

From: "Lunge, Robin" <Robin.Lunge@vermont.gov>
Date: Thursday, March 16, 2017 at 9:34:27 AM
To: "Claire Ayer" <CAyer@leg.state.vt.us>, "Barrett, Susan" <Susan.Barrett@vermont.gov>, "Katie McLinn" <KMcLinn@leg.state.vt.us>
Cc: "Virginia Lyons" <VLyons@leg.state.vt.us>
Subject: RE: Proposed change to your language

11. Medicaid Behavioral Health and Long-Term Services and Supports. By the end of Performance Year 3, AHS, in collaboration with the GMCB, shall submit to CMS a plan to coordinate the financing and delivery of Medicaid Behavioral Health Services and Medicaid Home and Community-based Services with the All-payer Financial Target Services. The plan shall describe a strategy for including Medicaid Behavioral Health Services and Medicaid Home and Community-based Services in the State's delivery system reform efforts and for supporting the inclusion of such Medicaid services in the definition of All-payer Financial Target Services in a subsequent agreement, as described in Section 12.

Above is the actual language in the APM Agreement. I think (a) of the language I sent (see below) gets at the short term question of figuring out the relationships (financial and nonfinancial) that you are looking to have a window into. (b) reports it in January. Because this is an evolving relationship between the entities (DAs and ACOs), I am doubt that the relationships will be fully developed this year, because it will depend on how the risk based contracts evolve. So, I expect the GMCB be keeping an eye on it over time. I made some changes to (c) to try to clarify the purpose of the report in more neutral language. Hope that helps!!

Section 15. INTEGRATION OF PAYMENTS; ACCOUNTABLE CARE ORGANIZATIONS

(a) Under 18 V.S.A. 9382, the Green Mountain Care Board shall review an accountable care organization's (ACO) model of care and integration with community providers, including Designated Agencies and Special Service Agencies, including how the model of care promotes seamless coordination across the care continuum, business or operational relationships between the entities, and any proposed investments or expansions to community-based providers. The purpose of this review is to ensure progress toward and accountability to the population health measures related to mental health and substance abuse contained in the All Payer ACO Model Agreement.

(b) In the Board's annual report due on January 15, 2018, the Green Mountain Care Board shall include a summary of information relating to integration with community providers as described in subsection (a) of this section received in the first accountable care organization budget review under 18 V.S.A. 9382.

(c) On or before December 31, 2020, the Agency of Human Services, in collaboration with the Green Mountain Care Board, shall provide a copy of the report **required by Section 11 of the All-Payer Accountable Care Organization Model Agreement, which outlines a plan for including the financing and delivery of community-based providers in delivery system reform** to the Senate Committee on Health and Welfare and the House Committee on Health Care.

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