

VERMONT

Grant Information

Name of Grantee State of Vermont
Title of Grant Vermont Real Choice Systems Change Comprehensive Systems Reform
Type of Grant Comprehensive Systems Reform
Year Original Funding Received 2004

Contact Information

Ms. Joan Haslett, Project Director
Department of Disabilities, Aging and Independent Living
103 South Main Street, Weeks Bldg.
Waterbury, VT 05671

joan.haslett@dail.state.vt.us
(802) 241-4529

Subcontractor(s)

To be determined.

Target Population(s)

Frail, vulnerable, and chronically ill elderly and physically disabled adults.

Goals

- Form a core planning team to develop a model integrated care organization to serve frail, vulnerable and chronically ill elderly and physically disabled adults.
- Improve access to services through integrated care organizations by using an interdisciplinary team and a single care plan.
- Develop a reimbursement system for integrated care organizations.
- Improve services and supports provided by integrated care organizations.
- Ensure that services are available that match consumer's needs and preferences, and that sufficient workers are available to provide services.
- Build quality management systems.

Activities

- Define target population and develop initial policies around legislative changes, service provider licensure, and risk-based entity licensure.
- Develop policy and procedures for administration, care delivery, and enrollment, and solicit and select provider organizations.
- Create a business plan that outlines the feasibility of creating integrated care organizations for the defined target population.
- Define core interdisciplinary team members, define relationship of primary care provider to the team, and define role of the consumer in planning and evaluating care.
- Define services to be provided and contracted by team members, develop an operational structure to promote collaboration and care integration, and develop a single care plan.
- Research spending by the target populations in various State Medicaid programs and identify services currently being reimbursed by Medicaid.
- Develop a Medicaid Capitation Rate, research current regulations from CMS for an 1115 Medicaid waiver or Medicare Specialty Plans, and develop a strategy for integration of funding, seeking CMS approval as appropriate.
- Develop guidelines for creative solutions for care, increased payment flexibility, and the involvement of consumers in identifying their treatment goals.
- Develop feedback loops and incentives to ensure best practices, develop support systems to increase retention and job satisfaction of the interdisciplinary team members, and develop funding integration to pay higher or different rates for needed services.
- Develop clear definition of consumer-centeredness that is incorporated into the program, conduct and review research on consumer preferences in Vermont, and research and develop a guide to be used for initial program development.
- Design systems to solicit ongoing participation from consumers in both planning and evaluation of care and quality service, and develop systems to ensure high technical standards of care.

Abstract

Under the umbrella of Vermont's Agency of Human Services, the Office of Vermont Health Access and the Department of Disabilities, Aging and Independent Living will collaborate to redesign a system in Vermont to coordinate both primary/acute and long-term care services for elderly and physically disabled adults. A commitment to integrated care is the starting place for the reform. Separation between health care and long-term support systems and the discontinuity across service delivery settings and providers will guide the development of the reform. The State will build upon the lessons learned from the Vermont Independence Project's Care Partners program (e.g., physical co-location of case management in a primary care setting) and the planning for the Program for All-Inclusive Care for Elderly (e.g., coordinated care delivery at an adult day/health care clinic by an interdisciplinary team).

To address identified problems, the project will undertake strategies to integrate funding streams for Medicaid, commercial health insurance, and Medicare; develop a community advisory committee, including consumers and other stakeholders, to develop policies and procedures; and use an interdisciplinary team to manage the long-term care and health care needs of adults with physical disabilities, chronic illnesses, and challenging life issues.