



VERMONT CARE PARTNERS

Mental Health Payment Reform – The Designated Agency Perspective

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The process felt positive because it involved genuine collaboration and co-design of the payment model, performance evaluation, and regulatory documents.

- Involved use of Centers of Excellence performance measures
- Some of the hardest problems were solved by people closest to doing the work
- The questions that were raised in the process of drafting and redrafting helped shape proactively shaped practice-sensitive policy

While there is a goal of decreased administrative burden through streamlining, there is a significant administrative burden to implementing payment reform.

- Changing billing structures
- Example: to add one screening tool: build into EMR, build structures and systems to monitor, build database to store this data, train staff in use of the tool, build into workflows, incorporate into intake/assessment structure

Opportunities in payment reform

- Increased flexibility to support clients based on their current needs (example from IFS was that “high end” services didn’t always need to last beyond first 6-8 weeks)
- Potential for increased access to certain resources not based on program
- Streamlined regulations

Realities of payment reform

- No new funding in the payment model and no increase in low reimbursement rates
- Adult mental health bundle has fewer funding streams included, so flexibility is less than an IFS model
- Workforce challenges will continue to impact service provision
- Concern that payment reform will lead to increased expectations without increased resources

We will continue to work through challenges in collaborative partnership with AHS