

18 V.S.A. § 9382

<p>§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS</p> <p>(b)(1) The Green Mountain Care Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for reviewing, modifying, and approving the budgets of ACOs with 10,000 or more attributed lives in Vermont. To the extent permitted under federal law, the Board shall ensure the rules anticipate and accommodate a range of ACO models and sizes, balancing oversight with support for innovation. In its review, the Board shall review and consider:</p>	<p>§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS</p> <p>(a) In order to be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model, each accountable care organization shall obtain and maintain certification from the Green Mountain Care Board. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for certifying accountable care organizations. To the extent permitted under federal law, the Board shall ensure these rules anticipate and accommodate a range of ACO models and sizes, balancing oversight with support for innovation. In order to certify an ACO to operate in this State, the Board shall ensure that the following criteria are met:</p>
<p>J) the extent to which the ACO provides incentives for preventing and addressing the impacts of adverse childhood experiences (ACEs) and other traumas, such as developing quality outcome measures for use by primary care providers working with children and families, developing partnerships between nurses and families, providing opportunities for home visits, and including parent-child centers and designated agencies as participating providers in the ACO;</p>	<p>S. 261 Proposal for Amendment:</p> <p>17) For preventing and addressing the impacts of childhood adversity, the ACO provides connections to existing community services and incentives, such as developing quality-outcome measurements for use by primary care providers working with children and families; developing partnerships between nurses, case managers, and families; and providing opportunities for home visits and other community services, such as parent-child centers, designated agencies, regulated child care programs, including those designated as specialized child care providers, and the Department of Health's local offices as participating providers in the ACO.</p>