

Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

1.	10:00	Call to Order	Dale Hackett & Mary Kate Mohlman, Co-Chairs
2.	10:05	Roll Call Establish Quorum Approve Previous Minutes	Zack Goss, Health Care Training and Communication Manager (Department of Vermont Health Access, "DVHA")
3.	10:10	Camden Coalition Presentation	Mark Humowiecki, Camden Coalition
4.	10:35	Health Benefits Eligibility and Enrollment (HBEE) Rule Revisions	Adaline Strumolo, Deputy Commissioner (DVHA)
5.	11:00	Medicaid Renewal Status Update	Adaline Strumolo, Deputy Commissioner (DVHA)
6.	11:30	Commissioner's Office Update	Andrea De La Bruere, Commissioner (DVHA) Adaline Strumolo, Deputy Commissioner (DVHA)
7.	11:45	Public Comment	Dale Hackett & Mary Kate Mohlman, Co-Chairs
8.	11:50	Final Committee Discussion	Dale Hackett & Mary Kate Mohlman, Co-Chairs
9.	12:00	Adjourn	Dale Hackett & Mary Kate Mohlman, Co-Chairs

**June 26, 2023
10:00-12:00pm**

Roll Call, Quorum, May 22, 2023 Meeting Minutes

Zack Goss, Health Care Training and Communication Manager (DVHA)

Vermont Team-based Care Model Improvement Project

A partnership between the Vermont Agency of Human Services and the
Camden Coalition

Mark Humowiecki,
General Counsel & Senior Director for National Initiatives

Camden Coalition Team



Jason Turi
Director,
Field Building
& Resources



Mark Humowiecki
General Counsel &
Senior Director for
National Initiatives



Riz Carthins
Program Manager,
Field Building &
Resources



Rebecca Koppel
Senior Program
Manager,
Field Building &
Resources



Goal: To further advance a care model to support teams working on behalf of individuals with complex needs and local care ecosystems working to address regional population health improvement.

Approach: We value the lived experience and deep expertise of the communities and organizations we serve. We seek to learn and co-design initiatives with partners, fit to local context, that produce sustainable and equitable impact for populations with complex health and social needs.

1. Project launch (Month 1-2)

- Project charter, major milestones, detailed project plan, and shared practices for collaboration and communication including regular meetings, expectations around leadership involvement and public communications

2. Model assessment (Month 3-6)

- Vermont Team-based Care Model Evaluation Report

3. Recommendations (Month 7-9)

- Vermont Team-based Care Model - Current Infrastructure and Next Steps Recommendations for Implementation

4. Implementation plan (Month 10-12)

- Vermont Team-based Care Model Implementation Plan

Project goals

The Camden Coalition, in partnership with AHS, will define and evaluate the existing [Team-Based Care Model](#) and co-design implementation recommendations to enable AHS to:

- **Modify and improve** the model
- **Disseminate information** about the Team-Based Care Model
- **Foster more standardization** among Team-Based Care practices and tools across local health and social care ecosystems
- **Expand adoption** of elements of the Team-Based Care Model by AHS departments and stakeholders that are not currently using the model
- **Recommend tools and training** for both frontline staff and organizational leaders throughout the state

Model goals

The goal of the **Team-Based Care Model** is to support people with complex health and/or social needs in achieving the goals that are most important to them and improve their health and well-being by:

- **Coordinating and reshaping care delivery** at the individual, community, and system levels
- **Addressing root causes** of poor health, including social drivers of health
- **Reducing duplication and fragmentation** of care and services
- Engaging in effective **collaboration with healthcare and other community-based organizations** to strengthen complex care ecosystems within each region of Vermont

This model of care will serve as an example to advance the practice of Team-Based Care for all Vermonters.

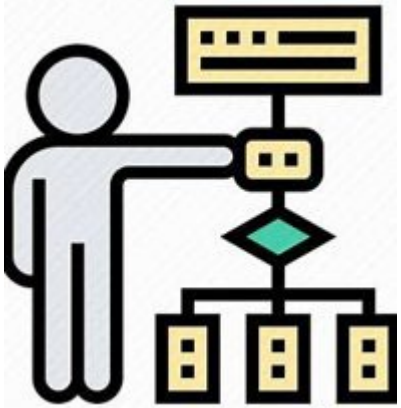
Model definition

- Is implemented by **interdisciplinary care teams and cross-sector partnerships** that deliver person-centered care
- Supports diverse populations **across clinical and functional categories** who present with substantial, interrelated biopsychosocial needs
- Consists of **key practices** (e.g., shared care planning, case conferencing, assignment of a care lead) and uses supportive tools/resources (e.g., common SDOH screening elements, care planning templates)
- Is **not applicable to all AHS programs and practices**

Vermont AHS and the Camden Coalition will work together to decide which programs, practices, and resources are applicable to the next version of the Vermont Team-Based Care Model and therefore within the scope of the project.



Model components



- **Interdisciplinary** care teams
- **Cross-sector partnerships that deliver person-centered care**
- **Supports diverse populations**
 - Across clinical and functional categories who present with substantial, interrelated biopsychosocial needs
- Consists of key practices
 - **Shared care planning**
 - **Case conferencing**
 - **Assignment of a care lead**
 - **Uses supportive tools/resources**
 - Common SDOH screening elements
 - Care planning templates

Thank you!

- In partnership with AHS, The Camden Coalition is performing an assessment of Vermont's current Team-Based Care model to identify current strengths and opportunities for improvement.
- The assessment phase includes conducting focus groups with various stakeholders that support populations with complex health and social needs.
- **We welcome your participation in our VT Team Based Care Model: Community Focus Group on Thursday July 6th 12pm-1pm** to help us better understand both the strengths and weaknesses of Vermont's model's current state.
- [Join here via Zoom](#), or email rcarthins@camdenhealth.org to request a calendar invitation

Health Benefits Eligibility and Enrollment (HBEE) Rule Revisions

Adaline Strumolo, Deputy Commissioner (DVHA)

Health Benefits Eligibility and Enrollment (HBEE) Rule: Introduction

- HBEE is an eight-part rule that establishes eligibility and enrollment requirements for Medicaid/Dr. Dynasaur as well as Qualified Health Plan (QHP) insurance coverage.
- Updates are made regularly to implement changes in federal and state law.

Health Benefits Eligibility and Enrollment (HBEE) Rule: Status Update

- DVHA is commencing rulemaking with a target effective date of January 2024
 - File with ICAR July
 - Public comment September-October
 - File with LCAR November

Health Benefits Eligibility and Enrollment (HBEE) Rule: Proposed Revisions

Parts 1-2 General Provisions and Eligibility Standards

3.00, 7.03 Post-partum extension from 60 days to 12 months

7.03 12-month continuous eligibility for children

12.05 Subsidy ineligibility if failure to reconcile tax credits two consecutive years

Part 3 Nonfinancial Eligibility Requirements

Clarification around citizenship/immigration status

Part 5 Financial Methodologies

Clarification around use of resources in MABD eligibility

Health Benefits Eligibility and Enrollment (HBEE) Rule: Proposed Revisions Continued

Part 7 Eligibility and Enrollment Procedures

56.11 Income verification for subsidies – self attestation accepted if no tax information is available through data sources

71.03 Enrollment opportunity when someone does not receive timely notice of triggering event for a special enrollment period

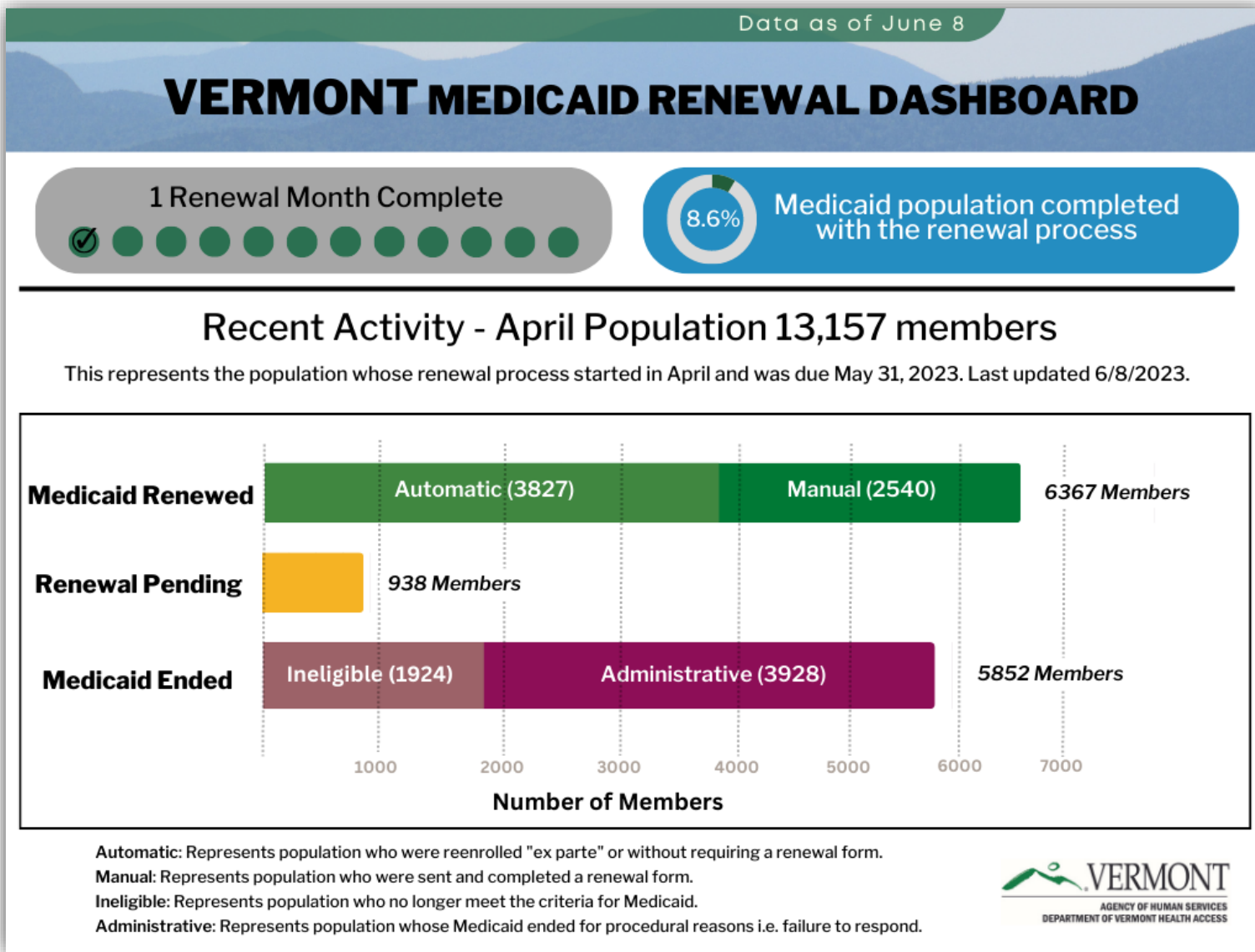
Part 8 State Fair Hearings

80.05 Administrative review of HHS eligibility appeal decisions

Medicaid Renewal Status Update

Adaline Strumolo, Deputy Commissioner (DVHA)

Medicaid Renewal Dashboard



Commissioner's Office Update

Andrea De La Bruere, Commissioner (DVHA)

Adaline Strumolo, Deputy Commissioner (DVHA)

Public Comment & Final Committee Discussion

Adjourn

Dale Hackett & Mary Kate Mohlman, Co-Chairs