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**MEMORANDUM**

**TO:** Chair Lori Houghton, House Committee on Health Care

**FROM:** Emily Hawes, Commissioner, Department of Mental Health

**DATE:** 4/9/2024

**RE:** AHS Support provided to Designated Agencies for Electronic Health Record Transition

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**1. What support did the Agency of Human Services (AHS) provide to Designated Agencies (DA) and Specialized Service Agencies (SSAs) for their transition to new Electronic Health Records (EHR)?**

- a. In 2019, the legislature appropriated \$1,500,000 to AHS to fund the implementation of a new electronic health records system with meaningful use certified EHRs for the State's Designated Agency system and to sunset legacy EHR systems that did not have this certification or interoperability with broader health care data systems.
  - i. Meaningful use certified EHRs are capable of transferring information electronically and provide data to the Vermont Health Information Exchange (HIE).
  - ii. The implementation of this system was part of an ongoing effort to connect health care providers EHRs to the HIE and improve interoperability across all sectors of health care, including mental health care, through data aggregation of health information and to make these data exchangeable across health care providers.
- b. Since the successful implementation of this EHR system at each DA, the State has outlined its vision for data and interoperability is defined by the goals of the HIE:
  - i. Create One Health Record for Every Person
    - Support optimal care delivery and coordination by ensuring access to complete and accurate health records.
  - ii. Better Health Outcomes
    - Promote health and wellness for individuals and communities.
  - iii. Improve Healthcare Operations
    - Enrich healthcare operations through data collection and analysis to support quality improvement and reporting with the goal of reducing healthcare costs and provide insight to improve the delivery and experience of care.
  - iv. Use Data to Enable Investment and Policy Decisions
    - Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor, and capital, and inform policy making and program development.
- c. AHS has supported DAs connectivity to the HIE and collaborated with agency representatives through a multitude of activities over the past year, including:
  - i. Technical assistance regarding client and family consent to submitting health data to the HIE, and retention and destruction of records practices per state statute.
  - ii. Formation of "Part 2 Data Governance Subcommittee" to review regulations governing 42 CFR Part 2 data, establish data governance practices, and develop a [reference](#)

[document](#) for an agreed upon approach to Part 2 data submission to the HIE. This document was published on August 23, 2023.

- iii. Conducting one-to-one “listening sessions” in April/May 2023 with individual agencies, regarding how we can best partner & collaborate together on connectivity and data transmission, as well as providing information on payments and business support processes associated with the [Medicaid Data Aggregation and Access Program](#) (MDAAP; see further information below).
- iv. Engaging with Vermont Care Partners and agency representatives on identifying steps to reduce administrative burden of data reporting, which includes sunsetting the DMH “Monthly Service Report” (MSR) data reporting system and ensuring connectivity of agency EHRs to the HIE.
  - This connectivity will be an automated data feed that will require less manual work than the current MSR reporting processes.

**Overview of MDAAP total payments made to date, per DA and SSA:**

Provider Name	Total Payment Amount
NFI Vermont	\$ 47,000.00
Northwestern Counseling and Support Services	\$ 63,000.00
Washington County Mental Health Services Inc	\$ 63,000.00
Rutland Mental Health Services	\$ 63,000.00
Counseling Services of Addison County	\$ 63,000.00
United Counseling Service, Inc.	\$ 63,000.00
Lamoille County Mental Health Services	\$ 63,000.00
Northeast Kingdom Human Services	\$ 63,000.00
Clara Martin Center	\$ 63,000.00
Howard Center	\$ 63,000.00

- HCRS has not submitted the required documentation yet, hence they are not listed above.
- NFI Vermont’s payment is less than others because they are actively working to complete a milestone that most of the DAs have completed.
- Potential total payment is worth up to \$71,000/per agency based on the following table from [MDAAP](#) protocol.
  - Go-live/Sending-production-data has not been achieved yet; so, the last two milestones on this list are still to be completed.

**Table 4: VHIE Connection Only Tracks**

Track 3: VHIE Connection with a CEHRT System		
Milestones	Incentive Payments	
Signed Participation Agreement	\$3,000	
Signed VHIE Service Agreement Amendment for 42 CFR Part II Data ( <i>CPP required track only</i> )		\$10,000
Signed Scope of Services Agreement to connect to the VHIE	\$3,000	
Approved Connectivity Plan Proposal (CPP) as required by an existing Designated Agency Provider Agreement		\$27,000
Conduct or review a security risk analysis	\$4,000	
Vendor contract for ADT interface	\$10,000	\$10,000
Vendor contract for CCD interface	\$16,000	\$16,000
Go-live achieved & sending production encounter data (ADT) to the VHIE	\$3,000	\$3,000
Go-live achieved and sending production clinical data (CCD) to the VHIE	\$3,000	\$3,000
<b>Total</b>	<b>\$42,000</b>	<b>\$69,000</b>