



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

Global Commitment Register

February 22, 2024

GCR 23-046
FINAL

Developmental Disabilities Services Program Value-Based Payment Model

Policy Summary:

The Vermont Medicaid program will continue the value-based payment model for the Developmental Disabilities Services (DDS) program as a 2% withhold tied to provider performance. Paying based on performance for an estimated 2% of program expenditures is meant to improve the quality of home- and community-based services delivered to individuals in the DDS program. These value-based payments are designed to advance [Developmental Disabilities Services System of Care Plan](#) goals. Self-, surrogate-, and family-managed services are not subject to these value-based payments.

Beginning in calendar year 2024, the in-person service coordination measure will not be a value-based performance measure, but it will be monitored for quality purposes. Two new value-based payment measures will also be introduced:

- 1) Percent of DD HCBS Enrollees Who Had a Functional Assessment/Functional Assessment Review in the Last Year
- 2) Percent of DD HCBS Enrollees Who Had a Service Plan/Update in the Last Year

See the Additional Information section below for details on the performance measures.

Effective Date:

January 1, 2024

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:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended on January 29, 2024. No public comments were received.

Additional Information:*Value-based Payment Measures for the Developmental Disabilities Services Program*

| Measure Name | Baseline Year | Performance Measure Period | Performance Target | Notes |
|--|----------------------|-----------------------------------|--|---|
| Critical Incident Reporting | CY2022 | CY2023 onward | 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 D Critical Incident Reporting Guidelines. Per the Guidance, 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. |
| Timely submission of Encounter Data Reporting | CY2022 | CY2023 onward | 17% (1 qualifying submission) to receive any points, 100% (6 qualifying submissions) to receive all points | Provider must submit Encounter Data based on the DDS D Encounter Data Submission Guidance for Developmental Disabilities Home and Community Based Services. Per the Guidance, Provider must submit all monthly encounter data claims 6 months of the date of services and follow federal regulations and timeframes for all claims resubmissions. |
| Independently Administered Needs Assessments (SIS-A) Reporting | CY2022 | CY2023 onward | 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 |

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|--|---------------|----------------------------|--|--|
| | | | | assessor/contract for the DA to DAIL is zero in any given month or less than 50% for the quarter of the goal provided by DAIL through the identified process, DAIL will contact DA to confirm this information and discuss the causes contributing to this result. |
| Reporting on “Waiting List” Data | CY2022 | CY2023 onward | 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 on One-time Funding Data | CY2022 | CY2023 onward | 50% (1 qualifying submission) to receive any points, 100% (2 qualifying submissions) to receive all points | Provider must submit each report to DAIL by close of the last day of the month of the fiscal year. |
| Report on annual Employment Data | CY2022 | CY2023 onward | 100% submission to receive any points | Provider must submit Employment Rate sheet within 3 weeks of receiving request from DAIL. |
| DD HCBS Enrollees With a Functional Assessment/Functional Assessment Review in the Last Year | CY2023 | CY2024 onward | 50% (1 qualifying submission) to receive any points, 100% (2 qualifying submissions) to receive all points | Provider must submit each report to DAIL by close of the last day of the month of the fiscal year. Report must include information regarding individuals in services for 365 consecutive days, date of |

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|---|---------------|----------------------------|--|---|
| | | | | functional assessment (as defined by Vermont Needs Assessment or SIS-A) or annual review of existing functional assessment as defined, and compliance with annual requirement. |
| Percent of DD HCBS Enrollees Who Had a Service Plan/Update in the Last Year | CY2023 | CY2024 onward | 50% (1 qualifying submission) to receive any points, 100% (2 qualifying submissions) to receive all points | <p>Provider must submit each report to DAIL by close of the last day of the month of the fiscal year.</p> <p>Report must include information regarding individuals in services for 365 consecutive days, date of service plan (as defined by Individual Support Agreement—ISA or annual review of existing service plan as defined, and compliance with annual requirement.</p> |