

Health Care Reform Work Group

JULY 22, 2024

Meeting Agenda

1. Welcome and Introductions; Agenda Review (1:00-1:05)
2. Health Care Reform Focus and Initiatives (1:05-1:10)
3. Progress on Specific Short-Term Provider Stability Initiatives (1:10-1:35)
 - Certified Community-Based integrated Health Centers (CCBHCs) – Steve DeVoe
 - Skilled Nursing Facility Rate Methodology Updates – Alicia Cooper and Jaime Mooney
 - Justice-Involved Reentry Initiative - Ashley Berliner
4. Hospital Sustainability: Act 167 Community Engagement Updates and Reflections – Marisa Melamed (1:35-1:45)
5. AHEAD Model: Alignment with and Support for Act 167 Goals (1:45-1:55)
6. Closing Discussion and Next Steps (1:55-2:00)

Vermont's Health Care Reform Focus

Stability of our health care system following the pandemic

Vision and direction, including focus on aligned and comprehensive reforms and preparing for potential future multi-payer model

Supporting Focus on Short-Term Stability and Long-Term Sustainability

Address provider stability in the short-term

- Identified 22 discrete actions focused on workforce, regulation, system flow, revenue.
- Majority completed.

Inform design of future financial and care delivery models

- Provided feedback to CMMI on potential future model and AHEAD topics.
- Proposed and secured additional Medicare waivers to support improved care delivery.
- Designed VT-specific Medicare hospital global payment methodology.
- Informed Blueprint enhanced integration pilot.

Inform activities that support long-term sustainability

- Discussion on qualitative and quantitative findings from Act 167 community engagement to support hospital and other care transformation workstream.

Short-Term Provider Stability: Investments in Continuum of Care

Vermont Medicaid has provided more than **\$212 million in base rate increases** across the health system over last three fiscal years (SFY 2023-2025)

Additional targeted investments in critical areas have been implemented or planned for 2022-2025; examples include:

- Provider tax relief for home health agencies
- Mental health crisis system of care enhancements – 988, mobile crisis; ED alternatives
- Expansion of youth mental health hospital (expected 2024/2025) and residential care
- Embedded mental health in primary care
- iCare high acuity skilled nursing beds (expected 2024)
- Certified Community-Based integrated Health Center (CCBHC) investments in designated agencies
- Skilled nursing facility rate methodology update
- Justice-Involved Reentry Initiative

**Today's
Focus**

Other Investments: Workforce and Home and Community-Based Services

Leveraging federal and state funds, Vermont has implemented:

- **Workforce initiatives** to partner with employers on recruitment and retention, grow nursing workforce, and create Health Care Workforce Data Center
- Grants for providers of **home and community-based services** to address critical investments in infrastructure, enhance workforce, drive care model innovation, strengthen provider processes

Progress on Specific Short-Term Provider Stability Initiatives and Related System Reforms

- **Certified Community-Based integrated Health Centers (CCBHCs)**
- Skilled Nursing Facility Rate Methodology Updates
- Justice-Involved Reentry Initiative

CCBHCs in Vermont



Stephen DeVoe, Director of Quality and Accountability

Overview of CCBHCs

- Certified Community Behavioral Health Clinics (CCBHCs)
 - Vermont CCBHC program is called “Certified Community-Based Integrated Health Centers” to reflect values of those served and community partners, as well as retain the CCBHC acronym
- Federal certification standards designed to ensure access to coordinated, comprehensive mental health and substance use disorder care
 - CCBHCs must meet specific certification criteria for range of services
- Required to serve anyone across the lifespan in a timely manner and who requests care regardless of their ability to pay, place of residence, or age
- CCBHC model requires:
 - Crisis services available 24 hours a day, 7 days a week, 365 days a year
 - Comprehensive, integrated mental health and substance use disorder services be available so Vermonters who need care do not have to access care across multiple providers unnecessarily
 - Care coordination to be provided to help Vermonters navigate mental health and substance use disorder care, physical health care, social services, and the other systems

CCBHCs in Vermont

- **February 2021:** Clara Martin Center received SAMHSA CCBHC Expansion Grant
- **September 2022:** Three Designated Agencies (Health Care and Rehabilitation Services; Northeast Kingdom Human Services; Rutland Mental Health Services) received SAMHSA CCBHC “Planning, Development, and Implementation” (PDI) Grants
- **March 2023:** Vermont Agency of Human Services (Department of Mental Health; Vermont Department of Health-Division of Substance Use Programs) received SAMHSA CCBHC State Planning Grant
- **September 2023:** Howard Center received SAMHSA CCBHC “Planning, Development, and Implementation” (PDI) Grants
- **June 2024:** Vermont selected as CCBHC Demonstration state, as part of Cohort 2

*Point in Time data, from Jan 2024



Shared Interest Quality Measures for Health Care by Model

Domain	Quality Measure	CCBHCs	AHEAD	OneCare (ACO)	PCMHs
Chronic Health Conditions	Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	X	X*		X
	Controlling High Blood Pressure (CBP-AD)	X*	X*		X
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	X*			X
	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	X*		X	X
Mental Health and Substance Use Disorder	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)	X*			X
	Adult Major Depressive Disorder: Suicide Risk Assessment (SRA-C)	X*			X
	Antidepressant Medication Management (AMM-AD)	X	X*		X
	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	X	X*		
	Follow-Up After Hospitalization for Mental Illness (FUH-AD)	X	X*	X	
	Follow-up after ED Visit for Substance Use (FUA-AD)	X	X*	X	
	Follow-Up After ED Visit for Mental Illness (FUM-AD)	X		X	
	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CDF-AD)	X	X	X	X
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	X		X	X
	Depression Remission at Six/Twelve Months (DEP-REM-6; DEP-REM-12)	X			X
Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH)	X			X	
Health Care Quality and Utilization	Plan All-Cause Unplanned Readmission (PCR-AD)	X	X*	X	
Social Drivers of Health	SDoH Screening or Surveying	X	X*		
Patient and Family Experience	Standardized Surveying of Patients/Clients and Families (MHSIP; CAPHS)	X	X	X	X

*****PLEASE NOTE***** this is not an exhaustive list, and some measures are optional and/or chosen by States. Vermont has not selected AHEAD measures yet.



Thank You!

- Please contact Stephen DeVoe (he/him) with further questions
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Progress on Specific Short-Term Provider Stability Initiatives and Related System Reforms

- Certified Community-Based integrated Health Centers (CCBHCs)
- **Skilled Nursing Facility Rate Methodology Updates**
- **Justice-Involved Reentry Initiative**

Act 167 Community Engagement

Act 167 Goals

Reduce
Inefficiencies

Lower Costs

Improve
Health
Outcomes

Reduce Health
Inequities

Increase
Access to
Essential
Services

AHEAD Update

**March 18,
2024**

Applications
Due from
States

July 2024

Notice of Award
to Selected
States (VT, MD,
CT, HI)

**July 1, 2024 –
Dec. 31, 2025**

18-month Pre-
Implementation
Period

January 1, 2026

Start of 9-year
Performance
Period

Hospital Global Budgets Could Support Sustainability Goals in Act 167

. Well-designed hospital global budgets (HGB), depending on outcome of negotiations with CMMI, could support long-term health care system sustainability in Vermont.



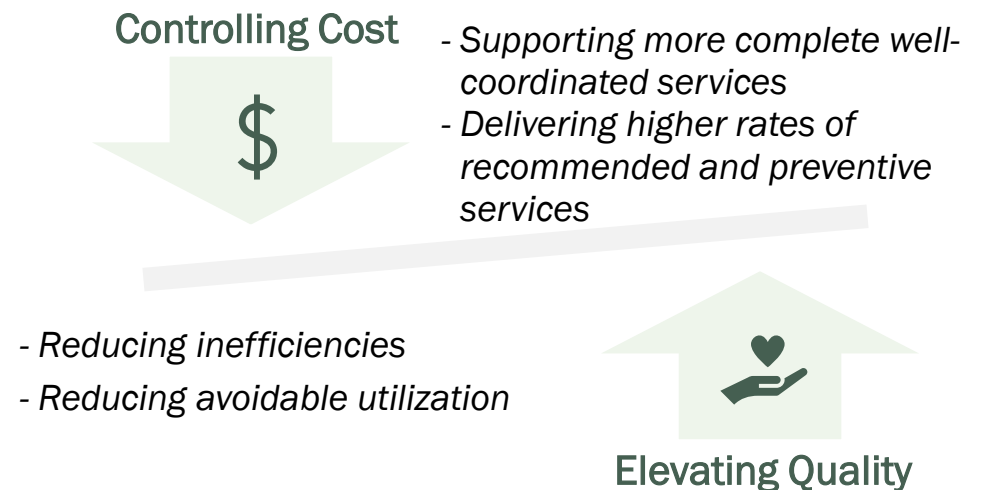
How HGB Could Benefit Hospitals

1. Better stability and predictability in revenue compared to fee-for-service allowing hospitals to restructure operations
2. Flexibility to transform their services to align better with local population needs
3. Reduces over-reliance on high margin services to gain financial stability
4. Pathway to increase payments as population needs grow
CMS' initial Medicare specifications include this design feature



How HGB Could Benefit Vermont

1. Right incentive structure to focus on value over volume
2. Vermonters will have access to more services that they need
3. More effectively balance Quality vs Cost pressure



Key Goal of AHEAD: Support Primary Care

Primary Care AHEAD has four important components:

- **Medicare Enhanced Primary Care Payment.** Primary care practices will get a new payment from CMS for their Medicare fee-for-service patients (\$15-21 per person per month).
- **Care Transformation.** CMS intends for primary care practices to use those payments to improve coordination of services and quality of care for their patients.
- **Alignment with Medicaid Primary Care Programs.** CMS wants to align with states' Medicaid primary care programs and quality priorities. Vermont's Blueprint for Health program is a good example of such a program.
- **Increased Investment in Primary Care.** In AHEAD, states will have to show that the percentage of health care spending devoted to primary care is increasing, both for Medicare fee-for-service and across all payers.

Closing Discussion and Next Steps

Summary of Work Group input:

- Work Group comments focused on the Act 167 community engagement process update.
- One member noted that the statewide recommendations have impacts outside of hospitals, and that there is sometimes a mismatch with other sectors of the health care system.
- Another member noted that home health supports timely hospital discharges, can help reduce readmissions, and provides critical capacity for long term care. They would like to see a plan with support for home health. Hospice may be a missed opportunity; there are opportunities for increases in hospice utilization and length of stay that would not require special waivers.
- A final comment related to long-term care, and the need for clear measures/ indicators to be included in system transformation planning.