

2014 Health Care Oversight Committee report recommendations

Vermont Health Benefit Exchange

The Committee recommends that the standing committees of jurisdiction continue to monitor VHC operations closely. The committees may also want to consider whether statutory changes are appropriate to align with the organizational changes to VHC within the Agency of Human Services.

Vermont Health Care Innovation Project Care Management Inventory

The Committee found the care management inventory to be a step in the right direction toward improving care management but the Committee recommends that the standing committees of jurisdiction work with VHCIP and others to develop outcome measures in order to determine the number of Vermonters who are in need of care management and the number of Vermonters needing care management who are actually receiving it.

Choices for Care

The Committee recommends that the committees of jurisdiction:

1. Ensure that long-term care is included in health care reform, because it represents an important segment of the health care continuum. Direct appropriate departments and agencies to undertake a demographic analysis to understand the needs of Vermont's aging population in order to build an appropriate system for the future in coordination with Vermont's Health Resource Allocation Plan.
2. Resolve the longstanding imbalance in distribution of funds in the Choices for Care program, in which some regions of the State experience wait lists for services in the Moderate Needs group while others retain unused funds. Both the redistribution of funds and the shortage of direct care workers need attention. The Committee specifically notes that this concern has been raised to DAIL repeatedly without a satisfactory resolution.
3. Consult with DAIL to determine how to maximize the funding available through the federal Money Follows the Person grant to create an adult family care system that provides a meaningful alternative to nursing homes or residential care homes.
4. Explore establishing consistent training requirements and opportunities for direct care workers who provide services to individuals on Choices for Care, perhaps by establishing licensure or certification or other training requirements.
5. Clarify and simplify the Assistive Community Care Services process to encourage residential care homes to participate.
6. Consider the staff and financial resources necessary to establish a team

from DAIL and the Department of Mental Health that is readily available to providers and advocates to assist them with treatment and placement issues that arise for individuals with challenging behaviors or mental health diagnoses.

7. Determine whether the Department for Children and Families has implemented new home- and community-based services eligibility and enrollment rules in a way that simplifies and expedites the eligibility determination and enrollment process.
8. Focus on addressing issues relating to housing and transportation for participants in the Choices for Care program.

Adult Protective Services

The Committee recommends that the committees of jurisdiction:

1. Review DAIL's quarterly reports on APS in order to monitor DAIL's timely response to reports of abuse, neglect, and exploitation, particularly regarding financial exploitation.
2. Consider ways to streamline the process for law enforcement and APS workers to obtain relevant medical and financial records for alleged victims of abuse, neglect, or exploitation.

Medical Malpractice Reform

The Committee recommends that the standing committees of jurisdiction:

1. Request a retrospective analysis of the certificate of merit and pre-suit mediation reforms on or after February 1, 2017, as recommended in the Administration's report.
2. Look at other states and countries that have successfully reduced their medical malpractice costs without limiting individuals' rights in legitimate claims and continue to pursue the cost savings that may be available as the result of medical malpractice reform for such claims.

Support and Services at Home (SASH)

The Committee recommends that the standing committees of jurisdiction support the good work and continued growth of the SASH program as an excellent example of the Blueprint philosophy in action in Vermont. The standing committees should recognize the impressive outcomes achieved through case management, wellness services, and clinical oversight provided to SASH participants by the organizations collaborating in the SASH model, including home health agencies, area agencies on aging, and the mental health agencies. Without the invaluable contributions of the SASH partners, the SASH model would not exist and promising improvements in the wellness and well-being of the more than 4,000 SASH participants would not be attainable.

To assure efficient use of taxpayer resources, the Committee recommends and expects that the SASH partners will collaborate to ensure that the program does not foster service overlap or duplication of effort. The Committee also recommends that the standing committees use results-based accountability to ensure that SASH continues to work as intended.

Wellness for Vermonters

The Committee recommends that the standing committees of jurisdiction continue to monitor the Department of Health's work on wellness programs, including the development of Health in All Policies and health impact assessments. The Committee urges the standing committees to look for demonstrated savings as a result of the Department's initiatives.

Protecting Children from Abuse and Neglect

The Committee recommends that the standing committees of jurisdiction review the findings and recommendations of the Committee on Child Protection and the results of the Casey Family Programs assessment. The Committee urges the standing committees to consider how best to recruit a child abuse pediatrician to Vermont, establish an Office of the Child Advocate, identify which entities inside and outside State government are best situated to lead prevention efforts, and determine the appropriate role of the General Assembly in providing oversight. The Committee also recommends that the standing committees consider whether the current emphasis on family reunification is appropriate and whether alternative strategies should be explored in certain circumstances.

Integrated Family Services

The Committee recommends that the standing committees of jurisdiction continue to monitor IFS implementation, including accessing any available reports on its progress to date.

Emergency Preparedness

The Committee recommends that the standing committees of jurisdiction continue to monitor the work of the Department of Health in preparing for emergencies, including both its response to the recent Ebola outbreak and its ongoing work with antibiotic resistance.

3SquaresVT

The Committee was pleased with the dramatic reduction in the payment error rate in 3SquaresVT and urges DCF to share its success with other departments in State government as a tangible example of correcting a systemic problem.

The Committee has concerns about the new sanction related to the able-bodied adults without dependents exemptions and recommends that the standing committees of jurisdiction monitor the status of DCF's negotiations with the federal government.

Substance Abuse Treatment and Prevention

The Committee recommends that the standing committees of jurisdiction monitor the work of State government and others to address substance abuse and implement treatment and prevention programs, including:

1. Receiving updated information from the Department of Health regarding the hub and spoke system and the numbers of individuals on the waiting list for services.
2. Requesting an update from the Departments of Health and of Corrections on the implementation of the medication-assisted treatment pilot project for individuals in the custody of the Department of Corrections.
3. Monitoring implementation of the naloxone pilot project, including development of the rules for pharmacy distribution to be proposed by the Board of Pharmacy.
4. Hearing from the Department of Health and other SBIRT grantees about how they are using the grant funds and how well the programs are working.
5. Determining whether the programs and pilots implemented as a result of 2014 Acts and Resolves No. 195 are receiving sufficient funding.
6. Receiving an update from entities adopting the pretrial risk assessment and needs screening programs to determine their effectiveness.

Health Care Integration

The Committee recommends that the standing committees of jurisdiction consider the role of mental health in the context of health care services and health care reform, including the Blueprint for Health, wellness initiatives, and substance abuse treatment and prevention. The Committee also recommends that the standing committees ensure that all primary care medical homes in Vermont have adequate access to mental health professionals.

Legislative Oversight

A majority of the Committee recommends that:

1. The Health Care Oversight Committee be extended and renamed the Health and Welfare Oversight Committee (HWOC). The HWOC should be charged with the oversight of human services and related health care issues when the General Assembly is not in session and

should meet monthly during each legislative interim. When the mental health system of care has been fully implemented and the Mental Health Oversight Committee is eliminated, mental health should be integrated into the HWOC's charge. The standing committees of jurisdiction should determine the appropriate membership of the HWOC.

2. The standing committees of jurisdiction consider extending the tenure of the Mental Health Oversight Committee until January 1, 2016 while the mental health system of care envisioned by 2012 Acts and Resolves No. 79 continues to be implemented in this State.
3. The standing committees of jurisdiction consider continuing the Health Reform Oversight Committee through implementation of Green Mountain Care, as established by 2011 Acts and Resolves No. 48.
4. The standing committees of jurisdiction evaluate whether there is a role for the standing committees in providing oversight of health care- and human services-related issues when the General Assembly is not in session.

At least one member of the Committee supported the language in 2014 Acts and Resolves No. 179, which created the Health Reform Oversight Committee to provide oversight of health care reform in Vermont and which repeals the Health Care Oversight Committee and Mental Health Oversight Committee effective January 1, 2015.