

Developmental Disabilities Services Payment Reform

Update on Progress for DAIL Advisory Board Meeting

September 2021

Why is the state working on DDS payment reform for Home and Community-based Services (HCBS)?

- There are gaps in information that would allow the state to determine that people received the services that the state paid providers to deliver
- Program has grown in complexity, need for streamlining some functions
- Rates paid to providers have not kept pace with inflation
- AHS secretary and DDS providers signed an agreement to work together to reform the system to increase transparency and accountability, support the delivery of needed services and to provide reasonable rates to sustain providers

What is the DDS Payment Reform project?

- **GOAL:** to create a transparent, effective, and operationally feasible payment model for DDS that aligns with the State's broader health care reform goals.
- **Transparent:** easily described and understood
- **Effective:** payment model supports people getting appropriate services to meet their needs
- **Accountable:** State can identify what services were delivered to people and relate that to payment for services
- **Operationally feasible:** not too burdensome for people in services, providers or state to administer

Additional criteria in project charter

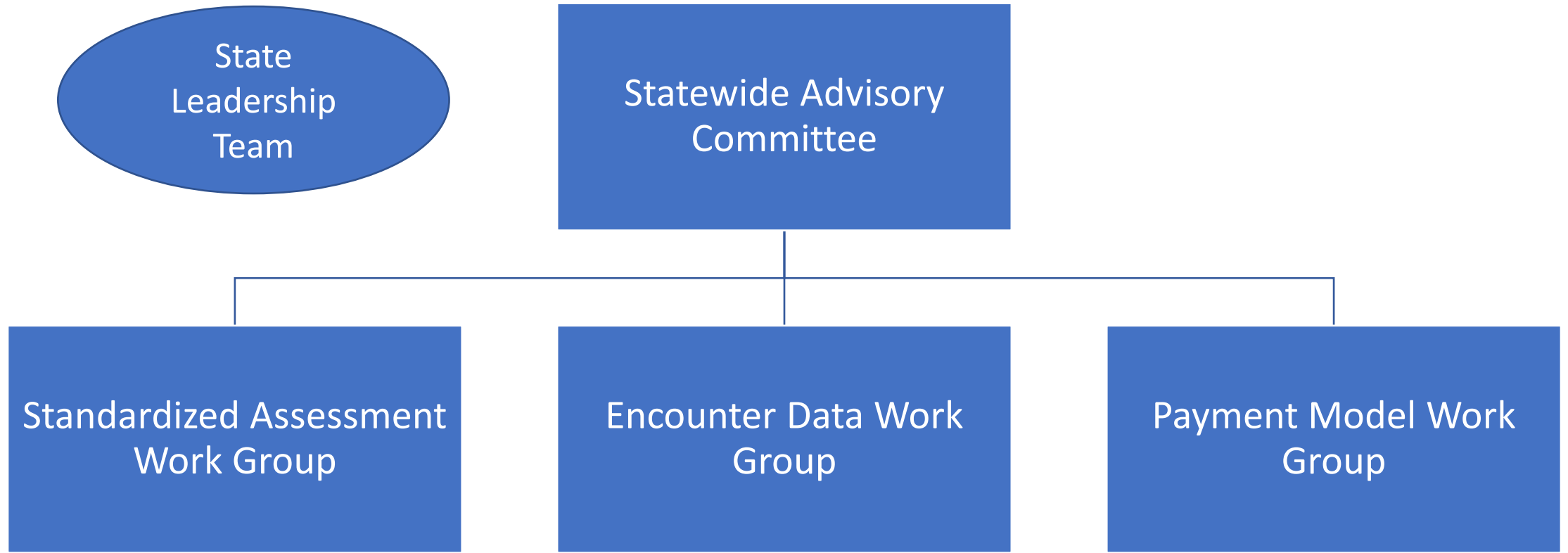
- Developed in collaboration with stakeholders
- Revenue neutral – Purpose is not to cut funding
- Based on service level and financial data that is, or could be, obtained by the service providers and is consistent, reliable, verifiable, and accurate;
- Maintains access to services, supports 0 reject system
- Predictable and sustainable financing for service providers
- Accommodates people who are exceptionally high needs
- Addresses provider financial risk
- Equitable across individuals and providers

Supports Principles of DDS from DD Act

- Person-centered, individualized support
- Flexibility
- Choice and self-direction
- Full information to support informed choice
- Employment
- Community participation, integrated services
- Family support



Structure of Project



Who is involved?

- State Leadership Team: DAIL & DVHA payment reform team, other leaders from DDS, DAIL, DVHA, Agency of Human Services (AHS), coordinated with DMH payment reform efforts
 - Role: Overall project planning and oversight
- Statewide Advisory Committee: Individuals, families, providers, advocacy organizations
 - Role: Provide advice and feedback to State on specific topics and direction of project, share with others they represent

Three workgroups

- Standardized Assessment
- Encounter Data
- Payment Model
 - Members include individuals, family, advocacy organizations, providers, state staff
 - Role: Work with State staff on the development and implementation of key components of the project. Advise and provide feedback.

Standardized Assessment Workgroup

- Purpose is to advise the state key decisions related to the process for assessing the needs of individuals applying for or currently receiving HCBS. This is important because:
 - Assessment of needs serves as the basis for determining the types and amounts of support someone needs
 - Assessment information and other info is then used to determine individual budgets
 - State interested in having standardized process so that people with similar needs across the state would have access to similar resources to meet their needs.

What are challenges with current needs assessment process?

- Use a non-standardized “home grown” tool
- No standard protocol for administering it
- No standard training for people administering it
- Completed by many different people across the state
- There is not a set method for translating the information gathered into a service plan or budget
- Can lead to inconsistent results that are used to make funding decisions

Role of Standardized Assessment Workgroup

- To provide input on developing a *uniform, valid and reliable* process for assessing a person's needs
- Workgroup developed criteria for choosing a tool
- State researched available tools for assessing needs of people with DD, what was used in other states, shared with workgroup
- Narrowed down to ICAP – Inventory for Client and Agency Planning and Supports Intensity Scale (SIS)
- Used criteria to compare ICAP, SIS and current VT Needs Assessment
- Using the criteria that was developed, the State decided that SIS-
Adult version would be the new assessment tool for people age 16+

SAW, Continued

- Developed supplemental questions to gather additional information beyond SIS
- Developed criteria for who should complete assessments
- Wider stakeholder input was gathered during Conflict of Interest forums in 2019 regarding State staff or contractors completing assessments
- Feedback indicated preference for contractors
- RFP written to get a contractor, criteria developed by workgroup used in writing RFP and evaluating proposals

SAW, cont

- State selected Public Consulting Group (PCG) to conduct assessments. Contract started March 2021
- March through June 2021 – setting up the new process for assessments using SIS-A with PCG conducting assessments
- Series of informational sessions scheduled to introduce PCG and the new process to stakeholders
- 500-700 assessments to be completed starting July 2021-March 2022
- The information from these assessments will be used to help the State design the new payment model
- The assessments will NOT be used to change people's plans or budgets at this time

New assessment implementation

- People will continue to be assessed and plans/budgets developed using the current methods, until new payment model is implemented (estimated to be in 2023).
- Future payment model will still include person-centered planning process and right to appeal decisions related to the plan/budget
- State will continue to involve stakeholders in the development of a future payment model. Proposed payment model will require changes to the DDS System of Care Plan and Regulations. There is robust public comment opportunities on those changes

Encounter Data Workgroup

- Members include providers and state staff
- Encounter data is information regarding the type and amount of service being provided to a person
- The reporting on the delivery of services has always been a requirement of the HCBS program
- Encounter data allows the State to verify what services people received and account for payments made to providers

What has Encounter Data WG being working on?

- Decision was made by State that the reporting of Encounter Data would shift from the MSR system to the Medicaid Management Information System (MMIS)
- MSR is old platform, did not allow for complete reporting
- Purpose of the group is to provide advice to the state on how to implement the new process for reporting service delivery in MMIS

What has Encounter Data WG being working on?

- Worked with providers to identify new service codes for submitting encounter data
- DAIL developed guidance for how to submit encounter data Jan 2020, updated Feb 2021
- March 1, 2021 – Agencies instructed to start entering encounter data
- July 1, 2021 – Agencies expected to be entering all encounter data
- Agencies are at different stages of entering encounter data, working on their internal systems
- March to July is the implementation phase that is allowing us to troubleshoot problems

How is the encounter data going to be used?

- The State needs 6 month of reliable encounter data to help design the new payment model
- The encounter data will help us understand what people are typically using for services
- This will help determining the amounts of specific services that should be authorized for people in the future payment model
- After the payment model is implemented, encounter data will be used to compare the bundled payments made to providers with the actual amount of service received by people

Use of encounter data, cont.

- There will be some type of reconciliation process to compare payments to service delivery
- Having the information about what services had been delivered to a person can also help agencies and the State to monitor whether people are receiving the services included in their plan (Individual Support Agreement)

Payment Model Workgroup

- Membership includes individuals, family, advocacy organizations, providers, state staff
- Purpose is to advise the state on key decisions in designing a new payment model
- Currently on hold, decision to focus efforts on work of Encounter Data and Standardized Assessment workstreams – data from 6 months of encounter data and 500-700 assessments needed to inform payment model design

Payment Model workgroup status

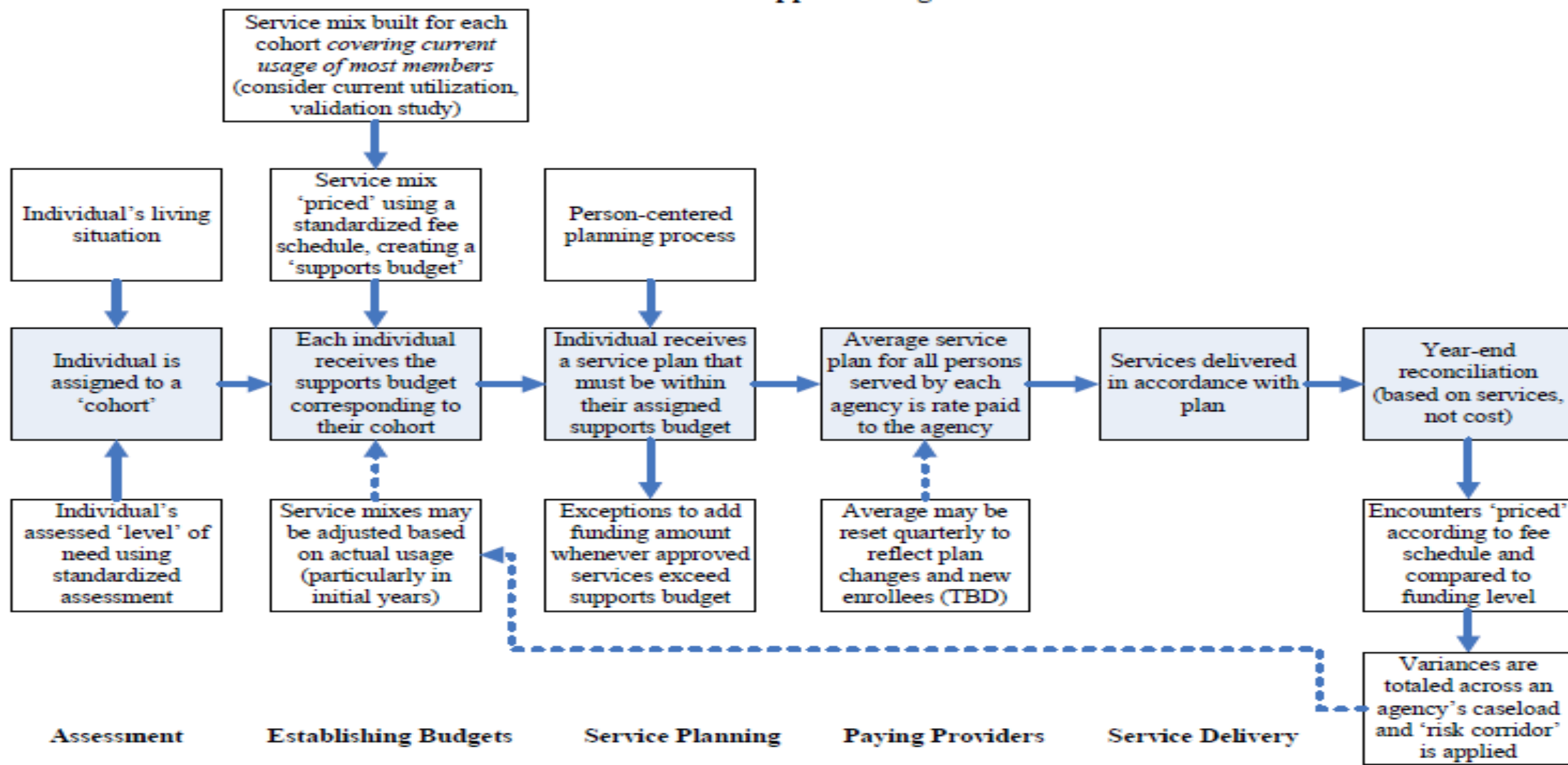
- Examined various payment model options
- Provided criteria by which payment models should be evaluated (see slides 3-5)
- Most complex component of project
- Very important to people receiving services and providers as it relates to the financial resources that will be available to them
- Many decisions to be made in the design of the model
- State team has broken down decisions and provided a document that helps outline the discrete decision yet to be made. Will allow for us to address in more systematic fashion

Example of payment model

Models discussed include framework in which funding is assigned based assessed needs and where person lives

Support Level	Family Home	Own Home	Shared Living	Staffed Living	Group Home
1	*	*	*	*	*
2	*	*	*	*	*
3	*	*	*	*	*
4	*	*	*	*	*
5	*	*	*	*	*

Funding/ Planning/ Payment Workflow – Personal Supports Budgets



What's Next

- There are still many decisions that need to be made in the design of a payment model
- Payment Model work group will be resuming soon, now that assessment process and encounter data reporting have been launched
- Likely that new payment model will not be in place prior to 2023

Approval process for new payment model

- Use the Advisory committee and workgroups to seek input on these decisions as the model is being designed
- Solicit feedback from DDS State Program Standing Committee and other stakeholder groups
- Likely use other processes such as forums, surveys to solicit feedback
- Draft changes needed in DDS System of Care plan and regulations
- Follow public input process for these changes, including legislative committee approval
- Submit proposed changes to Centers of Medicare and Medicaid for approval

Questions?