

Vermont Agency of Human Services
House Committee on Human Services
July 10, 2015

Quality Assurance and Quality Oversight Management

Discussion on how communication is improving within the three departments of the Agency of Human Services

- *Collaboration and communication: DMH, DAIL, VDH/ADAP*
- *Contract monitoring: programmatic and fiscal*
- *State role re for profits arms of agencies and SA treatment providers*

Cross Agency/Department Collaboration and Communication

Current:

- RMHS response occurred because of improved communication between DAIL and DMH.
Specific reports involving RMHS were received by both DAIL and DMH. The two departments collaborated with each other and this triggered an agency level response.
- Agency Designation and Re-Designation
DMH and DAIL collaborate on designation and re-designation reviews for both mental health and developmental services programs at the Designated Agencies. The designation report includes a unified section on agency operations and specific evaluations of DMH adult, DMH children, and DS programs.
DMH and DS have well-developed coordination around the timing. DMH takes the lead on agency application submission, with copies to DS. DMH covers certain organizational aspects for both DMH and DS. DS covers the ADA aspects of the designation review.
- Licensing and Protection Surveys and Plans of Correction Notifications
The Division of Licensing and Protection surveys and plans of corrections are sent to both Chairs of House Human Services Committee and Senate Health and Welfare Committee, the Vermont Health Care Association, Vermont Legal Aid, DVHA Managed Care Compliance, and Deputies or Commissioners of each AHS Department in order to ensure a coordinated awareness of issues in our licensed facilities and to facilitate a coordinated response to those issues within Departments.
- Incident Reporting
DMH and DS share critical incident reporting requirements for Designated Agencies and Specialized Services Agencies.
Through Integrating Family Services (IFS), DMH incident reports related to children are brought to the attention of collaborating Departments—DMH, DAIL and DCF—to promote opportunities for shared oversight and accountability.

- **Certified Community Behavioral Health Centers (CCBHCs) Grant Opportunity**
DMH and VDH/ADAP are meeting weekly and collaborating on an application to SAMHSA for a grant to create Certified Community Behavioral Health Centers for mental health and addiction treatment. The work will focus on developing common payment methodologies and shared quality oversight.
- **Master Grants**
A working group is currently reviewing the programmatic outcomes to be included in the Master Grants for the Designated Agency using an RBA approach, in addition to a view of shared outcomes across DMH and DAIL.
- ADAP, DMH, and DVHA participate in monthly quality coordination meetings regarding systems improvement.
- ADAP and DMH are working to add additional capacity to the DMH system electronic bed board to include ADAP residential programs along with mental health and inpatient bed capacity in one accessible location.

In Progress:

- Ensuring that the Quality Review Teams from DAIL and DMH meet regularly to discuss the annual review process and how to best collaborate and communicate.
- Bringing DMH and DAIL together to review the Administrative Rules on Agency Designation, collect stakeholder feedback and propose changes and revisions as appropriate to bring process and oversight up-to-date.
- Developing a process for shared site visits/oversights visits between DMH and VDH/ADAP for providers
- Re-establishing monthly quality coordination meetings between ADAP and DMH staff.
- Ongoing meetings and development of a collaborative protocol between DMH, DAIL and DVHA to address both timely housing/placement of individuals with complex needs and improve individual outcomes, especially related to transitioning individuals into different levels of care as appropriate.

Contract monitoring—programmatic and fiscal—and State Role regarding for profits arms of agencies and SA treatment providers

Current master grants have been extended for 90 days to explore and propose alternative expectations to shortcomings in current contract expectations. Both AHS and the DA and SSA Providers will begin to review the terms and conditions and structure of the grant in order to improve accountability and transparency; separate processes will funnel into a shared negotiation to improve the grant.

The Vermont Care Partners have identified immediate changes in the following for DAs and SSAs:

- By-laws: available upon request at all agencies
- Audited financial statements: available upon request at 15 out of 16 agencies
- Board meeting minutes: available upon request at 15 out of 16 agencies
- Conflict of interest policies: available upon request at 15 out of 16 agencies

Areas for Master Grant Focus and Development:

- Clarify contractor and vendor responsibilities
- eliminate language that is ambiguous
- remove unnecessary redundancies
- improve format and internal references

Uniform processes promoting program service priorities within DA system of care

- Outline systematic processes for determining and communicating program changes if revenues must be reduced or reallocated
- Contract processes support timely service/payment adjustments when needed to meet service population needs
- Oversight processes that support high levels of financial transparency between contractor and vendor
- Processes that promote timely access for monitoring activities
- Clarify both contractor and vendor responsibilities regarding corrective action planning and implementation