



Agency of Human Services
208 Hurricane Lane Suite 201
Williston, VT 05495-2087
www.humanservices.vermont.gov

[phone] 802-871-3009
[Fax] 802-871-3001

Agency of Human Services

MEMORANDUM

To: Representative Ancel, Chair, Health Reform Oversight Committee
Senator Ashe, Chair, Health Reform Oversight Committee

From: Steven M. Costantino, Commissioner, Department of Vermont Health Access
Frank Reed, Interim Commissioner, Department of Mental Health

Cc: Hal Cohen, Secretary, Agency of Human Services

Date: July 31, 2015

Re: Status Update on the Development of a Unified Mental Health Services Implementation Plan

This memorandum is in response to the request in Sec. E.314.2 of Act 58 for a status update on the development of a unified mental health services implementation plan to the Health Reform Oversight Committee.

The Departments of Mental Health (DMH) and of Vermont Health Access (DVHA) have begun initial planning for Integrated Mental Health and Health Care Services including the creation of a unified mental health services implementation plan. As part of this initial planning, DMH and DVHA have identified the following areas of work that will be conducted between the month of August and the January Budget presentation in order to create an implementation plan for unified service and financial allocation for publicly funded mental health services as part of an integrated health care system:

Task 1: Work to identify criteria and data sources (e.g. provider types, claims type, dates of service, admin services) for creation of a longitudinal capacity, caseload, expenditure, and utilization analysis.

- a. Identification of any known claims anomalies and/or policy issues related to longitudinal analysis (e.g., provider rate increase/decrease, legislative policy changes, Tropical Storm Irene, etc.)

Task 2: Work to identify all policy, fiscal and operational (staffing and IT) implications associated with the creation of a unified service and financial allocation for publicly funded mental health services as part of an integrated health care system.

Task 3: Develop policy and operational analysis related to integrating public funding for direct mental health care services within DVHA while maintaining oversight functions and the data

necessary to perform those functions within the department of appropriate jurisdiction. Policy and operational analysis may include such items as:

- a. Impact on Global Commitment to Health Demonstration
- b. Coverage and payment policies where similar services are billed by both DVHA and DMH.
- c. Current DMH, DVHA and other AHS Legislative requirements to determine potential impact and/or changes needed such as: requirements under Act 264 for children; orders of non-hospitalization; emergency admissions and other adult psychiatric treatment authorizations.
- d. DVHA/DMH Cost Allocation Plan considerations.
- e. Staffing considerations across DVHA and DMH programs.
- f. Provider management issues, including:
- g. Potential Impacts on DVHA Medicaid Management Information System (MMIS) procurements.
- h. Performance Measurement Plans.

Task 4: Identify model options to mitigate potential issues identified above such as:

- a. Short term and long term integration goals and objectives.
- b. Identification of items that require legislative review and concurrence during the 2016 session, such as:
 - i. Model Options
 - ii. Legislative or APA Rule changes
 - iii. Appropriations

Task 5: Provider management and communications as requested, e.g., facilitating provider discussions, responding to community provider feedback and analyzing solutions related to provider concerns

The next status update on the development of a unified mental health services implementation plan will outline the timelines and action for implementation and will be provided to the Health Reform Oversight Committee by October 1, 2015.