

**2013 Health Care Oversight Committee report recommendations  
for the House Human Services Committee**

**Choices for Care Recommendations**

The Committee recommends that the committees of jurisdiction:

1. Move quickly to address the problem of the Moderate Needs Group waiting lists.
2. Review the formula for Moderate Needs Group allocations to determine whether changes should be made for greater flexibility in distribution and rapid deployment of savings.
3. Review the covered services for the Moderate Needs Group and consider whether additional services, such as transportation, should be added.
4. Review the eligibility criteria for the Moderate Needs Group and consider whether they are appropriate or should be revised.
5. Clarify (and codify):
  - a. what is meant by “savings”—need to revisit 2013 definition;
  - b. how to determine the amount to be reinvested and when reinvestment should occur;
  - c. what are permissible uses of savings, and whether those permissible uses of savings differ from permissible uses of unspent appropriations; and
  - d. the process for determining how to reinvest the savings and unspent appropriations, including whether it should be in the Administration’s sole discretion or whether there should be a role for the General Assembly.
6. Request access to monthly data from DAIL to allow for legislative oversight of balances, expenditure, and trends in the Choices for Care program.

**Adult Protective Services Recommendations**

The Committee recommends that the committees of jurisdiction review DAIL’s quarterly reports on APS in order to monitor DAIL’s timely response to reports of abuse, neglect, and exploitation. In particular, the Committee recommends requesting comparison data in order to evaluate improvements over time.

**Public Health – Prevention Recommendations**

The Committee recommends that the standing committees of jurisdiction:

1. Identify methods for coordinating prevention with or into health care programs and payments to improve health outcomes.
2. Consider a requirement that proposed legislation be evaluated for its impact on public health and prevention, similar to the way that legislation is currently evaluated for its fiscal impact or that proposed rules are evaluated for their impact on small businesses, because public health and prevention have broad implications that transcend all committees.
3. Look at existing standards for expertise and measurement of success for co-occurring

mental health and substance abuse conditions.

4. Evaluate school health education, including whether expectations are being tracked, what outcome measures exist, and what connections exist between the Blueprint for Health and school nurses.
5. Ensure that the grant funds the Department of Health receives supplement but do not supplant its core mission. The Committee believes that federal grant opportunities should complement, advance, and/or build on the Department's prior work, and recommends that the committees of jurisdiction examine whether the parameters of the federal grants create disjunctions in the Department.

### **Substance Abuse Treatment Recommendations**

The Committee recommends that the standing committees of jurisdiction continue to monitor substance abuse treatment, prevention, and intervention programs in Vermont, including the Care Alliance for Opioid Addiction (formerly known as the "Hub and Spoke" initiative). In addition, the Committee recommends that the standing committees consider how substance abuse programs and initiatives can be sustained and operationalized when the grants that create them are time-limited.

### **3SquaresVT Recommendations**

The Committee recommends that the standing committees of jurisdiction monitor DCF's 3SquaresVT error rate and ensure that DCF is as aggressive as possible in its negotiations with the federal government to reduce the impact of the Department's errors on 3SquaresVT beneficiaries. The Committee suggests that DCF should explore all possible options with respect to resolving the overpayment penalties and look at its internal systems, such as training programs and information technology, to prevent more such errors.

### **Tobacco Trust Fund Recommendations**

The Committee recommends that the standing committees of jurisdiction and interested stakeholders work together to conduct a comprehensive evaluation of the current uses of the MSA funds and the Tobacco Trust Fund. Fifteen years after the MSA was reached, the Committee recommends taking a step back to reevaluate the use of the settlement money and the methods for approaching tobacco cessation and prevention. In addition, the Committee recommends that the standing committees request information from the Agency of Human Services regarding tobacco cessation and prevention programs and initiatives across the Agency, including those in the Department of Health, the Department of Vermont Health Access, and the Blueprint for Health.

### **Legislative Oversight Recommendations**

The Committee discussed the appropriate role of interim and standing committees in providing oversight of health care and human services issues when the General Assembly is not in session. The Committee recommends that the standing committees of jurisdiction consider:

1. Whether the Health Care Oversight Committee's prior recommendations have been considered and what the results have been.
2. Whether the standing committees of jurisdiction should meet a few times over the summer and fall instead of having one or more oversight committees.
3. How to address any identified misalignment between the subject matter addressed by the House Committee on Human Services, the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Senate Committee on Finance to determine whether restructuring is appropriate.

### **Systemic Evaluation and Coordination Recommendations**

The Committee had concerns about the extent to which existing reform efforts and responses to previous recommendations are being evaluated. The Committee recommends that the standing committees of jurisdiction look at:

1. How the General Assembly and the State measure which initiatives are working and which are not.
2. Where efforts may overlap, leading to unnecessary duplication.
3. How to sustain programs and initiatives that are established using time-limited grant funds, and how to ensure that grant funds help the State to build on existing efforts without diverting focus. The standing committees may want to consider making this a criterion for the Joint Fiscal Committee to evaluate when approving acceptance of grant funds.
4. How to strengthen oversight and responsibility in State government.

The Committee also recommends that the General Assembly consider the specific roles and responsibilities over current and emerging health care initiatives for the General Assembly, the Green Mountain Care Board, the Department of Vermont Health Access, and the Department of Financial Regulation, as well as the role of the Blueprint for Health.

### **Recommendations to Joint Fiscal Committee from joint meeting with MHOC**

- The General Assembly should fully fund the 25-bed Vermont Psychiatric Care Hospital
- The Department of Mental Health should prepare and present a plan to the committees of jurisdiction regarding the opening of the Vermont Psychiatric Care Hospital prior to the budget adjustment process
- The Vermont Psychiatric Care Hospital should be completely operational with all 25 beds by July 1, 2014 or as soon as possible
- The General Assembly should develop contingency plans in case the need for overflow beds in the level 1 system arises [*edited by HCOC to be DMH, not General Assembly*]
- The Department of Mental Health should develop specific plans and timelines for the hiring and training of Vermont Psychiatric Care Hospital employees, which should

commence immediately to ensure staff are ready for patients when construction of the new facility is complete

- Any revisions to its original staffing proposal should be presented by the Department of Mental Health to the committees of jurisdiction once it has conducted a review of national standards and protocols