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S.7

Senator Lyons moves that the bill be amended as follows:

First: In Sec. 1 (Report; Integration of Special Services), after the first sentence by adding the following:

The plan may include an organizational design to achieve a more integrated, whole person approach to policy, program development, and fiscal decisions in alignment with 2016 Acts and Resolves No. 113. The Agency shall develop the plan in consultation with individuals who use community-based services, the family members of individuals who use community-based services, and the providers of community-based services, including the accountable care organization and regional care collaboratives, which are responsible for developing regional plans for health care and human services integration. The planning process shall include:

(1) an analysis of gaps and duplication of services;

(2) recommendations for improving access to care that is coordinated and integrated;

(3) identification of regional priorities for health care investments; and

(4) recommendations for the distribution of delivery system reform investment funds and savings.

1 Second: By inserting Sec. 2a after Sec. 2 (Report; Evaluation of Social
2 Service Integration with Accountable Care Organizations) to read:

3 Sec. 2a. 18 V.S.A. § 9382 is amended to read:

4 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

5 * * *

6 (b)(1) The Green Mountain Care Board shall adopt rules pursuant to
7 3 V.S.A. chapter 25 to establish standards and processes for reviewing,
8 modifying, and approving the budgets of ACOs with 10,000 or more attributed
9 lives in Vermont. To the extent permitted under federal law, the Board shall
10 ensure the rules anticipate and accommodate a range of ACO models and sizes,
11 balancing oversight with support for innovation. In its review, the Board shall
12 review and consider:

13 * * *

14 (N) the effect, if any, of Medicaid reimbursement rates on the rates
15 for other payers; ~~and~~

16 (O) the extent to which the ACO makes its costs transparent and easy
17 to understand so that patients are aware of the costs of the health care services
18 they receive; and

19 (P) The extent to which the ACO provides resources to primary care
20 practices to ensure that care coordination and community services, such as
21 mental health and substance use disorder counseling, that are provided by

1 community health teams are available to patients without imposing additional
2 burdens on primary care providers or on ACO member organizations.

3 * * *