

State of Vermont

AGENCY OF HUMAN SERVICES

OFFICE OF THE SECRETARY

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TO:	Senator Kitchel, Chair of Senate Appropriations
FROM:	Michael K. Smith, AHS Secretary
	Ena Backus, Director of Health Care Reform
	Sarah Clark, AHS CFO
THRU:	Adam Greshin, Commissioner of Finance & Management
DATE:	April 6, 2021
SUBJECT:	Delivery System Reform Funding Request for OneCare Vermont

The Vermont Global Commitment to Health Medicaid 1115 waiver enables Vermont to obtain federal match at a fifty percent match rate for funding the maintenance of time-limited, start-up delivery system investments that support implementation of Vermont's All-Payer Accountable Care Organization (ACO) during the last year of the 1115 waiver demonstration (CY21). The Agency of Human Services (AHS) supports funding OneCare Vermont to continue investing in Care Model implementation activities. In addition, AHS supports funding OneCare Vermont to implement new Health Information Technology (HIT) projects approved in the HIT Implementation Advanced Planning Document. These HIT projects are supported by an 85.95% federal match of state funding.

AHS proposes requesting legislative approval for \$3.9 million in gross funding, of which \$1,588,840 are the state share of the funding for the following activities:

- Health Information Technology projects including:
 - Hypertension and Diabetes Identification and Management Tool to Support Clinical Decision Making,
 - Just-in-time-Clinical Data Reporting for Quality Improvement to Support Clinical Decision Making, and
- Delivery System Reform projects focused on implementation of the Care Model, including expanded trainings and performance improvement activities, and continuation of the Longitudinal Care Home Health Program and DULCE program to screen for and address a family's social determinants of health to promote the healthy development of infants from birth to six months of age and provide support to their parents.

These projects are aligned with the Vermont All-Payer ACO Model Agreement Implementation Improvement Plan and support progress in meeting the following recommendations:

- Recommendation #13: OneCare Vermont should elevate data as a value-added product for its network participants and support providers in leveraging the information for change.
- Recommendation #15: AHS, OneCare Vermont, and community providers should improve collaboration to strengthen integrated primary, specialty, and community-based care models for people with complex medical needs and medical and social needs.
- Recommendation #16: AHS, OneCare Vermont, and community provider partners should identify a timeline and milestones for incorporating social determinants of health screening into the standard of care in health and human services settings.

Funding Proposal:

Based on the "52 Points of Light" and Agency-wide financial monitoring, AHS is projecting a modest surplus in the Global Commitment program at year-end. AHS proposes to use this surplus to fund these one-time DSR Investments within CY21. AHS can work with your committee to flesh out the funding plan.