



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

December 28, 2022

GCR 22-112
PROPOSED

Developmental Disabilities Services Program Value-Based Payment Model

Policy Summary:

The Vermont Medicaid program proposes to implement value-based purchasing components for the existing Developmental Disabilities Services (DDS) program bundled payment model. Under this arrangement, there will be a 1% incentive payment tied to “outcome-based” performance measures and a 2% withhold tied to “reporting-based” performance measures. The 1% incentive payment is in addition to the per member per month (PMPM) bundled payment and is meant to improve the quality of home- and community-based services delivered to individuals in the DDS program and will remain in place for calendar year 2023 only. The 2% withhold comes from the existing PMPM bundled payment as indicated in the [June 30, 2022, Global Commitment Register notice](#) and will extend beyond calendar year 2023 unless otherwise noticed. Self-, surrogate-, and family-managed services are not subject to these value-based payments.

These value-based payments are designed to advance [Developmental Disabilities Services System of Care Plan](#) goals.

See the Additional Information section below for details on the outcome- and reporting-based measures.

Effective Date:

January 1, 2023

Authority/Legal Basis:

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

Medicaid recipients in the Developmental Disabilities Services program.

Fiscal Impact:

The estimated gross annualized budget impact is \$2,300,000, which represents the 1% incentive payment noted above.

Public Comment Period:

December 28, 2022 – January 30, 2023

Send comments to:

Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Measure Type	Measure Name	Baseline Year	Performance Measure Period	Performance Target	Notes
Outcome-Based Measure	In-person Service Coordination	CY2022	CY2023	25% (1 qualifying submission) to receive any points, 100% (4 qualifying submissions) to receive all points	Provider's Encounter Data indicates percentage of in-home, in-person service coordination visits per month, within DDS's guidelines that allow for stable, long-term placements to have bi-monthly in-person, in-home visits. This metric provides a clause that accounts for adjustments needed based on State guidance on public-health.
Outcome-Based Measure	Critical Incident Reporting	CY2022	CY2023	25% (1 qualifying submission) to receive any points, 100% (4 qualifying submissions) to receive all points	Provider must submit Critical Incident Reports (CIR) based on the DDS Critical Incident Reporting Guidelines. Per the Guidelines, Provider must report most CIRs within 2 business days of learning of the incident. There are specific categories of incidents that must be reported sooner via phone report.
Reporting-Based Measure	Timely submission of Encounter Data Reporting	CY2022	CY2023	17% (1 qualifying submission) to receive any points, 100% (6 qualifying	Provider must submit Encounter Data based on the DDS Encounter Data Submission Guidance for Developmental

Measure Type	Measure Name	Baseline Year	Performance Measure Period	Performance Target	Notes
				submissions) to receive all points	Disabilities Home and Community Based Services. Per the Guidance, Provider must submit all monthly encounter data claims within 6 months of the date of services and follow federal regulations and timeframes for all claims resubmissions.
Reporting-Based Measure	Independently Administered Needs Assessments (SIS-A) Reporting	CY2022	CY2023	17% (1 qualifying submission) to receive any points, 100% (6 qualifying submissions) to receive all points	DA must engage in the identified process from DAIL to ensure that individuals participate in independently administered needs assessment (SIS-A). If the number of individuals reported by independent assessor/contractor for the DA to DAIL is zero in any given month, or less than 50% for the quarter of the goal provided by DAIL, DAIL will contact DA to confirm this information and discuss the causes contributing to this result.
Reporting-Based Measure	Reporting on "Waiting List" Data	CY2022	CY2023	50% (1 qualifying submission) to receive any points, 100% (2 qualifying submissions) to receive all points	Provider must submit each report containing information of applicants who do not meet access criteria for services ("Waiting List") as required by Rule to DAIL by close of the last day of the month of the fiscal year.
Reporting-Based Measure	Reporting on One-time Funding Data	CY2022	CY2023	50% (1 qualifying submission) to receive any points, 100% (2 qualifying	Provider must submit each report to DAIL by close of the

Measure Type	Measure Name	Baseline Year	Performance Measure Period	Performance Target	Notes
				submissions) to receive all points	last day of the month of the fiscal year.
Reporting-Based Measure	Report on annual Employment Data	CY2022	CY2023	100% submission to receive any points	Provider must submit Employment Rate sheet within 3 weeks of receiving request from DAIL.