Children’s Integrated Services: Vermont’s Initiative for Improved Service Delivery and Outcomes

Karen Garbarino, MPA
Children's Integrated Services Director
Child Development Division
Vermont Department for Children and Families
Agenda

- Global Commitment Medicaid 115 waiver
- CIS – Where we were
- CIS – Where we are
- CIS – Where we are going
- Lessons Learned
Global Commitment waiver

- Implemented in 1995
- Converted the Office of Vermont Health Access (Vermont’s state Medicaid office) to a public Managed Care Organization
- Expanded access to comprehensive health care coverage
Global Commitment waiver

• Provides Vermont with more flexibility in use of Medicaid resources:
  – New payment mechanisms (case rate in place of fee-for-service)
  – Pay for services not traditionally reimbursable through Medicaid (pediatric psychiatry)
  – Invest in programmatic innovations
Global Commitment waiver

• Reduce the rate of uninsured and/or underinsured in Vermont
• Increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries
• Provide public health approaches to improve health outcomes and the quality of life for Medicaid eligible individuals in Vermont
• Encourage the formation and maintenance of public-private partnerships in health care
CIS – Where we were

- The Family, Infant, Toddler Program (FITP) - a federally mandated system of early intervention services for young children from birth to age 3 with a developmental delay or medical condition that may lead to developmental delay.
- This program was housed at the Vermont Department of Health
CIS – Where we were

- The Healthy Babies, Kids and Families Program (HBKF) - established to provide prevention and family support to Medicaid eligible pregnant women and young children.
- This program was housed at the Vermont Department of Health
CIS – Where we were

• The Children’s Upstream Services Program (CUPS) - developed under a federal grant to expand community-based mental health services to build the capacity of each community to provide direct behavioral health treatment for families with young children aged 0 – 6, and behavioral health training and consultation for the early childhood system of care.

• This program was housed at the Department of Mental Health
CIS – Where we were

• Families need services that are integrated - not delivered separately, by domain and at cross-purposes. Each program had its own set of eligibility criteria, intake and assessment tools, data requirements, and processes and procedures, making it difficult for many families to access the services they truly needed.

• This fragmentation resulted in gaps in services, ineffective services, client frustration, and increased administrative costs
CIS – Where we are

• From programs to services:
  – Early Intervention
  – Nursing and Family Support
  – Early Childhood and Family Mental Health
  – Specialized Child Care

• Co-located within the Child Development Division
CIS – Where we are

• Local CIS Intake and Review, Consultation, and Policy and Administration teams are in place in every AHS district, staffed by a CIS Coordinator

• Common referral and intake forms have been developed and are in use by local CIS teams

• Confidentiality agreements have been developed that allow for different agencies to participate in a shared planning process
CIS – Where we are

- The “One Plan” – an inclusive planning and case management document – has been drafted and is being finalized.
- Funding structure issues have been identified and resolved to allow more flexibility to better serve families.
CIS – Where we are going

• Funding structure
  – Waiver allows us to “convert” all but federal funding to Global Commitment – allows us to serve non-Medicaid eligible
  – Developing a “bundled rate” for all CIS services
  – Developing streamlined reimbursement structure
  – Federal EI funds for “payor of last resort”
CIS – Where we are going

• Enhancing integration by combining multiple grants to multiple community-based organizations into a single grant per region

• Developing a common set of outcomes and performance measures for every grantee
CIS – Where we are going

• Developing a robust data management system that will support service providers and state level CIS staff in documenting outcomes and making informed decisions about policy and practice
• Building capacity in every region to provide a full menu of integrated services to families
• Streamlining reporting requirements and building consistency into paperwork and processes
CIS – Where we are going

• Realizing cost savings through improved efficiencies in program and service administration
• Fully implementing the “Primary Service Provider and Consultation Team Model”, where one early childhood prevention and early interventionist provides support to the family, backed up by a multi-disciplinary team of other professionals with early childhood expertise who provide services to the child and family through joint home visits and other strategies coordinated through the primary service provider.
Reality check

- Opposition to implementing “one fiscal agent” structure
- Concerns about job loss
- Competition among local service providers

Legislation prohibiting statewide implementation this year and allowing no more than three voluntary pilots.
Lessons learned

• Don’t underestimate the desire to retain the status quo
• Integration takes on a whole new meaning when talking about funding
• Transformational change is scary – incremental change less so
Questions?

Contact information:

Karen Garbarino, MPA
Children’s Integrated Services Director
(802) 241-1255
karen.garbarino@ahs.state.vt.us