

Health Care Reform Work Group: Subgroup on System Stabilization

AUGUST 12 MEETING SUMMARY

Process

Work Group

- Convened in June
- Identified pressing concerns.

Subgroup on System Stabilization

- Subset of Work Group members
- Met 4 times in July
- Focused on:
 1. AHS levers related to: workforce, regulation, system flow, revenue
 2. Short-term actions within the next 18 months

Work Group

- Will reconvene in the early fall
- Focus will be on future financial and care delivery models

Actions to be Initiated Following Subgroup Discussion: Workforce

1. Use available needs-based dollars remaining in the Workforce Recruitment and Retention Program (\$15-26M) in one or more of the following ways: differential pay, retention bonuses, quarterly premium pay bonuses, payments for onboarding new RNs, preceptor payments and financial support for staff to train and move up to LNA, LPN and RN status (the latter if allowed by ARPA). Avoid creating an incentive for “sign-on bonus jumping.” (August 2022)
2. Continue to implement recommendations of the Workforce Development Committee related to the critical workforce shortages in the health care sector. (Ongoing 2022)

Actions to be Initiated Following Subgroup Discussion: Regulation

1. Federal: Escalate to CMS and the federal delegation a package of measures to address stability including, Medicare rates for home health, nursing home medical director and primary care providers oversight and current APM limits requests. Include acknowledgement of the Medicaid “wins” in the 1115 waiver as an example of a successful partnership. (August 2022)
2. Federal: Provide public comment on the proposed Medicare rate adjustments for home health. (August 2022)
3. State: Implement a short-term rational method for targeting services to the highest need individuals within the Choices for Care program. (August 2022)

Actions to be Initiated Following Subgroup Discussion: System Flow (1 of 2)

1. Develop the capacity to provide care for high-acuity sub-acute patients:
 - a) Procure through an RFP, for Medicaid specialized units in long term care (LTC) and residential facilities, include an enhanced rate and special worker training to support patients with high acuity mental health, substance use and developmental disability needs. (August 2022)
 - b) Explore feasibility of caring for high acuity patients in hospital-owned long-term care facilities (Woodridge, Helen Porter and UVMHN) including enhanced rates, increased staffing requirements, and streamlined admissions processes. (August 2022)
 - c) Recruit a cohort of SNFs to become centers of excellence for serving patients with developmental disabilities, mental health and substance use treatment needs. (Fall, 2022)
2. Convene conversations between Designated Agencies, Skilled Nursing Facilities (SNF), and hospitals to develop processes for crisis response at a local level to avoid Emergency Department utilization. (August 2022)

Actions to be Initiated Following Subgroup Discussion: System Flow (2 of 2)

3. Create statewide approach to SNF Medical Director requirements through the engagement and implementation of a shared capacity and utilization potentially through OneCare. (On-going)
4. Clarify a consistent interpretation and application of the statewide use-of-force policy between the Department of Public Safety and DAs to help law enforcement and DA crisis teams safely and effectively respond to individuals in crisis. Also clarify a consistent interpretation and application of the statewide use-of-force policy in emergency departments between the Department of Public Safety and hospitals. (On-going – meetings underway)
5. Consider a new collaborative care model that offers telehealth “curbside consultations” for long-term care facilities, and trains staff in SNFs in de-escalation techniques. (Fall 2022/Winter 2023)
6. *Mental health patient flow discussion to be finalized during 8/22 meeting.*

Actions to be Initiated Following Subgroup Discussion: Revenue

1. Update rate methodologies and potentially rules to address inflationary costs, including staffing, within cost-based rate methodologies for Skilled Nursing Facilities, Private Non-Medical Institutions, and other residential care providers through the Division of Rate Setting at the Department of Vermont Health Access (DVHA). (Fall, 2022 – Anticipated Budget Item)
2. Conduct rate studies to evaluate Choices for Care rates to determine the sustainability of the program. (Fall, 2022 – Anticipated Budget Item)
3. Provide a one-time increased Disproportionate Share Hospital (DSH) payment to hospitals. (September 2022)
4. Increase to the maximum federal allowance, GME payment to UVMHN utilizing enhance intergovernmental transfers from the University of Vermont. (September 2022)
5. Study the trend in revenues from the provider tax including the impact of the pandemic compared to the trend in provider rate increases. Determine if there is an opportunity for short-term one-time relief. Forecast long-term provider tax revenue. (Fall, 2022 – Anticipated Budget Item)