contracts: Number of commercial ACO contracts executed (goal = 2).	4. Achieved: 2 Medicaid ACO contracts executed during PP1. 5. Achieved: 3 commercial ACO contracts executed during PP1. *Reporting:* Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly.	preparation for subsequent performance periods. Finalize contract amendments for subsequent performance periods. 3. Complete final cost and quality calculations for initial SSP performance period by 9/15/15. 4. Maintain 2 contracts with ACOs Year 1 Medicaid ACO-SSP. 5. Maintain 3 contracts with ACOs Year 1 commercial ACO-SSP. 6. Modify initial quality measures, targets, and benchmarks for Y2 program periods by 6/30/15 (based on stakeholder input and national measure guidelines). 7. Medicaid/commercial program provider participation target: 700 Medicaid/commercial program beneficiary attribution target: 110,000	for SSP Year 1 completed by 9/15/15. 4. In progress: Medicaid SSP Year 2 contracts will be executed by 12/31/15. 5. In progress: Commercial SSP Year 2 contracts are ongoing through 12/31/15. 6. Achieved: measures, targets, and benchmarks modified for SSP Year 2 based on stakeholder input and national guidelines. 7. Achieved: 947 providers participating and 176,100 beneficiaries attributed as of September 2015. *Reporting:* Reporting to SIM Work Groups, GMCB, and DVHA, measured quarterly. *Contractors:* Bailit Health Purchasing; Burns and Associates; The Lewin Group; Wakely Consulting; Pacific Health Policy Group; Deborah LIsi-Baker; UVM Medical Center/ OneCare Vermont; Bi-State Primary Care Association/ Community Health Accountable Care	Medicaid/commercial program beneficiary attribution target: 130,000.	Policy Group; Deborah Lisi-Baker; Wakely Consulting; Bi-State Primary Care Association/ Community Health Accountable Care (CHAC); UVM Medical Center (UVMMC)/OneCare Vermont; Health*first*.	*December 2015: 940)* Medicaid/commercial program beneficiary attribution target: 140,000. *(Baseline as of December 2015:* 179,076)	CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT] CORE_BMI_[VT]_Commercial CORE_BMI_[VT]_Medicaid CORE_BMI_[VT]_Medicare CORE_Diabetes Care_[VT]_Commercial CORE_Diabetes Care_[VT]_Medicaid CORE_Diabetes Care_[VT]_Medicare CORE_ED Visits_[VT]_Commercial CORE_ED Visits_[VT]_Medicaid CORE_Readmissions_[VT]_Commercial CORE_Readmissions_[VT]_Medicaid CORE_Readmissions_[VT]_Medicare CORE_Tobacco Screening and Cessation_[VT]_Commercial CORE_Tobacco Screening and Cessation_[VT]_Medicaid CORE_Tobacco Screening and Cessation_[VT]_Medicare CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare	DLTSS: Deborah Lisi-Baker; Actuarial: Wakely Consulting. ACO Implementation: Bi-State Primary Care Association/ CHAC, Health*first,* and UVMMC/OneCare Vermont.		Borowski; Carole Magoffin; Carolynn Hatin Key personnel: Pat Jones
Episodes of Care	Payment Model Design and Implement ation	**Episodes of Care:** At least 3 episodes launched by 10/2014.	Not achieved: This activity delayed for Performance Period 2/CY2016. *Reporting:* Monthly status reports.	**Episodes of Care:** EOC feasibility analyses: 1. Analyze 20 episodes for potential inclusion in Medicaid EOC program by 7/31/15. 2. Develop implementation plan for EOC program by 7/31/15. 3. Convene stakeholder sub-group at least 6 times by 6/30/15.	1. Achieved: 50 episodes analyzed by 7/31/15. 2. Achieved: EOC implementation plan finalized on 11/16/15. 3. Achieved: Sub-group convened 6 times by 6/15/15. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates.	**Episodes of Care:** Research, design, and draft implementation plan for one EOC based off of the IFS program by 6/30/16.	In progress: This milestone was modified by the Core Team in January 2016. Under this reduced scope, work is to support episode design and preparation for implementation is ongoing. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Pacific Health Policy Group.	**Episodes of Care:** 1. Conduct operational implementation planning to support launch by 7/1/17. 2. Implement EOC Payment Model impacting IFS Program's services by 7/1/17. PROPOSED TO DELETE ON 4/5.	CORE_Beneficiaries impacted_[VT]_[EOC]_Commercial CORE_Beneficiaries impacted_[VT]_[EOC]_Medicaid CORE_Beneficiaries impacted_[VT]_[EOC]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Payer Participation_[VT]	Data Analysis and Program Design: Burns and Associates; Pacific Health Policy Group.	Alicia Cooper	SIM-funded staff: Julie Wasserman; Susan Aranoff; David Epstein; James Westrich; Brian Borowski; Carole Magoffin Key personnel: Pat Jones
Pay-for-Performance	Payment Model Design and Implement ation	**Pay-for-Performance:** Develop Medicaid value-based purchasing plan addressing pay-for-performance initiatives: Medicaid value-based purchasing plan developed.	1. Not achieved: In PP1, the Vermont Legislature appropriated additional Medicaid funds to support this milestone. Due to budget constraints, this activity was rescinded. 2. Achieved: Vermont began development of value-based purchasing plan.	**Pay-for-Performance:** 1. Design modifications to the Blueprint for Health P4P program – dependent on additional appropriation in state budget. Modification design completed by 7/1/15 based on Legislative appropriation.	1. Achieved: Blueprint for Health P4P modification design completed on 7/1/15. 2. Achieved: Medicaid value-based purchasing case study developed by 6/30/2015. This case study included a rubric for Medicaid value-based purchasing that will be	**Pay-for-Performance:** Roll-out of new P4P investments for Blueprint Community Health Teams (CHTs) by 7/1/15 and enhanced direct payments to Blueprint practices by 1/1/16, according to approved P4P plan (using new funds that were appropriated by the legislature).	Achieved: New P4P investments launched on 7/1/15 and 1/1/16, respectively, according to approved P4P plan. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Pay-for-Performance:** 1. Expand the number of providers and beneficiaries participating in the Blueprint for Health by 6/30/17: Medicaid/ commercial/ Medicare providers participating in P4P program target: 715. *(Baseline as of*	CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Commercial CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicaid CORE_Beneficiaries impacted_[VT]_[APMH/P4P]_Medicare CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH] CORE_Payer Participation_[VT]	1. Financial Standards: Non-SIM funded. 2. Care Standards: Non-SIM funded. 3. Quality Measures: Non-SIM funded. 4. Analyses for Design and Implementation: Non-SIM funded.	Craig Jones	Key personnel: Craig Jones; Jenney Samuelson

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Commented [MG1]: SOV suggests removing this milestone entirely.

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
			Reporting: Monthly status reports.	2. Medicaid value-based purchasing case study developed with Integrating Family Services program completed by 6/30/15.	used for Medicaid-specific reforms moving forward.[4] *Reporting:* Monthly status reports. *Contractors:* N/A			*December 2015: 706)* Medicaid/ commercial/ Medicare beneficiaries participating in P4P program target: 310,000. *(Baseline as of December 2015:* 309,713) 2. P4P incorporated into Sustainability Plan by 6/30/17.		5. Stakeholder Engagement: Medicaid and commercial: Non-SIM funded.		
Health Home (Hub & Spoke)	Payment Model Design and Implement ation	**Health Home (Hub & Spoke):** Health Homes.	Achieved: Model expanded statewide. *Reporting:* Quarterly reports to CMMI and Vermont Legislature.	**Health Home (Hub & Spoke):** State-wide program implementation: 1. Implement Health Home according to Health Home State Plan Amendment and federal plan for 2015. 2. Report on program participation to CMMI.	1. In progress: Implementation ongoing through 12/31/15. 2. In progress: Reporting ongoing through 12/31/15. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Health Home (Hub & Spoke):** Reporting on program's transition and progress: Quarterly reporting of program progress to CMMI, VHCIP stakeholders.	Ongoing: Reporting ongoing as required by CMCS and CMMI. *Reporting:* Quarterly reports to CMMI and Vermont Legislature. *Contractors:* N/A	**Health Home (Hub & Spoke):** 1. Expand the number of providers and beneficiaries participating in the Health Home program by 6/30/17: Number of providers participating in Health Home program target: 75 MDs prescribing to >= 10 patients. *(Baseline as of December 2015: 72)* Number of beneficiaries participating in Health Home program target: 2,900 Hub + 2,300 Spoke = 5,200 total patients. *(Baseline as of December 2015:* 5,179) 2. Health Home program incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[HH] CORE_Participating Providers_[VT]_[HH]	1. Financial Standards: Non-SIM funded. 2. Care Standards: Non-SIM funded. 3. Quality Measures: Non-SIM funded. 4. Analyses for Design and Implementation: Non-SIM funded. 5. Stakeholder Engagement: Non-SIM funded.	Beth Tanzman	Key personnel: Beth Tanzman
Accountable Communities for Health (ACH)	Payment Model Design and Implement ation	N/A	N/A	**Accountable Communities for Health:** Feasibility assessment – research ACH design. 1. Convene stakeholders to discuss ACH concepts at least 3 times to inform report. 2. Produce Accountable Community for Health report by 7/31/15.	1. Achieved: Stakeholders convened 3 times to inform report (April 2014, March 2015, June 2015). 2. Achieved: Report finalized in June 2015. *Reporting:* Monthly status reports. *Contractors:* Prevention Institute; James Hester.	**Accountable Communities for Health:** Feasibility assessment – data analytics: 1. Discussion and planning of investments related to ACH feasibility based on research/report by 11/1/15. 2. Design/creation of ACH learning system for all 14 Vermont Health Service Areas by 1/31/16. 3. Start roll out ACH learning system to at least 3 health service areas by 2/1/16. 4. Research for implementation of a pilot incorporating a payment	1. Achieved: ACH feasibility discussed in September and October 2015. 2. In progress: Basic design for an ACH peer learning opportunity for interested communities complete; work to refine and plan peer learning activities is ongoing; a contractor to support this work was selected in February 2016. 3. Achieved: Applications from interested communities received in February 2016. 4. In progress: Research with St. Johnsbury	**Accountable Communities for Health:** 1. Continue implementation of ACH learning system (ACH Peer Learning Laboratory) to 10 participating communities. 2. Develop ACH Implementation Plan based on lessons learned from ACH Peer Learning Laboratory by 6/30/17. 3. ACH Implementation Plan incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	Implement ACH Learning Systems: James Hester; Public Health Institute.	Heidi Klein	SIM-funded staff: Sarah Kinsler. Key personnel: Tracy Dolan; Heidi Klein

[4] The remaining Medicaid value-based purchasing (VBP) activities are in the "State Activities to Support Model Design and Implementation – Medicaid" row below as they apply to all payment models in Vermont's SIM Test, not just pay-for-performance.

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
						change (data analysis, financial analysis, stakeholder participation analysis) for at least 1 Vermont region by 2/1/16.	community ongoing through 2/1/16. *Reporting:* Monthly status reports. *Contractors:* James Hester; Public Health Institute.					
Prospective Payment System – Home Health	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	**Prospective Payment System – Home Health:** 1. Creation of a project plan and begin Phase 1 activities as required by project plan for PPS-HH by 12/31/15. 2. Design PPS program for home health for launch 7/1/16.	1. Achieved: Project plan created. 2. In progress: PPS design is ongoing through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* N/A	**Prospective Payment System – Home Health:** 1. Implement, monitor and evaluate Medicaid PPS program for home health. Implementation by 7/1/16. 2. Monitoring and evaluation occur monthly through 6/30/17. *This milestone currently on hold pending relevant legislation, which could cause 1-year implementation delay.* *PROPOSE TO ELIMINATE*	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	1. Implementation analyses – Non-SIM funded.	Aaron French	SIM-funded staff: Alicia Cooper Key personnel: Aaron French; Tom Boyd
Prospective Payment System – Designated Agencies	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	**Prospective Payment System – Designated Agencies:** Submit planning grant for Certified Community Behavioral Health Clinics to SAMHSA by 8/5/15. If awarded, begin alignment of new opportunity with SIM activities. (Note: No SIM funds used to support this effort.)	Achieved: Planning grant submitted by 8/5/15. Vermont has decided not to pursue this opportunity, and will replace this work with the Medicaid Value-Based Purchasing milestone category (below) in PP3.	N/A	*Activity discontinued; Vermont will replace this activity with the Medicaid Value-Based Purchasing milestone category (below) in PP3.*			
Medicaid Value-Based Purchasing (Medicaid Pathway): ~~Mental Health and Substance Abuse (Performance Period 3)~~	Payment Model Design and Implement ation	N/A	N/A	N/A	N/A	N/A	*This milestone category developed in PP2 as a result of conversations with CMMI regarding Vermont's mental health and substance use integration needs.*	**Medicaid Value-Based Purchasing (Medicaid Pathway): ~~Mental Health and Substance Abuse:~~** 1. Mental Health and Substance Abuse: Based on research and feasibility analysis, design an alternative to fee-for-service, for Medicaid mental health and substance use services by 12/31/16. 2. ~~2.~~ Develop implementation timeline based on payment model design and operational readiness by 12/31/16. 2. Other Medicaid VBP Activities: Engage in research and feasibility analysis to support additional Medicaid Value-Based Purchasing activities.	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid	N/A	~~Amanda Ciecior~~Georgia Maheras and Selina Hickman	SIM-funded staff: ~~Amanda Ciecior~~Georgia Maheras Key personnel: Selina Hickman; Nick Nichols; Barbara Cimaglio; Aaron French; Susan Bartlett; Melissa Bailey

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	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
All-Payer Model	Payment Model Design and Implementation	N/A	N/A	N/A	N/A	**All-Payer Model:** 1. Research feasibility, develop analytics, and obtain information to inform decision-making with CMMI. 2. Work with CMMI on mutually-agreed upon timeline for 2016 decision-making by 12/31/15.	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In Progress: An initial timeline is established with CMMI; timeline will change as negotiations are completed to reflect final term sheet. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates, Health Management Associates.	**All-Payer Model:** 1. If negotiations are successful, assist with implementation as provided for in APM agreement through end of SIM grant. 2. Contribute to analytics related to all-payer model implementation design through end of SIM grant. 3. All-Payer Model incorporated into Sustainability Plan by 6/30/17.	CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE Participating Providers_[VT]_[ACO]_Commercial CORE Participating Providers_[VT]_[ACO]_Medicaid CORE Participating Providers_[VT]_[ACO]_Medicare CORE_Payer Participation_[VT]	Analyses: Health Management Associates (actuarial, model design); Burns and Associates (Medicaid financial analyses).	Michael Costa and Ena Backus	SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett
State Activities to Support Model Design and Implementation - GMCB	Payment Model Design and Implementation	N/A	N/A	**State Activities to Support Model Design and Implementation – GMCB:** Identify quality measurement alignment opportunities. (in another section previously – the quality section): 1. Review new Blueprint (P4P) measures related to new investments by 7/1/15.	Achieved. *Reporting:* Monthly status reports (reported with Blueprint activities). *Contractors:* N/A	**State Activities to Support Model Design and Implementation – GMCB:** 1. Research and planning to identify the components necessary for APM regulatory activities by 6/30/16. 2. Specific regulatory activities and timeline are dependent on discussions with CMMI.	1. In progress: Research, analytic development, and information gathering are ongoing to support discussions with CMMI. 2. In progress: Negotiations are ongoing. *Reporting:* Monthly status reports (reported with All-Payer Model activities). *Contractors:* Health Management Associates.	N/A (milestones in this category integrated into All-Payer Model milestone for Performance Period 3).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare	Research and Analyses: Health Management Associates (actuarial, model design).	Michael Costa and Ena Backus	SIM-funded staff: Michael Costa Key personnel: Ena Backus; Susan Barrett
State Activities to Support Model Design and Implementation - Medicaid	Payment Model Design and Implementation	N/A	N/A	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate. 1. Obtain SSP Year 1 State Plan Amendment by 7/31/15. 2. Procure contractor for SSP monitoring and compliance activities by 4/15/15. 3. Procure contractor for data analytics related to value-based purchasing in Medicaid by 9/30/15. 4. Ensure call center services are operational for Medicaid SSP for SSP Year 2.	1. Achieved: SPA approved in June 2015. 2. Achieved: Contractor procured. 3. Achieved: Contractor procured. 4. Achieved: Call center services operational. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Wakely Consulting; Pacific Health Policy Group.	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model (SSP SPA, EOC SPA); ensure monitoring and compliance activities are performed. Ensure beneficiaries have access to call-center as appropriate: 1. Ensure appropriate customer service supports are in place for Medicaid SSP program for 2016 by 11/1/15. 2. Obtain SPA for Year 2 of the Medicaid Shared Savings Program by 3/31/15. 3. Create draft SPA documents for Year 1 of the EOC program by 4/1/16. 4. Execute Year 1 and Year 2 commercial and	1. Achieved: Maximus contract in place. 2. Achieved: SPA for Year 2 of the Medicaid SSP was approved in September 2015. 3. Revised: SPA is no longer required for revised EOC milestone. 4. Will be achieved by 12/31/15: SSP Year 1 and Year 2 monitoring and compliance plan implementation. 5. In progress: EOC work has been rolled into the Medicaid Pathway work stream. 6. In progress: The IFS delivery and payment model has since been rolled into the Medicaid Pathway work stream which will target providers across the entire state. Contractors are working with SIM staff and stakeholders to create a system ready for	**State Activities to Support Model Design and Implementation – Medicaid:** Pursue state plan amendments and other federal approvals as appropriate for each payment model; ensure monitoring and compliance activities are performed: 1. Obtain SPA for Year 3 of the Medicaid Shared Savings Program by 12/31/16. 2. Execute Year 3 commercial and Medicaid monitoring and compliance plans according to the predetermined plan through 6/30/17. ~~3. Execute Year 1 monitoring and compliance plan for EOC work stream by 6/30/17.~~ *Other Medicaid-specific tasks in this work stream may be identified*	CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicaid 5b. In progress. Episodes have since been rolled into the Medicaid Pathway work stream 6b. In progress. The IFS delivery and payment model has since been rolled into the Medicaid Pathway work stream which will target providers across the entire state. Contractors are working with SIM staff and stakeholders to create a system ready for implementation on 1/1/17	Facilitation: Data Analyses: Burns and Associates; Waiver Analysis/Medicaid Analysis: Pacific Health Policy Group; Customer Service Support: Maximus; Frail Elders: Vermont Medical Society Foundation; Data Analysis: Policy Integrity; Actuarial Services: Wakely Consulting.	~~Amanda Ciecior (EOC and IFS);~~ Alicia Cooper (SPAs, EOC); Susan Aranoff (Frail Elders and Choices for Care); ~~Amanda Ciecior and Susan Aranoff (St. Johnsbury)~~	SIM-funded staff: Alicia Cooper; Brad Wilhelm; Amy Coonradt; ~~Amanda Ciecior;~~ Luann Poirier; Susan Aranoff Key personnel: Pat Jones; Bard Hill

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						Medicaid monitoring and compliance plans throughout Performance Period 2 according to the predetermined plan. 5. Develop monitoring and compliance plan for Year 1 EOCs by 6/30/16. 6. Design modifications to existing Integrated Family Services (IFS) Program so it can expand to at least one additional community on 7/1/16. 7. Research and design related to Frail Elders (timeline dependent upon federal contract approval) – final recommendations by 6/30/16.	implementation on 1/1/17. 7. In progress: project kicked off in November 2015 after federal contract approval was received. *Reporting:* Monthly status report (and embedded in other reports by topic). *Contractors:* Bailit Health Purchasing; Burns and Associates; Pacific Health Policy Group; Maximus; Wakely Consulting; Vermont Medical Society Foundation; Policy Integrity.	*throughout Performance Period 3.*				
All Models	Payment Model Design and Implementation	**All Models:** 1. Consult with Payment Models and Duals Work Groups on financial model design: Develop ACO model standards. 2. Consult with Payment Models and Duals Work Groups on definition of analyses. 3. Define analyses: Number of meetings held with payment models and duals Work Groups on the above designs (goal = 2). 4. Procure contractor for internal Medicaid modeling: Contract for Medicaid modeling. 5. Procure contractor for internal Medicaid modeling: Number of analyses performed (goal = 5). 6. Procure contractor for additional data analytics: Contract for data analytics. 7. Define analyses: Number of analyses designed (goal = 5). 8. Procure contractor for additional data analytics: Contract for financial baseline and trend modeling. 9. Perform analyses, procure contractor for financial baseline and trend modeling, and develop model.	1. Achieved: ACO model standards developed with work group input. 2. Achieved: Analyses defined with work group input. 3. Achieved: 5 meetings held with work groups on this topic. 4. Achieved: Contractor procured. 5. Achieved: 5 analyses performed. 6. Achieved: Contractor procured. 7. Achieved: 5 analyses defined. 8. Achieved: Contractor procured. 9. Achieved: Analyses performed, contractor procured, model developed. *Reporting:* Monthly status reports.	**All Models:** 1. Consult with stakeholders in all payment models design; implementation. 2. Consult with stakeholders in any additional design revision or analyses. 3. Maintain contract for ongoing Medicaid modeling. 4. Maintain contract for additional data analytics. 5. Maintain contract for ongoing financial baseline and trend modeling.	1. Achieved: Stakeholders consulted on payment model design through SIM work group meetings. 2. Achieved: Stakeholders consulted on payment model revision and analyses through SIM work group meetings. 3. In progress: Contract for Medicaid modeling ongoing. 4. In progress: Contract for data analytics ongoing. 5. In progress: Contract for ongoing financial baseline and trend modeling ongoing. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Bailit Health Purchasing; Wakely Consulting; The Lewin Group; Policy Integrity; Pacific Health Policy Group; Maximus.	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A (milestones in this category integrated into above categories for PP2).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare	N/A (milestones in this category integrated into above categories for PP2).	N/A (milestones in this category integrated into above categories for PP2 and PP3)	N/A (milestones in this category integrated into above categories for PP2)
All-Models: Quality Measurement	Payment Model Design and Implementation	**All-Models: Quality Measurement:** 1. Define common sets of performance measures: Convene work group,	1. Achieved: Performance measures defined. 2. Achieved: Provider, consumer, and payer buy-	**All-Models: Quality Measurement:** 1. Modify initial quality measures, targets, and benchmarks for subsequent program	1. Achieved: Initial quality measures modified based on stakeholder input and national measure guidelines.	N/A (milestones in this category integrated into above categories for PP2).	N/A	N/A (milestones in this category integrated into above categories for PP2).	CORE_Beneficiaries impacted_[VT]_[ACO]_Commercial CORE_Beneficiaries impacted_[VT]_[ACO]_Medicaid CORE_Beneficiaries	N/A (milestones in this category integrated into above categories for PP2).	N/A (milestones in this category integrated	N/A (milestones in this category integrated into above

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		establish measure criteria, identify potential measures, crosswalk against existing measure sets, evaluate against criteria, identify data sources, determine how each measure will be used, seek input from CMMI and Vermont independent evaluation contractors, finalize measure set, identify benchmarks and performance targets, determine reporting requirements, revisit measure set on regular basis. 2. Ensure provider, consumer and payer buy-in during measure selection: Identification of additional mechanisms for obtaining provider and consumer representation, input and buy-in. 3. Ensure payer alignment across endorsed measures: • Process for payer approval. 4. Establish plan for target-setting with schedule for routine assessment: • Establish target-setting process, routine assessment process, and analytic framework and reports.	in maintained during measure selection. 3. Achieved: Payers aligned across measures, measures approved by payers. 4. Achieved: Target setting process established, along with routine assessment process and analytic framework and reports. *Reporting:* Monthly status reports.	periods (based on stakeholder input and national measure guidelines). 2. Maintain monthly meeting schedule for multi-stakeholder Quality & Performance Measures Work Group. 3. Identify additional opportunities for measure alignment across programs (e.g. ACO SSPs and Blueprint for Health P4P). 4. Complete final quality calculations for initial SSP performance period and report results. Begin interim analytics for subsequent performance period.	2. Achieved: QPM Work Group met monthly prior to incorporation into new Payment Model Design and Implementation Work Group in October 2015. 3. In progress: Work to identify additional opportunities for measure alignment with Blueprint will be complete by 12/31/15 as part of new payment (see pay-for-performance row above). 4. Achieved: SSP Year 1 quality calculations finalized; interim analytics for SSP Year 2 begun. *Reporting:* Monthly status reports. *Contractors:* Bailit Health Purchasing; Deborah LIsi-Baker; Pacific Health Policy Group.				impacted_[VT]_[ACO]_Medicare CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare		into above categories for PP2 and PP3)	categories for PP2)
Focus Area: Practice Transformation												
Learning Collaboratives	Practice Transformation	**Learning Collaboratives:** 1. Provide quality improvement and care transformation support to a variety of stakeholders. 2. Procure learning collaborative and provider technical assistance contractor.	1. Achieved: Quality improvement and care transformation support provided through development of Care Management Learning Collaborative and sub-grant technical assistance. 2. Achieved: Contractor procured. *Reporting:* Monthly status reports.	**Learning Collaboratives:** Launch 1 cohort of Learning Collaboratives to 3-6 communities (communities defined by Vermont's Health Service Areas) by 1/15/15: 1. Convene communities in-person and via webinar alternating format each month for 12 months. 2. Assess impact of Learning Collaborative monthly. 3. Propose expansion of Learning Collaborative as appropriate by 5/31/15.	Achieved: First Learning Collaborative cohort launched to 3 communities. 1. Achieved: Communities convened monthly for in-person or web events monthly for 12 months. 2. Achieved: Impact assessed monthly by community-based learning collaborative leaders and SIM staff. 3. Achieved: Expansion proposed in April 2015. *Reporting:* Monthly status reports. *Contractors:* Nancy Abernathey.	**Learning Collaboratives:** Offer at least two cohorts of Learning Collaboratives to 3-6 communities: 1. Create expansion plan for remaining Vermont HSAs that want to participate in the Learning Collaborative program by 6/15/15. 2. Expand existing Learning Collaborative program to at least 6 additional health service areas by 6/30/16.	Achieved: Learning Collaborative cohorts 2 and 3 launched in 8 communities in September 2015. 1. Achieved: Expansion plan proposed in April 2015. 2. Achieved: Expansion launched to 8 new communities began in September 2015. *Reporting:* Monthly status reports. *Contractors:* Deborah Lisi-Baker; Nancy Abernathey; Vermont Partners for Quality in Health Care; Developmental	**Learning Collaboratives:** 1. Target: ~~500~~400 Vermont providers have ~~completed~~ participated in~~the~~ Learning Collaborative activities (including Integrated Communities Care Management Learning Collaborative or Core Competency Trainings) by 12/31/16. *(Baseline as of December 2015:* 200) 2. Report on program effectiveness to Steering Committee and Core Team by 12/31/16. 3. Incorporate Learning Collaborative lessons learned into Sustainability Plan by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	1. Quality Improvement Facilitation: Nancy Abernathey; Vermont Program for Quality Health Care (VPQHC). 2. Disability Core Competency Research and Implementation: Lisi-Baker; Developmental Disabilities Council. 3. Care Management Core Competency: Primary Care	Erin Flynn and Pat Jones	SIM-funded staff: Erin Flynn; Jenney Samuelson; Julie Wasserman Key personnel: Pat Jones; Jenney Samuelson

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							Disabilities Council; Primary Care Development Corporation.			Development Corporation.		
Sub-Grant Program – Sub-Grants	Practice Transformation	**Sub-Grant Program – Sub Grants:** Develop technical assistance program for providers implementing payment reforms.	Achieved: 14 sub-grant awards made to 12 awardees, technical assistance program developed, and technical assistance contractors procured. *Reporting:* Monthly status reports.	**Sub-Grant Program – Sub Grants:** Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/15. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Achieved: 1. Achieved: Sub-grantees convened on 5/27/15. 2. Achieved: Sub-grantee quarterly reports reviewed quarterly to gather lessons learned to inform project decision-making. *Reporting:* Monthly status reports. *Contractors:* Sub-Grantees (Vermont Medical Society Foundation; *Healthfirst*; Central Vermont Medical Center Bi-State Primary Care Association/ Community Health Accountable Care; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center).	**Sub-Grant Program – Sub Grants:** Continue sub-grant program: 1. Convene sub-grantees at least once by 6/30/16. 2. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making.	Ongoing: 1. Not yet started: Plan to convene sub-grantees at least once in Spring 2016. 2. Ongoing: Analysis and incorporation of lessons learned will continue through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* Sub-Grantees (Vermont Medical Society Foundation; Health*first*; Central Vermont Medical Center; Bi-State Primary Care Association/ CHAC; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center).	**Sub-Grant Program – Sub Grants:** 1. Provide SIM funds to support sub-grantees through 12/31/16. 2. Convene sub-grantees at least twice by 12/31/16. 3. Each quarter, analyze reports filed by sub-grantees using lessons from sub-grantees to inform project decision-making. 4. Final report on the sub-grant program developed by Vermont's self-evaluation contractor by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Sub-Grantees (Vermont Medical Society Foundation; Health*first*; Central Vermont Medical Center; Bi-State Primary Care Association/ CHAC; Northwest Medical Center; Northern Vermont Medical Center; White River Family Practice; Vermont Program for Quality in Health Care; InvestEAP; Vermont Developmental Disabilities Council; Rutland VNA; Southwest Medical Center).	Joelle Judge and Georgia Maheras	SIM-funded staff: Susan Aranoff; Gabe Epstein; Amy Coonradt Key personnel: Heidi Klein
Sub-Grant Program – Technical Assistance	Practice Transformation	N/A	N/A	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Achieved: 1. Achieved: Sub-grantees reminded of technical assistance availability monthly. 2. Achieved: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests. *Reporting:* Monthly status reports. *Contractors:* Policy Integrity; Wakely Consulting; Truven.	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees.	Ongoing: 1. Ongoing: Sub-grantees will be reminded of technical assistance availability monthly through 6/30/16. 2. Ongoing: Technical assistance contracts sufficiently resourced to meet sub-grantee TA requests through 6/30/16. *Reporting:* Monthly status reports. *Contractors:* Policy Integrity; Wakely Consulting.	**Sub-Grant Program – Technical Assistance:** Provide technical assistance to sub-grantees as requested by sub-grantees through 12/31/16: 1. Remind sub-grantees of availability of technical assistance on a monthly basis. 2. Ensure technical assistance contracts have sufficient resources to meet needs of sub-grantees. 4. Final report on the sub-grant program developed by Vermont's self-evaluation contractor by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Sub-Grantee Technical Assistance: Policy Integrity; Wakely Consulting.	Susan Aranoff and Joelle Judge	SIM-funded staff: Susan Aranoff; Julie Wasserman; Gabe Epstein; Amy Coonradt Key personnel: Heidi Klein
Regional Collaborations	Practice Transformation	N/A	N/A	**Regional Collaborations:** Establish regional collaborations in health services areas by beginning to develop a Charter, governing body, and decision-making process:	Achieved: 1. Achieved: Charters, decision-making process, and participants for 6 HSAs developed by 11/30/15. 2. Achieved: Monthly updates from ACOs/Blueprint required.	**Regional Collaborations:** Expansion of regional collaborations to all 14 Health Service Areas (HSAs) by 6/30/16. Expansion is complete when all HSAs have a Charter, governing body,	Ongoing: Regional collaborations active in all HSAs; as of February 2016, 14 of 14 communities had a charter in place and had defined one or more focus area. Work continues to support	**Regional Collaborations:** 1. Support regional collaborations in 14 HSAs by providing sub-grants to ACOs and other technical assistance resources. 2. Develop a transition plan by 4/30/17 to shift	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider	ACO Activities: Bi-State Primary Care Association/ CHAC; UVMMC/OneCare Vermont.	Jenney Samuelson	SIM-funded staff: Erin Flynn; Amy Coonradt Key personnel: Pat Jones; Jenney Samuelson

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				1. Develop Charter, decision-making process, and participants for 6 HSAs by 11/30/15. 2. Require monthly updates from ACOs/Blueprint for Health.	*Reporting:* Monthly status reports. *Contractors:* Bi-State Primary Care Association/ Community Health Accountable Care.	and decision-making process.	development of governing body and decision-making process. *Reporting:* Monthly status reports. *Contractors:* Bi-State Primary Care Association/ Community Health Accountable Care (CHAC); UVM Medical Center (UVMMC)/ OneCare Vermont.	all HSAs to non-SIM resources. 3. Incorporate into Sustainability Plan by 6/30/17.	Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]			
Workforce – Care Management Inventory	Practice Transformation	N/A	N/A	**Care Management Inventory:** Obtain snapshot of current care management activities, staffing, people served, and challenges: 1. Obtain Draft Report by 3/31/15. 2. Present to 2 work groups by 5/31/15. 3. Final Report due by 9/30/15.	Achieved: 1. Achieved: Draft report results presented to CMCM Work Group in February 2015. 2. Achieved: presented to CMCM Work Group and Workforce Work Group. 3. Achieved. *Reporting:* Monthly status reports. *Contractors:* Bailit Health Purchasing.	N/A	N/A	N/A	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Care Management Inventory: Bailit Health Purchasing.	Pat Jones and Erin Flynn	SIM-funded staff: Erin Flynn Key personnel: Pat Jones
Workforce – Demand Data Collection and Analysis	Practice Transformation	N/A	N/A	N/A	N/A	**Workforce – Demand Data Collection and Analysis:** 1. Execute contract for micro-simulation demand modeling by 1/15/16 (dependent on federal approval). 2. Provide preliminary data as defined by the contract to vendor for use in model by 3/15/16.	1. In progress: Contract for demand modeling approved by CMMI in October. Pending execution. Anticipate execution by Q2 2016. 2. Not yet started: DVHA expects to provide data to demand modeling vendor in Q2 2016. *Reporting:* Monthly status reports; reports from vendor. *Contractors:* IHS.	**Workforce – Demand Data Collection and Analysis:** Submit Final Demand Projections Report and present findings to Work Force Work Group by 12/31/16.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]_Medicaid CORE_Provider Organizations_[VT]_[EOC]_Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]	Micro-Simulation Demand Model: IHS.	Amy Coonradt	SIM-funded staff: Amy Coonradt Key personnel: Mat Barewicz
Workforce – Supply Data Collection and Analysis	Practice Transformation	N/A	N/A	**Workforce – Supply Data Collection and Analysis:** Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan: 1. Present data to Workforce Work Group at least 3 times by 9/30/15. 2. Publish data reports/analyses on website by 12/31/15.	1. Achieved. 2. Achieved: Posted on the VDH website. 3. Achieved: Achieved as part of Workforce Work Group presentations. *Reporting:* Monthly status reports. *Contractors:* N/A	**Workforce – Supply Data Collection and Analysis:** Continue to use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan:[5] 1. Present data to Workforce Work Group at least 4 times between 1/1/15 and 6/30/16.	In progress: VDH presented to Health Care Workforce Work Group in February 2016 and proposed forming a sub-group of the Health Care Workforce Work Group and other key subject matter experts. The subgroup will analyze VDH data and provide this analysis to the broader work group, with the goal	**Workforce – Supply Data Collection and Analysis:** Use supply data (licensure and recruitment) to inform workforce planning and updates to Workforce Strategic Plan: 1. Present data to Workforce Work Group at least 3 times by 12/31/16. 2. Publish data reports/analyses on website by 6/30/17.	CORE_Participating Provider_[VT]_[ACO]_Commercial CORE_Participating Provider_[VT]_[ACO]_Medicaid CORE_Participating Provider_[VT]_[ACO]_Medicare CORE_Provider Organizations_[VT]_[ACO]_Commercial CORE_Provider Organizations_[VT]_[ACO]_Medicaid CORE_Provider Organizations_[VT]_[ACO]_Medicare CORE_Participating Providers_[VT]_[EOC]	*Staff Only.*	Matt Bradstreet	SIM-funded staff: Matt Bradstreet; Amy Coonradt Key personnel: VDH and OPR licensing staff

[5] This is a new PP2 milestone. Previously, this work was part of the PP1 Carryover, and there is need to provide workforce supply information as part of the new NCE time period of January-June 2016.

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				3. Distribute reports/analyses to project stakeholders by 12/31/15.		2. Publish data reports/analyses on website by 12/31/15. 3. Distribute reports/analyses to project stakeholders by 12/31/15.	of informing work group activities. *Contractors:* N/A (staff only).	3. Distribute reports/analyses to project stakeholders by 6/30/17. 4. Incorporate into Sustainability Plan by 6/30/17.	_Medicaid CORE_Provider Organizations_[VT]_[EOC] _Medicaid CORE_Participating Providers_[VT]_[APMH] CORE_Provider Organizations_[VT]_[APMH]			
	Practice Transformation	Vermont Department of Labor to develop a comprehensive review of all such programs offered by each agency/department of state government - due by the end of 2013.	Achieved. *Reporting:* PP1 Annual Report.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	Practice Transformation	SIM will expand all existing efforts (Blueprint, VITL, providers, VCCI, SASH, Hub and Spoke).	Achieved. *Reporting:* PP1 Annual Report. These activities are now found in the Payment Model Design and Implementation section above for subsequent project periods.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Focus Area: Health Data Infrastructure												
Expand Connectivity to HIE – Gap Analyses	Health Data Infrastructure	**Expand Connectivity to HIE – Gap Analyses:** Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers.	Achieved: Two gap analyses launched in 2014: ACO program and non-MU long-term services and supports providers. *Reporting:* Monthly status reports.	**Expand Connectivity to HIE – Gap Analyses:** Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers: 1. Complete DLTSS technical gap analysis by 9/30/15. 2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.	Achieved: 1. Achieved: DLTSS technical gap *analysis* finalized in October 2015. 2. In progress: bimonthly analyses completed to date; final analysis will be complete by 12/31/15. *Reporting:* Monthly status reports. *Contractors:* VITL (Vermont Information Technology Leaders); H.I.S. Professionals.	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Perform Gap Analyses: VITL; H.I.S. Professionals.	Georgia Maheras (ACO); Sarah Kinsler (DLTSS)	SIM-funded staff: Georgia Maheras; Sarah Kinsler; Susan Aranoff; Julie Wasserman; David Epstein Key personnel: Larry Sandage
Expand Connectivity to HIE – Gap Remediation	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Expand Connectivity to HIE – Gap Remediation:** Remediate data gaps that support payment model quality measures, as identified in gap analyses: 1. Remediate 50% of data gaps for SSP quality measures by 12/31/15. 2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.	Achieved: 1. Achieved: Over 50% of gaps remediated. 2. Achieved: Remediation plan developed. *Reporting:* Monthly status reports. *Contractors:* Vermont Information Technology Leaders (VITL); Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group.	**Expand Connectivity to HIE – Gap Remediation:** 1. Remediate 65% of ACO SSP measures-related gaps as identified in Fall 2015/Spring 2016 by 6/30/17. *(Baseline as of December 2015:* 62%) 2. Remediate data gaps for LTSS providers according to remediation plan developed in Performance Period 2 by 6/30/17. 3. Incorporate Gap Remediation activities into Sustainability Plan by 6/30/17.	CORE_Health Info Exchange_[VT]	Remediation of Data Gaps – VITL; Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group.	Georgia Maheras	SIM-funded staff: Georgia Maheras; Susan Aranoff; Julie Wasserman; David Epstein Key personnel: Larry Sandage
Expand Connectivity to HIE – Data	Health Data Infrastructure	N/A	N/A	**Expand Connectivity to HIE – Data Extracts from HIE:** Completed development of ACO	Delayed: OCV Gateway and CHAC Gateway completed as of December 2015; work on	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	ACO Gateway: VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras

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Extracts from HIE				Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.	Health*first* Gateway is ongoing. *Reporting:* Monthly status reports. *Contractors:* VITL							Key personnel: Larry Sandage
Expand Connectivity to HIE	Health Data Infrastructure	**Expand Connectivity to HIE:** 1. Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure. 2. Number of new interfaces built between provider organizations and HIE (goal = 18 additional hospital interfaces and 75 new interfaces to non-hospital health care organizations to include: at least 10 specialist practices; 4 home health agencies; and 4 designated mental health agencies).	1. Achieved (note some PP1 Carryover). 2. Achieved: 16 hospital interfaces built; 75 new interfaces to non-hospital health care organizations built. *Reporting:* Monthly status reports.	**Expand Connectivity to HIE:** Begin to incorporate long-term care, mental health, home care and specialist providers into the HIE infrastructure and expand provider connection to HIE infrastructure: 1. Number of new interfaces built between provider organizations and HIE: Total goal for Y1 = 20 hospital interfaces and 150 interfaces to non-hospital health care organizations by 12/31/15.	1. Achieved: 20 hospital interfaces and 193 non-hospital interfaces built. *Reporting:* Monthly status reports. *Contractors:* VITL.	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Interface Development: VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras Key personnel: Larry Sandage
Improve Quality of Data Flowing into HIE	Health Data Infrastructure	**Improve Quality of Data Flowing into HIE:** Clinical Data: 1. Medication history and provider portal to query the VHIE by end of 2013. 2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.	1. Achieved: 129 queries. 2. Achieved. *Reporting:* Monthly status reports and contractor reports.	**Improve Quality of Data Flowing into HIE:** 1. Data quality initiatives with the DAs/SSAs: Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow. 2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.	1. Achieved. 2. In progress: will be achieved by 12/31/15. *Reporting:* Monthly status reports and contractor reports. *Contractors:* VITL; Behavioral Health Network.	**Improve Quality of Data Flowing into HIE:** 1. Implement terminology services tool to normalize data elements within the VHIE by TBD. 2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.	1. In progress. 2. In progress: Workflow improvement activities begun. *Reporting:* Monthly status reports and contractor reports. *Contractors:* VITL; Behavioral Health Network; UVM Medical Center (UVMMC)/ OneCare Vermont; TBD.	**Improve Quality of Data Flowing into HIE:** 1. ~~Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 50% of ACO attributing practices by 7/1/16. Complete workflow improvement by 12/31/16.~~ 2. ~~2.~~ Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 7/1/16 and complete workflow improvement by 12/31/16. Report on improvement over baseline by 6/30/17.	CORE_Health Info Exchange_[VT]	Terminology Services: VITL. Workflow Improvement: VITL, Behavioral Health Network; UVMMC/OneCare Vermont; TBD.	Georgia Maheras	Key personnel: Larry Sandage
Telehealth – Strategic Plan	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Telehealth – Strategic Plan:** Develop telehealth strategic plan by 9/15/15.	Achieved: Telehealth Strategic Plan finalized in September 2015. *Reporting:* Report completed by deadline. *Contractors:* JBS International.	N/A	CORE_Health Info Exchange_[VT]	Telehealth Strategic Plan: JBS International.	Sarah Kinsler	SIM-funded staff: Sarah Kinsler

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Telehealth – Implementation	Health Data Infrastructure	N/A	N/A	N/A	N/A	**Telehealth – Implementation:** 1. Release telehealth program RFP by 9/30/15. 2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.	1. Achieved: RFP released on 9/18/15. 2. In process. Bidders selected in December 2015; as of February, contract negotiations still underway. *Reporting:* RFP released on time; monthly status reports. *Contractors:* VNA of Chittenden and Grand Isle Counties; Howard Center.	**Telehealth – Implementation:** 1. Continue telehealth pilot implementation through contract end dates. 2. Incorporate Telehealth Program into Sustainability Plan by 6/30/17.	CORE_Health Info Exchange_[VT]	Telehealth Implementation: VNA of Chittenden and Grand Isle Counties; Howard Center.	Jim Westrich	SIM-funded staff: Jim Westrich
EMR Expansion	Health Data Infrastructure	N/A	N/A	N/A	N/A	**EMR Expansion:** 1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16). 2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.	1. In progress: Achieved – State Psychiatric Hospital EMR guidance provided in Jan-Mar 2015. On track – ARIS/ Developmental Disability Agencies procurement will be complete by 6/30/16. 2. Achieved: Remediation plan to support VHIE connection for home health agencies developed and approved; this work will be pursued in PP3 under the Care Management Tools work stream. *Reporting:* Monthly status reports. *Contractors:* ARIS; VITL/Department of Mental Health.	N/A	CORE_Health Info Exchange_[VT]	EMR Procurement: ARIS; VITL/Dept of Mental Health. Non-EMR Solutions: ARIS; VITL.	Georgia Maheras	SIM-funded staff: Georgia Maheras Key personnel: Joelle Judge
Data Warehousing	Health Data Infrastructure	N/A	N/A	**Data Warehousing:** Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse: 1. Develop data dictionary by 3/31/15. 2. Release RFP by 4/1/15. 3. Execute contract for Data Warehouse by 10/15/15. 4. Design data warehousing solution so that the solution begins implementation by 12/31/15.	1. Achieved. 2. Achieved. 3. In progress: SOV amended contract with vendor for this work. Contractor will have sub-contract by 11/30/15. 4. Achieved. *Reporting:* Monthly status reports. *Contractors:* Behavioral Health Network.	**Data Warehousing:** 1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan). 2. Procure clinical registry software by 3/31/16. 3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.	1. Achieved. 2. Achieved. 3. In progress: Will be completed by 3/31/16. *Reporting:* Monthly status reports. *Contractors:* Behavioral Health Network; Covisint; Stone Environmental.	**Data Warehousing:** 1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16. 2. Begin to implement cohesive strategy for developing data systems to support analytics by 12/31/16.	CORE_Health Info Exchange_[VT]	Stakeholder Engagement: Behavioral Health Network. Clinical Registry Procurement: Covisint. Cohesive Strategy Development: Stone Environmental.	Georgia Maheras and Craig Jones	SIM-funded staff: Georgia Maheras Key personnel: Craig Jones; Larry Sandage
Care Management Tools	Health Data Infrastructure	N/A	N/A	**Care Management Tools:** 1. Discovery project to support long- term care, mental health, home care	1. Achieved: Report received in February 2015.	**Care Management Tools:** Engage in discovery, design and testing of shared care plan IT	1. In progress: Vendor selected. Federal approval received. State contract pending.	**Care Management Tools:** 1. Event Notification System: Continue implementation of ENS	CORE_Health Info Exchange_[VT]	Event Notification System: PatientPing.	Georgia Maheras (Event Notification	SIM-funded staff: Georgia Maheras; Erin Flynn; Susan

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				and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15. 2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.	2. Achieved: Research and discovery launched in March 2015; vendor selected in September 2015. State, VITL, and vendor currently in contract negotiations. *Reporting:* Monthly status reports. *Contractors:* im21.	solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development: 1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out. 2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.	2. In progress: Business and technical requirements gathered; final proposal in development for release in March 2016. *Reporting:* Monthly status reports. *Contractors:* PatientPing; Stone Environmental; TBD.	according to contract with vendor through 12/31/16. 2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17. 3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16. 4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.		Shared Care Plans and Universal Transfer Protocol – Research: Stone Environmental; Implementation: TBD.	System, Shared Care Plans and Universal Transfer Protocol)	Aranoff; Gabe Epstein Key personnel: Larry Sandage; Joelle Judge
General Health Data – Data Inventory	Health Data Infrastructure	**General Health Data – Health Data Inventory:** Conduct data inventory.	Achieved: Data inventory launched in December 2014 following contract execution. *Reporting:* Monthly status report.	**General Health Data – Health Data Inventory:** Complete data inventory: 1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15. 2. Final data inventory due by 10/31/15.	Achieved: 1. Achieved: Draft analysis of data sources completed in Spring 2015. 2. Achieved: Data inventory data collection and final report with recommendations completed in December 2015. *Reporting:* Monthly status reports. *Contractors:* Stone Environmental	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	Data Inventory: Stone Environmental.	Sarah Kinsler	SIM-funded staff: Sarah Kinsler. Key personnel: Larry Sandage.
General Health Data – HIE Planning	Health Data Infrastructure	**General Health Data – HIE Planning:** Provide input to update of state HIT Plan.	Achieved: Project staff and stakeholders have provided ongoing input into Vermont HIT Plan update since 2014. *Reporting:* Monthly status report.	N/A	N/A	**General Health Data – HIE Planning:** 1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015. 2. HDI Work Group will identify connectivity targets for 2016-2019 by 6/30/16.	1. Achieved: VHCIP has provided ongoing input into HIT Strategic Plan in 2015. 2. In progress: This work is occurring throughout January-June 2016. *Reporting:* Monthly status reports. *Contractors:* Stone Environmental.	**General Health Data – HIE Planning:** Finalize connectivity targets for 2016-2019 by 12/31/16. Incorporate targets into Sustainability Plan by 6/30/17.	CORE_Health Info Exchange_[VT]	Support HIE Planning: Stone Environmental.	Larry Sandage	Key personnel: Larry Sandage
General Health Data – Expert Support	Health Data Infrastructure	N/A	N/A	N/A	N/A	**General Health Data – Expert Support:** Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will	Ongoing: Vermont is procuring IT-specific support for health data initiatives as necessary and appropriate. *Reporting:* Monthly status reports.	**General Health Data – Expert Support:** Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will	CORE_Health Info Exchange_[VT]	Research and Analyses: Stone Environmental. Project Management and Subject Matter Expertise: H.I.S. Professionals.	TBD	Key personnel: TBD; Larry Sandage

	Focus Area	Performance Period 1 (PP1)[1] Performance Period 1 Milestone	Performance Period 1 (PP1) Current Status and Reporting	Performance Period 1 Carryover (PP1 Carryover) Performance Period 1 Carryover Milestone	Performance Period 1 Carryover (PP1 Carryover) Current Status, Reporting, and Contractors	Performance Period 2 (PP2) Performance Period 2 Milestone	Performance Period 2 (PP2) Current Status, Reporting, and Contractors	Performance Period 3 (PP3) Performance Period 3 Milestone[2]	Metrics	PP1 Carryover and PP2 Contractor Role	Lead Staff	SIM-Funded Staff and Key Personnel
						be hired to support appropriate investments.	*Contractors:* Stone Environmental; H.I.S. Professionals.	be hired to support appropriate investments.				
	Health Data Infrastructure	VHCURES: 1. Update rule to include VHC information (Fall 2013). 2. Incorporate Medicare data (Fall 2013). 3. Improve data quality procedures (Fall 2014). 4. Improve data access to support analysis (Fall 2014).	1. Not met: SOV is not using these data in VHCURES due to data limitations. This was previously conveyed to CMMI. 2. Achieved. 3. Achieved. 4. Achieved. *Reporting:* 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	N/A	N/A	N/A
	Health Data Infrastructure	Medicaid Data: A combined advanced planning document for the funding to support the TMSIS is completed and submitted to CMS in July 2013.	Achieved. *Reporting:* 2014 Annual Report and Milestones Met/Not Met response to CMMI in May 2015.	N/A	N/A	N/A	N/A	N/A	CORE_Health Info Exchange_[VT]	N/A	N/A	N/A
Focus Area: Evaluation												
Self-Evaluation Plan and Execution	Evaluation	**Self-Evaluation Plan and Execution:** 1. Procure contractor: Hire through GMCB in Sept 2013. 2. Evaluation (external): • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2). • Evaluation plan developed. • Baseline data identified.	1. Achieved: Initial self-evaluation contract (Impaq) executed in September 2014. 2. Achieved: Regular meetings with QPM Work Group and other stakeholders; self-evaluation plan submitted as draft to CMMI in June 2015. *Reporting:* Monthly status reports (contractor weekly reports).	**Self-Evaluation Plan and Execution:** 1. Design Self-Evaluation Plan for submission to CMMI by 6/30/15. a. Elicit stakeholder feedback prior to submission. 2. Once approved by CMMI, engage in Performance Period 1 Carryover activities as identified in the plan.	1. Achieved: Draft self-evaluation plan submitted to CMMI in June 2015, incorporating stakeholder feedback. 2. In progress: Plan resubmitted to CMMI on November 11, 2015. *Reporting:* Monthly status reports (contractor weekly reports). *Contractors:* Impaq International.	**Self-Evaluation Plan and Execution:** 1. Procure new self-evaluation contractor by 2/28/16 to execute contractor-led self-evaluation plan activities.[6] 2. Continue to execute self-evaluation plan using staff and contractor resources.[7] 3. Streamline reporting around other evaluation activities within 30 days of CMMI approval of self-evaluation plan.	1. In progress: RFP released in November 2015; contract is submitted to CMMI and awaiting approval. 2. Ongoing: Self-evaluation plan execution is ongoing using staff and contractor resources. 3. In progress: This is delayed pending final approval of self-evaluation plan. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Impaq International; Onpoint; The Lewin Group; Truven.	**Self-Evaluation Plan and Execution:** Execute Self-Evaluation Plan for 2016 and 2017 according to timeline for Year 3 activities.	All metrics	1. Development of Self-Evaluation Plan: Impaq International. 2. Implementation of Self-Evaluation Plan (Monitoring and Evaluation): The Lewin Group; Burns and Associates. 3. Implementation of Self-Evaluation Plan (Provider Surveys and Analyses): TBD.	Annie Paumgarten	SIM-funded staff: Annie Paumgarten Key personnel: Susan Barrett
Surveys	Evaluation	N/A	N/A	**Surveys:** Conduct annual patient experience survey (Performance Period 1 surveys only): 1. Surveys are completed by 6/30/15 for reporting as part of the first performance period for the Medicaid and commercial Shared Savings Programs.	Achieved: Surveys fielded. *Reporting:* Monthly status reports. *Contractors:* Datastat.	**Surveys:** Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings programs – phase 1 to determine impact of Performance Period 2 activities by 6/30/16.	In progress: Surveys distributed. Collection of data and reports are not yet complete. They will be complete by 6/30/16. *Reporting:* Monthly status reports (contractor reports). *Contractors:* Datastat.	**Surveys:** Conduct annual patient experience survey and other surveys as identified in payment model development: Field patient experience surveys to Vermonters participating in the PCMH and Shared Savings Programs by 6/30/17.	CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare CORE_HCAHPS Patient Rating_[VT]	1. Field Patient Experience Survey: Datastat. 2. Develop Survey Report: Datastat.	Pat Jones and Jenney Samuelson	SIM-funded staff: Annie Paumgarten Key personnel: Pat Jones, Jenney Samuelson
Monitoring and Evaluation Activities Within	Evaluation	N/A	N/A	**Monitoring and Evaluation Activities Within Payment**	Achieved: QPM Work Group met monthly prior to consolidation with	**Monitoring and Evaluation Activities**	1. Ongoing: Non-SIM funded analyses of PCMH	**Monitoring and Evaluation Activities**	CORE_BMI_[VT]_Commercial CORE_BMI_[VT]_Medicaid	Financial and Quality Analysis for New	TBD – GMCB, and Erin Flynn	SIM-funded staff: Amy Coonradt;

[6] Vermont requested modification to this milestone by email, dated 11/23/15.
[7] Vermont's self-evaluation plan relies on numerous staff and contractors, which are described in the Evaluation Remediation Plan submitted on November 25, 2015.

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Payment Programs				**Programs:** Conduct analyses as required by payers related to specific payment models. • Number of meetings held with Quality and Performance Measurement Work Group on evaluation (goal = 2 by 6/30/15). • Payer-specific evaluation plan developed for Medicaid Shared Savings Program as part of State Plan Amendment approval. • Baseline data identified for monitoring and evaluation of Medicaid and commercial Shared Savings Programs by 6/30/15.	Payment Model Design and Implementation Work Group in October 2015; payer-specific evaluation plan included in approved SPA; baseline data identified for monitoring and evaluation of SSPs and included in initial analyses. *Reporting:* Monthly status reports. *Contractors:* Burns and Associates; Bailit Health Purchasing; The Lewin Group.	**Within Payment Programs:** 1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications: biannual reporting to providers. 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications: monthly, quarterly reports depending on type.	program are conducted twice annually. 2. Ongoing: Monthly and quarterly SSP reports are ongoing. *Reporting:* Monthly status reports (embedded in SSP reports). *Contractors:* Burns and Associates; The Lewin Group.	**Within Payment Programs:** 1. Conduct analyses of the PCMH program (non-SIM funded) according to program specifications (bi-annual reporting to providers). 2. Conduct analyses of the commercial and Medicaid Shared Savings Programs according to program specifications (monthly, quarterly reports depending on report type). 3. Conduct analyses of the EOC program according to program specifications (monthly, quarterly reports depending on report type). 4. Conduct analyses of the PPS – Home Health program according to program specifications (monthly, quarterly reports depending on report type). 54. TBD: APM, Medicaid VBP – Mental Health and Substance Use.	CORE_BMI_[VT]_Medicare CORE_Diabetes Care_[VT]_Commercial CORE_Diabetes Care_[VT]_Medicaid CORE_Diabetes Care_[VT]_Medicare CORE_ED Visits_[VT]_Commercial CORE_ED Visits_[VT]_Medicaid CORE_Readmissions_[VT]_Commercial CORE_Readmissions_[VT]_Medicaid CORE_Readmissions_[VT]_Medicare CORE_Tobacco Screening and Cessation_[VT]_Commercial CORE_Tobacco Screening and Cessation_[VT]_Medicaid CORE_Tobacco Screening and Cessation_[VT]_Medicare CAHPS Clinical & Group Surveys_Commercial CAHPS Clinical & Group Surveys_Medicaid CAHPS Clinical & Group Surveys_Medicare	Programs: The Lewin Group (SSP); Burns and Associates (Medicaid).		James Westrich; Brian Borowski; Carole Magoffin Key personnel: Pat Jones
Focus Area: Program Management and Reporting												
Project Management and Reporting – Project Organization	Project Management and Reporting	**Project Management and Reporting – Project Organization:** 1. Procure contractor: Contract for interagency coordination. 2. Hire contractor: Contract for staff training and development. 3. Develop curriculum: Training and development curriculum developed. 4. Develop interagency and inter-project communication plan: Interagency and inter-project communications plan developed. 5. Implement plan: Results of survey of project participants re: communications.	1. Achieved: Contractor procured. 2. Achieved: Contractor hired. 3. Achieved: Training and development curriculum developed. 4. Achieved. Plan developed. 5. Achieved: Survey deployed; results compiled. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings.	**Project Management and Reporting – Project Organization:** 1. Ensure project is organized by procuring sufficient staff and contractor resources on an ongoing basis. 2. Continue interagency coordination across the departments and agencies involved in VHCIP activities. 3. Continue staff training and development- assess curriculum quarterly. 4. Continue to deploy training and development curriculum- assess curriculum quarterly. 5. Implement communications plan by 12/31/15.	1. Achieved: Staff and contractor resources procured as needed on an ongoing basis. 2. Ongoing: Interagency coordination is ongoing. 3. Ongoing: Staff training and development activity is ongoing through 12/31/15. 4. Ongoing: Staff training and development activity is ongoing through 12/31/15. 5. In progress: Communications plan developed and will be implemented by 12/31/15. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings. *Contractors:* The Coaching Center; PDI Creative; University of Massachusetts; Arrowhead Health Analytics; University of Vermont.	**Project Management and Reporting – Project Organization:** Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature.	1. Ongoing: Project Management contract scope of work and tasks performed on time. 2. Achieved: Meetings held, reporting presented and discussed. 3. Achieved: Reports submitted. *Reporting:* Monthly report to Core Team. *Contractors:* University of Massachusetts.	**Project Management and Reporting – Project Organization:** Ensure project is organized through the following mechanisms: 1. Project Management contract scope of work and tasks performed on-time. 2. Monthly staff meetings, co-chair meetings, and Core Team meetings with reporting on budget, milestones, and policy decisions presented and discussed at each meeting. 3. Submit quarterly reports to CMMI and the Vermont Legislature. 4. Population Health Plan finalized by 6/30/17. 5. Sustainability Plan finalized by 6/30/17.	All metrics	Project Management: University of Massachusetts.	Georgia Maheras	SIM-funded staff: Georgia Maheras; Christine Geiler; ~~Amanda Ciecior~~Sarah Kinsler

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Project Management and Reporting – Communication and Outreach	Project Management and Reporting	**Project Management and Reporting – Communication and Outreach:**Stakeholder engagement: Work groups and more broadly.	Achieved: Robust public and private stakeholder engagement in project activities and decision-making through project work groups, sub-groups, project-specific steering committees, bid review teams, key informant interviews, and more. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings.	**Project Management and Reporting – Communication and Outreach:** 1. Engage stakeholders in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Target convening 10 Core Team; 5 Steering Committee, and 10 Work Group meetings during this period. 3. Stakeholder engagement plan developed and implemented – revised plan due 8/31/15.	1. Achieved: Robust public and private stakeholder engagement in project focus areas through work groups, Steering Committee, Core Team, Symposia, and other convenings. 2. Achieved. 3. Achieved. *Reporting:* Monthly status reports, monthly staff meetings, monthly Core Team meetings. *Contractors:* PDI Creative; University of Massachusetts.	**Project Management and Reporting – Communication and Outreach:** Engage stakeholders in project focus areas by: 1. Convening 5 Core Team, 5 Steering Committee, and 10 work group public meetings by 6/30/16. 2. Distributing all-participant emails at least once a month. 3. Updating website at least once a week.	1. Achieved: Meetings held in 2015. Additional meetings needed in the NCE period. 2. Achieved: All-participant emails distributed as needed, at least monthly. Additional communications needed in the NCE period. 3. Achieved: Website updated continually, at least weekly. Additional updates needed in the NCE period. *Reporting:* Monthly report to Core Team; quarterly report to CMMI. *Contractors:* University of Massachusetts; PDI Creative.	**Project Management and Reporting – Communication and Outreach:** Engage stakeholders in project focus areas by: 1. Convening 10 Core Team meetings ~~by~~ between 7/1/16 and 6/30/17. 2. Convening 5 Steering Committee public meetings and 20 work group public meetings between 7/1/16 and ~~by~~ 12/31/16. 2. Distributing all-participant emails at least once a month through 12/31/16. 3. Update website at least once a week through 12/31/16, and monthly through 6/30/17.	All metrics	Project Management: University of Massachusetts. Outreach and Engagement: PDI Creative.	Christine Geiler	SIM-funded staff: Christine Geiler; Sarah Kinsler~~Amanda Ciecior~~
	Project Management and Reporting	Implement "How's Your Health" Tool by June 2014.	Achieved: Implemented through sub-grant to White River Family Practice Sub-Grant.	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A