This meeting was not recorded. Six members are needed for a quorum.

10/10/2022
Adult State Program Standing Committee Minutes **FINAL**

Present Members: ☐Bert Dyer (he/him) (ex) ☐ Malaika Puffer (she/her) (ex) ☒ Ward Nial (he/him) ☒Kate Hunt (she/her) ☒ Marla Simpson (she/they) ☒Dan Towle (he/him) ☐Lynne Cardozo (ex) ☒Zach Hughes (he/him) ☒Christopher Rotsettis (he/him) ☒Ann C Cummins (she/her) ☐Michael McAdoo (ex) ☐Erin Nichols (they/she) (resigned September, to be removed before December if not returned)

DMH/State Staff: ☒Eva Dayon (they/them) ☒Dr. Trish Singer (she/her) ☒Dr. Kelley Klein (she/her) ☒Shawn Skaflestad, *Director of Quality, Evaluation and Compliance for the Agency of Human Services* ☐Katie Smith (she/her) ☒Steve DeVoe, *DMH Director of Quality and Accountability*

Public: ☐Yuri R ☐Jin Li Chan ☐Dillon Burns ☒Alexis McGuiness (she/her) ☒Bruce Wilson ☒Jessica Kantatan (she/her)

Agenda

12:30-2:00 Opening & Committee Business

- Vote on new member application: Alexis McGuiness
- Peer voice in state initiatives
- Suicide prevention

2:00-2:30 DMH Leadership Update: Dr. Kelley Klein, DMH Medical Director, on the role of the Medical Director
2:30-3:00 Home and Community Based Services Assurances with Shawn Skaflestad & Steve DeVoe
3:00-3:10 Public Comment
3:10-3:30 Plan Next Agenda

Agenda Item	**Discussion** (follow up items in yellow) **Facilitator: Marla** **Timekeeper: n/a**
Opening and AMH SPSC Business	Meeting convened at 12:35pm. Moved conversation about discussions over email to future meeting. Moved SPSC Priorities to a future meeting. **Motion** to allow public comment through the meeting with discretion, allowing public to ask questions, made by Zach. Seconded by Marla. No opposed or abstentions. Motion passes. **Motion** to pass previous meeting minutes with following clarifications made by Zach seconded Ann. One abstention. Motion passes.

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	• CFCM- Conflict-free case management means a client would need to have their clinical assessment, treatment plan goal setting, and services proscribed by a different person (or entity) than those providing services.
	• Typo on #20 – proud
	
	New member consideration: Alexis McGuiness. Discussion with Alexis about life experiences, interest in committee.
	Motion to go into executive session to discuss Alexis' application made by Zach, seconded Kate. Motion passed.
	Motion to appoint by Zach seconded by Marla. No opposed or abstentions. Motion passes.
	Executive session ended.
	
	The committee discussed the timing/process for including the voice of those with lived experience in state initiatives, with the example of suicide prevention.
	• Should the ask be for a 'person with lived experience'? Or for a 'peer support advocate'?
	• Is participation from one voice enough to represent a community?
	• Are individuals with lived experience being compensated for their participation?
	  ○ Stipend vs. budget item in project, paid at consultant rate
	  ○ Compensation for time between meetings
	• Limited pool of individuals with the experience, time, desire to join these projects
	Ward will draft an overview of this conversation to share with the committee, with the goal of sharing final version with DMH Commissioners and Directors of Suicide Prevention efforts, University of Vermont Medical Center.
	
	[Eva to research: DAIL committee members reimbursed at $75/mtg?]
	
	Members contrasted two frameworks for supporting individuals who are contemplating suicide:
	1) Zero Suicide and 2) Alternatives to Suicide.
	• Should the goal be zero suicides or more about personal autonomy? Comparison of suicide and abortion access.
	• Zero Suicide's ultimate goal is no more suicide. It is a framework that includes suicide screening, safety planning, quality improvement related to suicide, leadership commitment to prevention, and staff training. It has been found when this model is followed the suicide rate is reduced. Example of ligature-resistant furniture- which are effective in reducing self harm but also may create emotional harm as part of an overly-sterile environment. Culture of 'trying to save people'. This is the current strategy being endorsed by DMH in the Vermont system of care.
	• Alternatives to Suicide (alt to su) ultimate goal is to listen well. Emphasizes not immediately calling for help when a person expresses suicidal thoughts. Members shared experience 'sitting with' individuals expressing suicidal thoughts and the power

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DMH Leadership Update: Dr. Kelley Klein Overview of Role of the DMH Medical Director and Q&A	Dr. Klein shared an overview of her background. She has been in the current position at DMH since February 2022. She gave a recap of polypharmacy- that it is person-dependent. The goal, and what DMH monitors through both the chart review and agency designation process, is that clients and providers are aware of the impacts of multiple medications for the individual they are being prescribed to. When a pattern is found of over-prescribing by one agency or provider, DMH is issuing corrective action. Dr. Klein's perspective on psychiatric medications is that they are one tool of many in achieving wellness for an individual and are not the right solution for every person. The field of psychiatry has gone through phases more and less focused on medication, current residency training emphasizes more than just medication. The American Psychiatric Association does still require individuals to be given a diagnosis as part of treatment. Part of this is for billing purposes, but it also gives a common language and allows for education and research into practices. It's not a perfect system, like the DSM itself. The Medical Director's role in oversight of Electro-Convulsive Therapy (ECT) is to lend the Medical perspective to the established DMH quality team processes. This includes annual reviews of the three hospitals that currently provide this service- their policies, data, procedures, and observation of it being provided, with the consent of the client. Reports from these processes are public records [Eva to confirm]. Dr. Klein's perspective on the cause of mental health challenges is that it is always multi-faceted. There is often a combination of 1)biological, 2)psychological, 3) social, and 4) cultural complexities that influence a person's experience of the world and overall health and wellness. Trauma can be considered part of the social contributor, but also makes physical changes to the brain. For example, some people are born with less serotonin, which may contribute to depression, but lower levels of serotonin alone would not automatically create a mental health challenge when other aspects of a person's body and life are well. There was a discussion of how DMH is trying to increase accuracy of information regarding race/ethnicity, sexual orientation, gender identity so that outcomes of these specialized populations can be better understood. Dr. Klein cautions committee members that most studies on the effect of medication are specific to one medication. Any study that aims to generalize about the impact of all medications on the population, such as lifespan, would be suspect. She agrees we need more research on psychiatric medications overall.

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Committee Member Response to Leadership Update	Committee members shared: • There need to be more proactive services for clients, beyond a focus on medication • There need to be more research on the long term effects of Lithium
Home and Community Based Services (HCBS) Assurances	Slides shared- see attachment below. This is related, indirectly, to Conflict Free Case Management. These measures relate to all Designated and Specialized Services Agencies. The measures will be worked into current quality processes, but this forces a more regular look (quality processes are every four years currently, this will be annual). DMH is sensitive to the reporting burden already put on DAs/SSAs, and are trying to create systems to collect this data without additional reporting burden for agencies.
Public Comment	No comments from the public today.
Closing Meeting Business	**Agenda for next meeting** Draft Questions for WCMHS Email Discussion Peer Voice in State Initiatives SPSC Priorities CCBHC update Simone/Nicole For the January meeting: • AMH SPSC Annual Report • Time for gratitude Vermont Psychiatric Survivors is having an annual meeting on October 29. Rutland Free Library at 11am. On facebook. NAMI Annual Meeting 11/5 on Zoom main meeting starts at 10am-1pm. https://namivt.org/get-involved/annual-business-meeting/ [Eva to submit Alexis' application to the Commissioner for consideration] **Motion** to Adjourn by Zach, Seconded by Marla. All in favor. Meeting ended at 3:28pm.

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HOME AND COMMUNITY BASED SERVICES (HCBS) ASSURANCES OVERVIEW

ADULT MENTAL HEALTH STANDING COMMITTEE

Vermont Global Commitment to Health (GC) Section 1115 Medicaid Demonstration

October 10, 2022

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PRESENTATION GOALS

- Introduce New GC Waiver HCBS Assurance Requirements
- Overview of HCBS Quality Assessment & Performance Improvement
- Review HCBS Assurances
- Share Anticipated Impact of HCBS Assurance Requirement
- Questions & Discussion

NEW GC WAIVER HCBS ASSURANCE REQUIREMENTS

- The Global Commitment to Health (GC) 1115 waiver was renewed on July 1, 2022
- This agreement includes special terms and conditions (STCs) that the state must comply with in order for the federal government to continue sharing in paying for our Medicaid program.
- In previous years, the federal government included quality requirements that the state complied with. For the period that started on July 1, the federal government specifically included some quality components previously only applied to 1915(c) or (i) HCBS waiver programs.
- VT 1915(c) or 1915(i) services are found in DMH (CRT for adults, IHCBS for kids) and DAIL (Choices for Care, Brain Injury Program, and Developmental Services) programs
- The federal government is standardizing HCBS requirements across waiver authorities and including the requirements in the terms and conditions of each state's 1115 waiver.

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HCBS QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

- The Centers for Medicare & Medicaid Services (CMS) works with the state to ensure and improve quality in Medicaid Home and Community Based Services (HCBS) waiver programs.
- Strong oversight of waiver programs is critical to:
  - Evaluate and improve the quality of services and outcomes for people who receive HCBS
  - Ensure providers are compliant in meeting requirements necessary to remain in the program
- 1915 Waivers require a Quality Improvement Strategy (QIS)
  - Lays out expectations re: how that state plans to measure and improve its own performance in meeting the six specific HCBS assurances and requirements.
    - Demonstrate compliance with CMS HCBS assurances/subassurances
    - Provide quality oversight, monitoring, discovery, remediation and improvement of its HCBS programs.

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HCBS QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

- 1115 Waivers require a Comprehensive Quality Strategy (CQS)
  - A comprehensive, dynamic, and holistic continuous quality improvement strategy that integrates all aspects of quality improvement programs, processes, and requirements across the state's Medicaid program.
    - Use of performance measures and performance improvement projects
    - Ensuring compliance with applicable Federal and State regulations
- As mentioned previously, all states must operate their HCBS programs in accordance with certain "assurances" demonstrating that they meet a minimum level of compliance.
- Current HCBS Comprehensive Quality Strategy requirements are included in the waiver in STC 6.14
  - Link: http://humanservices.vcms9.vt.prod.cdc.nicusa.com/sites/ahsnew/files/doc_library/VT-GCH-Extension-Approval-06-28-2022.pdf
- Key Takeaway: Use of Performance Measures to determine compliance with HCBS Assurances / Sub Assurances

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HCBS WAIVER ASSURANCES

- Administrative Authority (1) - The state must demonstrate that it is involved in the oversight of the waiver and is ultimately responsible for all facets of the waiver.
- Level of Care (2) – The state must demonstrate that it implements the processes and instrument(s) necessary for evaluating / re-evaluating an applicants / participant's level of care / HCBS eligibility.
- Service Plan (3) - The State must demonstrate it has designed and implemented an effective system for developing / reviewing service plans that are appropriate to participant needs and that participants receive the services/supports specified in the plan.
- Qualified Providers (3) - The State must demonstrate that it has designed and implemented an adequate system for assuring that all HCBS services are provided by qualified providers.
  - licensure/certification standards, monitoring of non-certified providers, and provider training
- Health and Welfare (4) - The State must demonstrate it has designed and implemented an effective system for assuring HCBS participant's health and welfare are safeguarded and monitored.
  - preventing abuse, neglect, exploitation, having a system to resolve incidents and prevents further incidents, and monitoring health care standards
- Financial Accountability - The state must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the HCBS program.
  - Claims for HCBS services are paid according to state payment methodologies.

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IMPACT OF NEW HCBS ASSURANCE REQUIREMENTS

- State of Vermont
  - Modify existing 1115 Waiver Quality Strategy to include HCBS Assurance performance measures
  - Identify appropriate Assurance performance measures for its HCBS Programs (DAIL and DMH)
  - Receive CMS approval of HCBS Assurance performance measures
  - Determine best way to Collect, Analyze, and Interpret results of HCBS Assurance performance measure data
  - Incorporate the use of CMS-approved HCBS Assurance performance measures into existing Quality Oversight/Monitoring activities
- Others?
  - Consumers, Caregivers, Providers, and Other Stakeholders

QUESTIONS & DISCUSSION