

VT Health Care Innovation Project
“Disability and Long Term Services & Supports” Work Group
Charter
April 24, 2014

FINAL

EXECUTIVE SUMMARY

The Disability and Long Term Services and Supports Work Group will build on the extensive work of the Dual Eligible Demonstration Steering, Stakeholder, and Work Group Committees over the past two years. The goal of the Disability and Long Term Services and Supports Work Group (DLTSS) is to incorporate into Vermont’s health care reform efforts specific strategies to achieve improved quality of care, improved beneficiary experience and reduced costs for people with disabilities, related chronic conditions and those needing long term services and supports. The VHCIP Disability and LTSS Work Group will:

- develop recommendations regarding the improvement of existing care models and the design of new care models to better address the needs of people with disabilities, related chronic conditions and those needing long term services and supports, in concert with VHCIP efforts;
- develop recommendations regarding the design of new payment models initiated through the VHCIP project to improve outcomes and reduce costs for people with disabilities, related chronic conditions and those needing long term services and supports;
- develop recommendations to integrate the service delivery systems for acute/medical care and long term services and supports;
- develop recommendations for IT infrastructure to support new payment and care models for integrated care among people with disabilities, related chronic conditions and those needing long term services and supports;
- continue to address coordination and enhancement of services for the dually-eligible population and other Vermonters who have chronic health needs and/or disabilities through such mechanisms as the Medicaid ACO program, further design of Green Mountain Care, and other approaches.

SCOPE OF WORK

1. Recommend care model elements and strategies that improve beneficiary service and outcomes for people with disabilities, related chronic conditions and those needing long term services and supports.
2. Identify provider payment models that encourage quality and efficiency among the array of primary care, acute and long-term services and support providers who serve people with disabilities, related chronic conditions and those needing long term services and supports.

3. Identify mechanisms to incentivize providers to bridge the service delivery gap between acute/medical care and long term services and supports to achieve a more integrated and seamless delivery system.
4. Incorporate person-centered, disability-related, person-directed, and cultural competency issues into all VHCIP activities.
5. Identify Medicare/Medicaid/commercial insurance coverage and payment policy barriers that can be addressed through Vermont's health care reform efforts to improve integration of care for people with disabilities, related chronic conditions and those needing long term services and supports.
6. Identify mechanisms to minimize the incentives for cost-shifting between Medicare, Medicaid and commercial payers.
7. Incorporate representation from Commercial Insurers into the VHCIP Disability and Long Term Services and Supports Work Group.
8. Recommend incentives for ACOs to re-invest savings to address the needs of people with disabilities, related chronic conditions and those needing long term services and supports to prevent unnecessary hospitalizations, ER visits, and nursing home admissions.
9. Identify DLSS quality and performance measures to evaluate the outcomes of people with disabilities, related chronic conditions and those needing long term services and supports. These quality and performance measures shall be consistent with the core principles articulated in State law and regulation: the Developmental Disabilities Act of 1996, Choices for Care regulations pursuant to Act 56 (2005), and the Mental Health Care Reform Act 79 (2012).
10. Identify technical and IT needs to support new payment and care models for integrated care among people with disabilities, related chronic conditions and those needing long term services and supports.

DELIVERABLES

1. Inclusion of new members on the DLSS Work Group, including representation from commercial payers.
2. Recommendations for model of care elements and strategies that can be integrated and aligned with other VHCIP models of care.
3. Recommendations for payment methodologies that: a) incentivize providers to bridge the service delivery gap between acute/medical care and long term services and supports; b) incentivize ACOs to re-invest savings to address the needs of people with disabilities, related chronic conditions and those needing long term services and supports to prevent unnecessary hospitalizations, ER visits, and nursing home admissions; and c) reduce the incentive to cost shift between Medicare, Medicaid and commercial payers.

4. Action plan for inclusion of identified person-centered, disability-related, person-directed, and cultural competency items in all VHCIP Work Group efforts.
5. Action plan to implement strategies addressing barriers in current Medicare, Medicaid, and commercial coverage and payment policies.
6. Action plan for inclusion of DLTSS quality and performance metrics to evaluate the outcomes of people with disabilities, related chronic conditions and those needing long term services and supports.
7. Recommendations regarding the technical and IT needs to support new payment and care models for integrated care among people with disabilities, related chronic conditions and those needing long term services and supports.
8. Other activities as identified to assist successful implementation of payment and care models to best support people with disabilities, related chronic conditions and those needing long term services and supports.

MILESTONES (Timeline subject to change)

March – August 2014

- Review the core principles of the Developmental Disabilities Act of 1996, Choices for Care regulations pursuant to Act 56 (2005), and the Mental Health Care Reform Act 79 (2012) as they relate to quality and performance measures and desired outcomes.
- Complete action plan for inclusion of DLTSS quality and performance metrics to evaluate the outcomes of people with disabilities, related chronic conditions and those needing long term services and supports.
- Make recommendations for model of care elements and strategies for people with disabilities, related chronic conditions and those needing long term services and supports.
- Complete action plan for inclusion of identified person-centered, disability-related, person-directed, and cultural competency items in all VHCIP Work Group activities.

September – December 2014

- Make recommendations for payment methodologies that incentivize providers to bridge the service delivery gap between acute/medical care and long term services and supports; incentivize ACOs to reinvest savings to address the needs of people with disabilities, related chronic conditions and those needing long term services and supports; and reduce the incentive to cost shift between Medicare, Medicaid and commercial payers.

- Make recommendations regarding the technical and IT needs to support new payment and care models for integrated care among people with disabilities, related chronic conditions and those needing long term services and supports.

January – April 2015

- Complete action plan to implement strategies addressing barriers in current Medicare, Medicaid, and commercial coverage and payment policies for people with disabilities, related chronic conditions and those needing long term services and supports.
- Other activities as identified to support successful preparation and implementation of payment and care models to best support people with disabilities, related chronic conditions and those needing long term services and supports.

MEMBERSHIP REQUIREMENTS

The Disability and Long Term Services and Supports Work Group will meet monthly, with possible additional sub-committee meetings. Members are expected to participate regularly in meetings and may be required to review materials in advance. Members are expected to communicate with their colleagues and constituents about the activities and progress of the Work Group and to represent their organizations and constituencies during work group meetings and activities.

RESOURCES AVAILABLE FOR STAFFING AND CONSULTATION

Work Group Chairs:

- Deborah Lisi-Baker, Disability Policy Analyst
dlibaker@gmail.com
- Judy Peterson, VNA of Chittenden & Grand Isle Counties
Peterson@vnacares.org

Work Group Staff:

- Erin Flynn, Department of Vermont Health Access
Erin.Flynn@state.vt.us
- Julie Wasserman, AHS Vermont Dual Eligible Project
Julie.Wasserman@state.vt.us

Consultants:

- Susan Besio, Pacific Health Policy Group
sbesio@PHPG.com

- Brendan Hogan, Bailit Health Purchasing
bhogan@bailit-health.com

Additional resources may be available to support consultation and technical assistance to the Work Group.

WORK GROUP PROCESSES

1. The Work Group will meet monthly.
2. The Work Group Co-Chairs plan and distribute the meeting agenda through project staff.
3. Related materials are to be sent to Work Group members, staff, and interested parties prior to the meeting date/time.
4. Work Group members, staff, and interested parties are encouraged to call in advance of the meeting if they have any questions related to the meeting materials that were received.
5. Minutes will be recorded at each meeting.
6. The Work Group Co-Chairs will preside at the meetings.
7. Progress on the Work Group's work will be reported as the Monthly Status Report.
8. The Work Group's Status Reports and Recommendations are directed to the Steering Committee.

AUTHORIZATION

_____ **Date:** _____

Project Sponsor/Title