



OneCare Vermont

**OneCare Vermont Accountable Care Organization, LLC**

**Board of Managers Meeting Agenda**

**February 18, 2020**

**4:30 p.m. – 7:00 p.m.**

**Central Vermont Medical Center – Conference Rooms 1 & 2**

| <u>Time</u> | <u>Agenda Item</u>  | <u>Presenter</u>                |
|-------------|---|---------------------------------|
| 4:30 p.m.   | Call to Order and Board Announcements   | John Brumsted, MD               |
| 4:31 p.m.   | Consent Agenda Items - Approval*<br><i>Vote to approve Consent Agenda Items</i>   | John Brumsted, MD               |
| 4:35 p.m.   | Governance <ul style="list-style-type: none"> <li>Audit Committee of the Board</li> </ul> <i>Vote to approve creation of Audit Committee of the Board.</i>  | Linda Cohen                     |
| 4:45 p.m.   | 2020 Clinical Priorities*<br><i>Vote to approve 2020 Clinical Priorities</i>  | Norman Ward, MD                 |
| 5:00 p.m.   | 2021 Network Development Strategy*  | Vicki Loner                     |
| 5:05 p.m.   | Communications and Legislative Update*  | Vicki Loner/Amy Bodette         |
| 5:10 p.m.   | RETAIN presentation*  | Norman Ward, MD/<br>Karen Huyck |
| 5:30 p.m.   | Public Comment<br>Move to Executive Session   | John Brumsted, MD               |
| 6:55 p.m.   | Votes <ol style="list-style-type: none"> <li>Approve Executive Session minutes for meeting on January 21, 2020;</li> <li>Approve: (1) developing a request to the IRS to recognize OneCare as a 501(c)(3) organization; and (2) conditionally amending the Articles of Organization and Operating Agreement consistent with 501(c)(3) requirements; and</li> <li>Approve Re-Forcasted 2020 Budget and Participation Dues</li> </ol> | John Brumsted, MD               |
| 7:00 p.m.   | Adjourn   | John Brumsted, MD               |

\*Denotes Attachment

Attachments:

1. Consent Agenda Items
  - Draft of OneCare Board of Manager Minutes from January 21 and 30, 2020
  - Board Committee Report outs
  - Monthly Financials
  - CMO Corner
  - Policies
    - Beneficiary Grievances and Appeals (05-06)
    - Documentation and Maintenance of Records (06-01)
  - Revised OneCare By-Laws
  - Revised OneCare Executive Committee Charter
  - Revised Patient and Family Committee Charter
2. 2020 Clinical Priorities
3. 2021 Network Development Strategy Slide
4. Public Affairs Report
5. RETAIN Presentation



**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC**  
**BOARD OF MANAGERS MEETING**  
**JANUARY 21, 2020**

**MINUTES**

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held at OneCare Vermont’s offices in Colchester Vermont on January 20, 2020.

**I. Call to Order**

John Brumsted, M.D., called the meeting to order at 4:35 p.m. He welcomed a new member of the Risk Strategy Committee, Joe Woodin, CEO of Copley Hospital. Copley is participating in the Vermont Medicaid Next Generation Program in 2020.

**II. Consent Agenda Items**

The consent agenda items were approved unanimously which included minor revisions and updates to OneCare Policies.

**III. Conflict of Interest Training**

Greg Daniels provided a conflict of interest training to the Board. (See PowerPoint presentation in the public session packet). Any questions about the presentation or potential conflict should contact Greg Daniels.

**IV. 2020 Clinical Priorities**

Dr. Norman Ward provided an overview of the OneCare draft clinical priorities for 2020 (see PowerPoint in public session packet). These priorities will be discussed at the February Population Health Strategy Committee and feedback will be incorporated before review by the full Board in February. The Board asked questions regarding data sources for measurement. The criteria rational for the priorities included the following: Improve quality of care, improve financial performance, meet Green Mountain Care Board regulatory requirements, create a Learning System approach to OneCare Vermont, maximize attribution and scale target progress, and the reduced cost of care beneficially impacts patient out of pocket expenses (i.e. deductibles, copays, coinsurance). The Board may consider whether participation in the clinical initiatives should be a required.

**V. Communications Update**

Vicki Loner provided an update on public affairs, including meetings with legislators and testimony. Loner also reported on a recent meeting with the State Auditor’s office. The Governor’s budget address was earlier in the day and he mentioned Vermont’s health care reform efforts and the work of the ACO. He also shared his public support for DSR funds. Loner also



updated the Board on ongoing internal culture work including world cafes during staff meetings and creating a team bumper sticker.

VI. Public Comment

There were no members of public in attendance.

VII. Executive Session

VIII. Voting

- a. The motion to approve the Executive Session Minutes from December 17 and 20, 2019 was approved by a supermajority
- b. The motion to approve invoking Participation Waivers for 2020 Program of Payments and Funding Arrangements was approved by a supermajority
- c. The motion to approve executing an agreement with TD Bank for a Line of Credit was approved by a supermajority

IX. Adjourn

Upon a motion made and seconded, the meeting adjourned at 7:02 p.m.

**Attendance:**

OneCare Board Members

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Dan Bennett       | <input checked="" type="checkbox"/> Joe Haddock, MD   | <input checked="" type="checkbox"/> Sierra Lowell   |
| <input type="checkbox"/> Jill Berry Bowen             | <input checked="" type="checkbox"/> Tomasz Jankowski  | <input checked="" type="checkbox"/> Pamela Parsons  |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Coleen Kohaut     | <input type="checkbox"/> Joseph Perras, MD          |
| <input checked="" type="checkbox"/> Michael Costa     | <input checked="" type="checkbox"/> Todd Keating      | <input checked="" type="checkbox"/> Judy Peterson   |
| <input checked="" type="checkbox"/> Betsy Davis       | <input checked="" type="checkbox"/> Sally Kraft, MD   | <input checked="" type="checkbox"/> Toby Sadkin, MD |
| <input checked="" type="checkbox"/> Tom Dee           | <input checked="" type="checkbox"/> Steve LeBlanc     | <input checked="" type="checkbox"/> John Sayles     |
| <input checked="" type="checkbox"/> Steve Gordon      | <input checked="" type="checkbox"/> Steve Leffler, MD |   |

OneCare Risk Strategy Committee

- |  |                                     |  |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Claudio Fort | <input type="checkbox"/> Tom Manion | <input type="checkbox"/> Anna Noonan             |
| <input type="checkbox"/> Jeffrey Haddock, MD     | <input type="checkbox"/> Brian Nall | <input checked="" type="checkbox"/> Shawn Tester |

OneCare Leadership and Staff

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Vicki Loner   | <input checked="" type="checkbox"/> Tom Borys   | <input type="checkbox"/> Martita Giard               |
| <input checked="" type="checkbox"/> Norm Ward, MD | <input checked="" type="checkbox"/> Sara Barry  | <input checked="" type="checkbox"/> Linda Cohen Esq. |
| <input type="checkbox"/> Joan Zipko               | <input checked="" type="checkbox"/> Susan Shane | <input checked="" type="checkbox"/> Spenser Wepler   |
| <input checked="" type="checkbox"/> Greg Daniels  | <input checked="" type="checkbox"/> Amy Bodette |  |



**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC**  
**BOARD OF MANAGERS MEETING**  
**JANUARY 30, 2020**

**MINUTES**

A special meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held at OneCare Vermont’s offices and by phone in Colchester Vermont on January 30, 2020.

I. Call to Order

John Brumsted, M.D., called the meeting to order at 1:05 p.m.

II. Public Comment

There were no members of public in attendance.

III. Executive Session

IV. Voting

- a. The motion to approve the Corporate Goals as recommended by Executive Committee and with the proposed revisions from the executive session was approved by a supermajority

V. Adjourn

Upon a motion made and seconded, the meeting adjourned at 1:37 p.m.

**Attendance:**

OneCare Board Members

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Dan Bennett       | <input checked="" type="checkbox"/> Joe Haddock, MD   | <input type="checkbox"/> Sierra Lowell                |
| <input type="checkbox"/> Jill Berry Bowen             | <input checked="" type="checkbox"/> Tomasz Jankowski  | <input checked="" type="checkbox"/> Pamela Parsons    |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input type="checkbox"/> Coleen Kohaut                | <input checked="" type="checkbox"/> Joseph Perras, MD |
| <input checked="" type="checkbox"/> Michael Costa     | <input type="checkbox"/> Todd Keating                 | <input type="checkbox"/> Judy Peterson                |
| <input checked="" type="checkbox"/> Betsy Davis       | <input checked="" type="checkbox"/> Sally Kraft, MD   | <input checked="" type="checkbox"/> Toby Sadkin, MD   |
| <input type="checkbox"/> Tom Dee                      | <input checked="" type="checkbox"/> Steve LeBlanc     | <input type="checkbox"/> John Sayles                  |
| <input checked="" type="checkbox"/> Steve Gordon      | <input checked="" type="checkbox"/> Steve Leffler, MD |   |

OneCare Risk Strategy Committee

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Claudio Fort        | <input type="checkbox"/> Tom Manion | <input type="checkbox"/> Anna Noonan  |
| <input type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Brian Nall | <input type="checkbox"/> Shawn Tester |



OneCare Leadership and Staff

Vicki Loner

Norm Ward, MD

Joan Zipko

Greg Daniels

Tom Borys

Sara Barry

Susan Shane

Amy Bodette

Martita Giard

Linda Cohen Esq.

Spenser Wepler

DRAFT FOR APPROVAL



## **OneCare Board of Manager Committee Report-Outs**

### **February 2020**

#### ***Executive Committee***

*At its February 6<sup>th</sup> meeting, the committee Discussed OneCare Governance including revisions to the OneCare Bylaws, as well as Executive Committee and Patient and Family Advisory Committee Charters. There was an update on the process required for applying for 501(c)(3) Non-Profit Status with the IRS. The Committee was updated on the 2020 Budget as well as recent discussion of the 2020 Clinical Priorities at the Population Health Strategy Committee. Lastly a Public Affairs and Legislative update was provided to the Committee*

#### ***Finance Committee***

*At its February 12 meeting, the Committee reviewed the draft December financial statements, which reflect performance before incorporating program settlement impacts. In addition, the committee reviewed an Audit After-Action Review report prepared by the finance team and summarized the most recent finance retreat discussions. The bulk of the meeting was spent reviewing and discussing a recast 2020 operating budget reflecting updated information and data. The meeting concluded with brief program performance updates.*

#### ***Population Health Strategy Committee***

*At its February 3<sup>rd</sup> meeting, the Committee was provided an annual review of the UM Monthly Workgroups. The committee heard a presentation from Karen Huyck, MD on the RETAIN Project. Dr. Ward shared the Clinical Focus Areas. There was a quick overview of the Network Support and Community Collaboration.*

#### ***Clinical & Quality Advisory Committee***

*This committee meets next on February 20<sup>th</sup>. The health services areas of St. Albans and Burlington are due to report out. The Committee will hear from multiple CPR Practices on their CPR Quality Improvement Projects. Dr. Ward will share about the OneCare 2020 Clinical Focus Areas and provide OneCare updates as time allows.*

#### ***Patient & Family Advisory Committee***

*This Committee is due to meet next on March 12<sup>th</sup>.*

**OneCare Vermont  
Statement of Financial Position  
For the Periods Ended**

|  | 12/31/2019                     | 11/30/2019        | Variance           |
|--|--------------------------------|-------------------|--------------------|
| <b><u>ASSETS</u></b>                     |                                |                   |                    |
| <b>Current assets:</b>                   |                                |                   |                    |
| Unrestricted Cash                        | 3,509,390                      | 5,640,453         | (2,131,063)        |
| GMCB Reserve                             | 3,900,000                      | 3,691,667         | 208,333            |
| CMS Reserve-US Bank                      | 5,983,775                      | 4,173,821         | 1,809,954          |
| VBIF                                     | 7,364,784                      | 10,162,748        | (2,797,964)        |
| Advance Funding-Medicaid                 | 2,365                          | 8,347,596         | (8,345,231)        |
| Undistributed Medicare                   | 7,041,250                      | -                 | 7,041,250          |
| <b>Total Cash</b>                        | <b>27,801,564</b>              | <b>32,016,284</b> | <b>(4,214,721)</b> |
| Network Receivable                       | 2,904,144                      | 2,697,076         | 207,068            |
| Network Receivable-Settlement            | 1,751,818                      | 1,751,818         | -                  |
| Other Receivable                         | 2,014,911                      | 5,661,823         | (3,646,912)        |
| Other Receivable-Settlement              | (0)                            | (0)               | -                  |
| Prepaid Expense                          | 153,093                        | 894,925           | (741,832)          |
| <b>TOTAL ASSETS</b>                      | <b>34,625,528</b>              | <b>43,021,925</b> | <b>(8,396,397)</b> |
| <b><u>LIABILITIES AND NET ASSETS</u></b> |                                |                   |                    |
| <b>Current liabilities:</b>              |                                |                   |                    |
| Accrued Expenses                         | 1,438,517                      | 1,646,408         | (207,892)          |
| Accrued Expenses -Settlement             | 8,324                          | 3,797             | 4,527              |
| Network Payable                          | 14,464,536                     | 21,470,516        | (7,005,980)        |
| Network Payable-settlement               | 2,340,147                      | 2,340,147         | -                  |
| Notes Payable                            | 4,124,849                      | 4,124,849         | -                  |
| CTO Liability                            | 411,095                        | 350,398           | 60,697             |
| Payroll accrual                          | 33,321                         | 229,555           | (196,234)          |
| Deferred Income                          | 2,711,485                      | 3,688,877         | (977,391)          |
| Due to Related Parties - UVMMC           | 3,859,338                      | 3,652,399         | 206,939            |
| Due to Related Parties - DHH             | (1)                            | (1)               | -                  |
| <b>Total Liabilities</b>                 | <b>29,391,611</b>              | <b>37,506,945</b> | <b>(8,115,334)</b> |
| <b>Net assets:</b>                       |                                |                   |                    |
| Unrestricted - UVMMC                     | 498,627                        | 498,627           | -                  |
| Unrestricted - DHH                       | 498,627                        | 498,627           | -                  |
| Current Year Profit to Date              | 4,236,664                      | 4,517,726         | (281,062)          |
| <b>Total net assets</b>                  | <b>5,233,918</b>               | <b>5,514,980</b>  | <b>(281,062)</b>   |
| <b>TOTAL LIABILITIES AND NET ASSETS</b>  | <b>34,625,529</b> <sup>8</sup> | <b>43,021,925</b> | <b>(8,396,396)</b> |

## OneCare Vermont

### Surplus & Loss Statement

YTD December 2019

|                                      | Annual Budget        | YTD Budget           | YTD Prior Month      | Current Month     | YTD                  | YTD Budget/Actual Variance |
|--------------------------------------|----------------------|----------------------|----------------------|-------------------|----------------------|----------------------------|
| Medicaid Admin - \$6.50 PMPM         | \$ 5,495,372         | \$ 5,495,372         | 4,976,582            | 416,858           | 5,393,440            | (101,932)                  |
| Medicaid Complex Care Coordination   | \$ 5,500,000         | \$ 5,500,000         | 4,648,084            | 621,241           | 5,269,324            | (230,676)                  |
| BCBS QHP PHM \$3.25 PMPM             | \$ 714,203           | \$ 714,203           | 658,749              | 55,718            | 714,467              | 264                        |
| BCBS ASO PHM \$3.25 PMPM             | \$ 1,421,875         | \$ 1,421,875         | 1,322,113            | 181,753           | 1,503,866            | 81,991                     |
| SF PHM \$3.25 PMPM                   | \$ 361,981           | \$ 361,981           | 396,017              | (22,670)          | 373,347              | 11,366                     |
| Medicare Shared Savings/Blueprint    | \$ 8,021,268         | \$ 8,021,268         | 7,352,829            | 668,439           | 8,021,268            | (0)                        |
| Primary Prevention                   | \$ 1,100,000         | \$ 1,100,000         | 1,008,333            | 91,667            | 1,100,000            | 0                          |
| Informatics Infrastructure Support   | \$ 4,250,000         | \$ 4,250,000         | 3,895,833            | 354,167           | 4,250,000            | 0                          |
| Misc. Revenue                        | \$ -                 | \$ -                 | 144,987              | 1,544             | 146,531              | 146,531                    |
| VBIF Reinvestment                    | \$ -                 | \$ -                 | -                    | 27,000            | 27,000               | 27,000                     |
| Participation Fees                   | \$ 29,757,466        | \$ 29,757,466        | 24,768,496           | 2,461,564         | 27,230,060           | (2,527,406)                |
|                                      |                      |                      |                      |                   |                      | \$ -                       |
| <b>Total Income</b>                  | <b>\$ 56,622,165</b> | <b>\$ 56,622,165</b> | <b>\$ 49,172,024</b> | <b>4,857,279</b>  | <b>\$ 54,029,303</b> | <b>\$ (2,592,862)</b>      |
| <b>PHM Expense:</b>                  |                      |                      |                      |                   |                      |                            |
| Population Health Management Program | \$ 6,768,597         | \$ 6,768,597         | 6,543,773            | 982,823           | 7,526,596            | (757,999)                  |
| Complex Care Coordination Program    | \$ 9,300,786         | \$ 9,300,786         | 8,277,475            | 804,395           | 9,081,870            | 218,916                    |
| CPR Program Cost                     | \$ 2,250,000         | \$ 2,250,000         | 1,187,876            | 95,188            | 1,283,064            | 966,936                    |
| Value-Based Incentive Fund           | \$ 7,452,216         | \$ 7,452,216         | 6,662,985            | 608,907           | 7,271,892            | 180,324                    |
| Primary Prevention Programs          | \$ 910,720           | \$ 910,720           | 657,661              | 50,911            | 708,573              | 202,147                    |
| Specialist Program Pilot             | \$ 1,000,000         | \$ 1,000,000         | 114,000              | 25,240            | 139,240              | 860,760                    |
| Innovation Fund                      | \$ 2,000,000         | \$ 2,000,000         | 222,441              | 61,249            | 283,690              | 1,716,310                  |
| RCR                                  | \$ 375,000           | \$ 375,000           | 293,750              | 31,250            | 325,000              | 50,000                     |
| PCMH Legacy Payments - Blueprint     | \$ 1,865,544         | \$ 1,865,544.00      | 1,695,574            | 152,638           | 1,848,212            | 17,332                     |
| CHT Block Payment - Blueprint        | \$ 2,321,670         | \$ 2,321,670.00      | 2,128,197            | 193,472           | 2,321,670            | 0                          |
| SASH- Blueprint                      | \$ 3,834,054         | \$ 3,834,054.00      | 3,542,049            | 322,005           | 3,864,054            | (30,000)                   |
| VBIF Reinvestment                    | \$ -                 | \$ -                 | -                    | 27,000            | 27,000               | (27,000)                   |
| <b>Operating Expense:</b>            |                      |                      |                      |                   |                      |                            |
| Salaries/Fringe                      | \$ 8,583,259         | \$ 8,583,259         | 7,141,936            | 966,494           | 8,108,431            | 474,829                    |
| Purchased Services                   | \$ 2,328,630         | \$ 2,328,630         | 1,829,552            | 337,812           | 2,167,363            | 161,267                    |
| Contract & Maintenance               | \$ 2,949,264         | \$ 2,949,264         | 960,173              | 88,320            | 1,048,492            | 1,900,772                  |
| Lease & Rental                       | \$ 397,795           | \$ 397,795           | 346,919              | 31,172            | 378,091              | 19,704                     |
| Utilities                            | \$ -                 | \$ -                 | 38,641               | 3,074             | 41,715               | (41,715)                   |
| Other Expenses                       | \$ 1,884,631         | \$ 1,884,631         | 3,011,296            | 356,391           | 3,367,688            | (1,483,057)                |
| <b>Total Expenses</b>                | <b>\$ 54,222,165</b> | <b>\$ 54,222,165</b> | <b>\$ 44,654,298</b> | <b>5,138,341</b>  | <b>\$ 49,792,639</b> | <b>\$ 4,429,527</b>        |
| <b>Net Income / (Loss)</b>           | <b>\$ 2,400,000</b>  | <b>\$ 2,400,000</b>  | <b>\$ 4,517,726</b>  | <b>*(281,062)</b> | <b>\$ 4,236,664</b>  | <b>\$ 1,836,665</b>        |



## OneCare Vermont CMO Corner

February 18, 2020

### Norman Ward, MD FAAFP MHCD

1. **Noontime Knowledge** – 1.28.20 - Allison Krompf, Vermont’s State Suicide Prevention Coordinator presented on Zero Suicide to a record audience of almost 150. She introduced availability of additional educational resources such as Controlling Access to Lethal Means (CALM) that would be adaptable to the office setting. On February 25, Daniel S. Moran, MSN, APRN | Senior Implementation Specialist Dartmouth Hitchcock Medical Center will present “Introducing the 4 M’s Framework for an Age Friendly Health System” (Medications, What Matters, Mobility, Mentation).
2. **Pediatric Subcommittee** – 1.23.20 – Dr. Wendy Davis and Dr. Breena Holmes (Vermont Children’s Health Improvement Program and Vermont Department of Health Maternal Child Division respectively) presented the VDH Maternal Child Health Strategic Plan and an historical perspective on VCHIP. Significant opportunities for sharing pediatric quality initiatives with OneCare were explored. Dr. Mort Wasserman and Al Braun (Larner College of Medicine medical student) presented a comparison analysis of the Oregon Pediatric Medical Complexity Algorithm with OneCare’s Johns Hopkins ACG risk adjuster as a means to segment our pediatric population. Their conclusion was that the tools are complementary. Beginning in Q2 2020, the pediatric population will be assessed against their same age cohort with ACG, resulting in many more children qualifying for OneCare’s complex care coordination program.
3. **Association of Departments of Family Medicine** – 2.13.20 – Dr. Ward will present at the ADFM Annual Meeting in New Orleans about the OneCare Vermont ACO. Panelists from the Brown University and the University of Michigan will be represented as well on “The Changing Landscape of Reimbursement: Challenges and Opportunities.”
4. **UVM Genome Project Update** – Dr. Ward and his partners at South Burlington Family Practice are amongst the first clinicians to be ordering genome testing for their attributed OneCare Vermont patients under the ACO waiver. The pilot is well organized and the support offered by genetic counselors to help patients contextualize their disease related or carrier state results has been excellent. Patients are evenly split between being very motivated to proceed with testing or not.



5. **Population Health Strategy Committee** – 2.2.20 – The committee heard a presentation about the Vermont RETAiN program by Dr. Karen Huyck, Dartmouth Hitchcock Occupational Health. This research project offers the opportunity to improve outcomes for patients who are not able to work due to either workplace or non-workplace illness or injury. The OneCare Board will discuss the proposal at their 2.18.20 meeting. Dr. Ward presented the results of a survey with over 40 clinician respondents concerning the OneCare Vermont network's opinions about proposed Clinical Focus Areas for 2020. These will be discussed further at the 2.18.20 Board meeting.
  
6. **Laboratory Subcommittee** – 12.16.19 – This committee heard a presentation from Elizabeth Montgomery from the National Kidney Foundation concerning opportunities for OneCare Vermont to partner with that organization on development of innovative methods to promote identification of individuals at high risk for advancing chronic kidney disease. Dr. Fung, University of Vermont Medical Center is tasked with optimizing laboratory services for population health programs.



## Board of Managers Policy Summary February, 2020

OneCare leadership has reviewed and recommends the following policy changes for approval by the Board of Managers.

- **05-06 OneCare Patient Complaint and Grievance**
  - **Description:** To provide Patients attributed to OneCare through its Participating Providers with an effective process for addressing complaints, grievances, and appeals relating to ACO activities within OneCare’s payer programs.
  - **Key Changes:** No material change. Minor changes for clarity and formatting.
- **06-01 Documentation and Maintenance of Records**
  - **Description:** To ensure OneCare maintains all books, contracts, records, documents and other evidence sufficient to enable the audit, evaluation, investigation and inspection of its compliance with program requirements as required by federal rules or state statutes governing ACOs.
  - **Key Changes:** Updated to remove references to patient privacy that are duplicative of obligations covered by OneCare’s Privacy and Security Policy, as well as to narrow the scope of the policy to more accurately reflect OneCare’s record maintenance obligations as an ACO and to describe the obligations of its Network Participants as providers of health care services.

|                                   |  |
|-----------------------------------|--|
| <b>Policy Number &amp; Title:</b> | 05-06 Patient Complaint and Grievance Policy |
| <b>Responsible Department/s:</b>  | ACO Program Operations, Compliance           |
| <b>Date Implemented:</b>          | 1/1/18                                       |
| <b>Date Reviewed/Revised:</b>     | 2/18/20                                      |
| <b>Next Review Date:</b>          | 2/18/21                                      |

**I. Purpose:**

To provide Patients attributed to OneCare Vermont (“OneCare”), an Accountable Care Organization (“ACO”), through its Participating Providers with an effective process for addressing complaints, grievances, and appeals relating to ACO activities within OneCare’s payer programs.

**II. Statement:**

OneCare is committed to protecting Patient rights by actively seeking out, listening to, and responding to the needs, preferences, concerns, and grievances of Patients. Patients have the right to freely communicate their concerns about any aspect of OneCare’s ACO Services in Payer programs without fear of reprisal. They may do so by contacting OneCare’s customer service department, anonymously through OneCare’s Compliance Hotline, or by contacting the Payer directly.

**III. Scope:**

Subject areas under OneCare’s purview as an ACO include maintaining privacy of health information and data in its possession or control, coordination of care, and quality reporting.

Subject areas outside of OneCare’s purview as an ACO include clinical decision-making, benefit or coverage determinations, or other actions or activities described as such under the terms set forth in any Agreement between OneCare and the Payer(s).

**IV. Definitions:**

“**ACO Services**” refers to OneCare’s services for a Payer’s Patients under an ACO Program Agreement.

“**Participating Provider**” shall mean an organization that has a signed Participant and Preferred Provider Agreement with OneCare and operates programs designed to improve quality and patient experience, and to manage costs.

**V. Patient Rights:**

OneCare and its Participating Providers fully support and strive to comply with all applicable state and federal laws and regulations regarding member rights, including the following:

- The right to receive information in accordance with 42 C.F.R. §438.10, which relates to informational materials;
- The right to be treated with respect and with due consideration for his or her dignity and privacy;
- The right to receive information concerning available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in various federal regulations on the use of restraints and seclusion, including 42 C.F.R. §483.358 among others;
- The right to be furnished health care services in accordance with 42 C.F.R. §§438.206 through 438.210, which relate to service availability, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

**VI. Complaints:**

OneCare will provide direct support for any Patient complaints that fall under its purview as an ACO. OneCare will respond to such complaints promptly and will collaborate with the Patient, or their representative on an appropriate path for resolution, including assisting the Patient with completing forms. If a Patient is not satisfied with OneCare’s efforts in attempting to resolve a complaint, they may escalate to the filing of a grievance with OneCare, as described below.

**VII. Grievances:**

Should a Patient and OneCare be unable to resolve a Patient complaint through collaborative efforts, the Patient may escalate the complaint for further review as a grievance, consistent with the definitions and procedures set forth in 42 C.F.R. §438.400(b).

A Patient may present a grievance orally or in writing at any time. An initial effort to resolve a complaint collaboratively is not required. OneCare will provide reasonable assistance in completing forms and taking other procedural steps related to filing the grievance. This includes, but is not limited to, providing auxiliary aids and services, such as interpreter services, upon request.

OneCare will appoint appropriate representatives to consider the grievance in accordance with procedures set forth in 42 C.F.R. §438.406 and will provide the Patient with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible by the Patient. The 14-day timeframe may be extended due to the complexity of the review, in which case the Patient will be notified of the delay and provided a response within a reasonable timeframe not to exceed 30 days.

**VIII. Coordination with Payer Grievance Process:**

Should a Patient bring a complaint to OneCare that is outside of its purview as an ACO (for example, patient benefits) that concerns a Payer’s responsibility to the Patient, OneCare will refer the Patient to the Payer for direct resolution.

OneCare will track any Patient complaints and grievances initiated with OneCare and will work with Payers to develop and maintain a process for reporting back and closing out those matters once resolved.

**IX. OneCare Grievance Process:**

Should a Patient be unsatisfied with OneCare’s handling of a grievance under its purview as an ACO, OneCare will refer the Patient to the Payer for additional support through its grievance process. OneCare will advise Patients of their rights to use the Vermont Office of the Health Care Advocate to support them in the grievance process.

OneCare will assist Payers in their grievance process by providing information related to any investigation of and response to the Patient’s grievance. OneCare will also participate in the grievance and appeal process as necessary and requested by the Payer.

**X. Records of Complaints or Grievances to OneCare:**

OneCare will maintain records of Patient complaints and grievances in accordance with its Maintenance of Records Policy.

OneCare will maintain confidentiality of files and records relating to Patient complaints and grievances in accordance with any applicable state or federal privacy laws and regulations and will share information only with those who have a need to know according to the “minimum necessary standard.”

OneCare will track any Patient complaints and grievances initiated with OneCare and will work with Payers to develop and maintain a process for reporting back and closing out those matters once resolved through the Payer's process.

**XI. Ongoing Monitoring Relating to Patient Complaints and Grievances:**

OneCare will provide standard reports to Payer(s) regarding Patient complaints and grievances received or resolved in a manner set forth in the Agreement between OneCare and the Payer(s). OneCare will also report any grievance activity to its Compliance Officer. OneCare's Compliance Committee will review Patient complaint and grievance data during its regular meetings and will develop action plans as necessary to mitigate any ongoing compliance-related issues.

**References:** DHVA Patient Handbook, 42 C.F.R. §438.400; 42 C.F.R. §438.406; 42 C.F.R. §438.10; 45 C.F.R. parts 160 and 164, subparts A and E; 42 C.F.R. §§438.206 through 438.210.

**Related Policies/Procedures:**

**Location on Shared Drive:** S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

**Management Approval:**

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Director, ACO Program Operations Date

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Chief Operating Officer Date

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Chief Compliance Officer Date

**Board of Manager Approval:**

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Chair, OneCare Board of Managers (Required) Date

|                                   |  |
|-----------------------------------|--|
| <b>Policy Number &amp; Title:</b> | 06-01 Documentation and Maintenance of Records       |
| <b>Responsible Department/s:</b>  | ACO Program Operations, OneCare Network Participants |
| <b>Author:</b>                    | Joan Zipko   |
| <b>Date Implemented:</b>          | 1/1/17   |
| <b>Date Reviewed/Revised:</b>     | 2/18/20  |
| <b>Next Review Date:</b>          | 2/18/21  |

**I. Purpose:**

To ensure OneCare maintains all books, contracts, records, documents and other evidence sufficient to enable the audit, evaluation, investigation and inspection of its compliance with program requirements as set forth in any applicable federal or state statutes, regulations, rules, or other guidance governing the organization and operation of Accountable Care Organizations (“ACO”).

**II. Statement:**

OneCare requires itself and its Participating Providers to maintain all books, contracts, records, documents, and other evidence including the following: data related to Medicare and Medicaid utilization and costs, quality performance measures, shared savings distributions, and other financial arrangements related to ACO Activities. Records should be sufficient to enable the audit, evaluation, inspection or investigation of OneCare's compliance with the following: applicable statutes, regulations, rules, or other guidance governing the organization and operation of ACOs, terms of ACO Program Agreements, the quality of services furnished to Beneficiaries, and OneCare's right to and distribution of Shared Savings (collectively “records”).

**III. Definitions:**

“**ACO Activities**” shall mean refers to services provided by OneCare to a Payer’s beneficiaries or members under an ACO Program Agreement.

“**ACO Program Agreement**” shall mean the Vermont All-Payer ACO Model Participation Agreement between OneCare and the Centers for Medicare and Medicaid Services (“CMS”), the Contract for Personal Services between OneCare and the Department of Vermont Health Access (“DVHA”), and any other agreement(s) to render services to a Payer’s members entered into between OneCare and any commercial Payer.

“**Participating Provider**” shall mean an organization that has a signed Participant and Preferred Provider Agreement with OneCare and operates programs designed to improve quality and patient experience, and to manage costs.

**IV. Actions/Responsibilities:**

As set forth in the Statement above, each Participating Provider is responsible for maintaining the records associated with their organization. OneCare is responsible for maintaining the records of the ACO.

**V. Medical Record Maintenance Requirements**

1. The OneCare Participating Provider shall maintain OneCare attributed patients’ medical records in a detailed and comprehensive manner that conforms to good professional medical practice.
2. Each OneCare Participating Provider shall document in accordance with state and federal law any healthcare services rendered by them to any individual(s) attributed to OneCare. The record shall include at minimum:
  - a. The identity of the individual to whom they rendered the service(s);
  - b. The identity of the provider rendering the service;
  - c. The identity and job title or position of the Participating Provider employee who rendered the service, if applicable;

- d. The date on which they rendered the service;
  - e. The diagnosis of the medical condition of the individual to whom they rendered the service;
  - f. A detailed statement describing the service(s) they rendered;
  - g. The location at which they rendered the services;
  - h. Written evidence of physician involvement and personal patient evaluation documenting any acute medical needs.
3. OneCare Participating Providers shall comply with the standards mandated in the Health Insurance Portability and Accountability Act (HIPAA) and all other state and federal requirement, including, but not limited to, 42 CFR Part2.

**VI. Required Timeframe for Maintenance of Records**

1. Participating Providers:

In accordance with 42 C.F.R. part 455 and 45 C.F.R. §164.530(j)(2), Participants and Preferred Providers shall retain and maintain records for a period of six (6) years, or for the duration of contested case proceedings, whichever is longer.

2. OneCare:

In accordance with Waiver granted to the State of Vermont by CMS under Section 1115A of the Social Security Act, OneCare shall retain and maintain records for a period of ten (10) years from the final date of the agreement period or from the date of completion of any audit, evaluation, or inspection, whichever is later, unless:

- a. CMS determines there is a special need to retain a particular record or group of records for a longer period and notifies OneCare at least 30 calendar days before the normal disposition date; or
- b. There has been a termination, dispute or allegation of fraud or similar fault against OneCare or a OneCare-Related Individual, in which case the ACO must retain records for an additional 6 years from the date of any resulting final resolution of the termination, dispute, or allegation of fraud or similar fault.

**References:** OneCare Payer Program Contracts

**Location on Shared Drive:** S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

**Management Approval:**

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Director, ACO Program Operations Date

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Chief Compliance Officer Date

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Chief Operating Officer Date

**Board of Manager Approval:**

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Chair, OneCare VT Board of Managers Date

# ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC

## BYLAWS FOR THE GOVERNANCE OF THE BOARD OF MANAGERS

### ARTICLE I – PURPOSE

These Bylaws (“Bylaws”) describe the governance structure of the Board of Managers (“Board”) of OneCare Vermont Accountable Care Organization, LLC (“Company”). To the extent terms are used in these Bylaws that are not defined herein, such terms shall be interpreted consistent with the Company’s operating agreement (the “Operating Agreement”) or the definitions in the Patient Protection and Affordable Care Act (Public Law 111-148)(“ACA”), as they pertain to accountable care organizations. To the extent any provision of these Bylaws conflicts with the Operating Agreement, the Operating Agreement shall control.

### ARTICLE II – AUTHORITY

These bylaws are enacted by the powers granted to the Board in Article VI of the Operating Agreement to manage the business and affairs of the Company. These bylaws have been approved by a Supermajority vote of the Board and may only be amended or modified by a Supermajority vote of the Board.

### ARTICLE III – GOVERNANCE STRUCTURE

#### Section 3.1 – BOARD CHAIR

- (a) Appointment. The Board shall appoint, at a regular or special meeting, by a supermajority vote, a Chair of the Board. The Chair of Board must be a member of the Board of Managers.
- (b) Term. The term of the Chair shall be for two (2) years, renewable by the Board for a second two-year term. The term of the Chair shall be limited to two (2), two-year terms, provided that a Manager may be re-elected Chair after a period of one (1) year.
- (c) Duties and Responsibilities. The Chair shall be responsible for (i) planning and presiding over Board meetings; (ii) organizing the business of the Board and setting the annual Board calendar; (iii) serving as principal liaison between the Board and the officers of the Company; (iv) serving as the primary spokesperson of the Board; and (v) performing such other duties and having such other powers as may be provided for elsewhere in these Bylaws or by the Board. The Chair shall undertake such other powers and duties as may be delegated from time to time by the Board or granted or imposed by law, the Operating Agreement or these Bylaws.
- (d) Removal and Resignation. The Chair may be removed at any time, with or without cause, by the affirmative vote of a supermajority of Managers. The Chair of the Board may resign the chair at any time by giving written notice to the Board. Such resignation shall be effective upon

delivery, unless a later date is specified in the notice. In the absence of the Chair at any meeting of the Board of Managers, a temporary Chair shall be selected by the Managers present and shall act for the purposes of the meeting as the Chair. The Chair of the Board will automatically cease to be the Chair of the Board if the individual ceases to be a member of the Board of Managers for any reason.

### **Section 3.2 – BOARD COMMITTEES**

(a) Standing Committee. The standing committee of the Board of Managers shall be the Executive Committee. In addition to the standing committee established by these Bylaws, the Board may establish one or more committees as may be specified in resolutions approved by the affirmative vote of a supermajority of the Board. Such committees may be established as ad hoc or standing committees of the Board of Managers. The Board shall appoint all committee members and the chair of each committee by supermajority vote based on nominations from the Executive Committee, after soliciting input from the Chief Executive Officer. A majority of the members of each committee shall be comprised solely of Managers. A minority of the members of any committee may include non-manager members, who shall participate in the work of the committee and vote on the committee decisions except to the extent that any such decision would discharge any authority of the full board that has been delegated to the committee. At the discretion of the Board, a committee may be comprised of a majority of non-manager members where doing so is consistent with the purpose of the committee and the committee's purposes are limited to making recommendations to the Board. The Board or the Board Chair, with the approval of the Executive Committee, may nonetheless establish ad hoc committees, task forces or equivalent bodies, as described below.

(b) Committee Charters. Each committee of the Board shall formulate and adopt, subject to general provisions of these Bylaws and approval by supermajority vote of the Board, a committee charter, that shall include a description of the scope of the powers, authority and responsibilities of the committee and the policies and procedures by which the committee shall conduct its business. The terms of committee charters may not conflict with the Operating Agreement of the Company.

(c) Committee Meetings. Committees shall meet as often as necessary to carry out their respective responsibilities, but not less than twice annually. To the extent not otherwise provided in these Bylaws or by direction of the Board, the provisions of the Operating Agreement shall govern call of meetings, notice, quorum, and voting requirements of the Board shall apply to the meetings of the Committees except that: (1) the Chair of the Committee shall be substituted for the Chair of the Board; (2) meetings of the Executive Committee may be held on two (2) days' advance notice; and (3) for purposes of determining the existence of a quorum only those members of the Committee who are Managers shall be counted. Committees shall regularly report on their proceedings to the Board. Minutes of the meetings of each standing committee shall be available for review by and at the request of any Manager of the Board.

(d) Executive Committee. There shall be an Executive Committee consisting of no less than three (3) and no more than ~~(5)~~(8) members. The Chair of the Board shall be *ex officio* the Chair of the Executive Committee. The members of the Executive Committee shall include the Board

Chair and such other Manager(s) as may be appointed by supermajority vote of the Board. Meetings of the Executive Committee may be called by the Chair or any two (2) members of the committee. The Executive Committee shall not have the ability to act on behalf of the Company during intervals between meetings of the Board and may only make recommendations to the Board. Except to the extent inconsistent with or prohibited by the Operating Agreement or directives of the Board, the duties of the Executive Committee shall be set forth in an Executive Committee Charter which shall be approved by a supermajority of the Board of Managers. ~~include making recommendations to the full Board regarding: a process to select the Chair of the Board of Managers; nominating and governance policies; processes to nominate and elect Managers; providing input on Board agendas; proposed Company policies; and feedback on annual budget drafts prior to a Board of Manager meeting.~~



## Executive Committee Charter

**Charge:** The Executive Committee is a standing committee of the OneCare Vermont Accountable Care Organization, LLC (“OCVT”) Board of Managers. The Executive Committee is charged with making recommendations to the Board of Managers regarding the governance, strategy and operations of OCVT. The Executive Committee does not have the authority to act on behalf of OCVT.

**Committee Leadership and Member Appointment:** The Executive Committee will be Chaired by the Chair of the Board of Managers. The Chair will preside over each meeting. In the absence of the Chair, a designated member of the Executive Committee will act as the Chair. The Board of Managers will appoint members to the Executive Committee by supermajority vote based on nominations by the Executive Committee. The Chair will work with the CEO in a mutually agreeable manner to provide feedback and guidance in preparation for and in between meetings of the Executive Committee and the Board of Managers.

**Committee Composition:** The Executive Committee shall be comprised of no fewer than three (3) and no more than eight (8) members, each of whom shall be a Manager of OCVT. Each member of the Executive Committee shall have one (1) vote.

**Accountabilities:** The Executive Committee reports to the Board of Managers. The primary role of this committee is to provide input to and support to the Board and CEO regarding the operations of OCVT.

**OCVT Staff Support:** The Executive Committee will be assisted, as necessary, by OCVT staff.

**Scope:** The principle responsibility of the Executive Committee is to oversee the management of OCVT and make recommendations to the Board of Managers. This will require the following activities:

1. Making recommendations to the Board of Managers regarding a process to nominate the Chair of the Board of Managers;
2. Making recommendations to the Board of Managers regarding governance and nominating policies and processes to nominate and elect Managers and committee members;

3. Serving as a nominating committee for members of OCVT committees and consumer and at large representatives on the Board of Managers;
4. Providing input for and recommending policies to the Board of Managers that align with the strategy and goals of OCVT;
5. Reviewing and making recommendations of adoption of budgets, long-range financial plans and strategies to the Board of Managers.
6. Reviewing annual operating and capital budgets for consistency with the long range financial plan for the organization and reporting to the Board of Managers;
7. Reviewing major proposed transactions, new programs and services, and proposals to discontinue programs or services and reporting to the Board of Managers;
8. Assisting to develop, reviewing and recommending to the full Board corporate and executive leaders' goals and expectations.
9. Providing feedback and guidance to the CEO with respect to the performance of Board appointed personnel.
10. Monitoring the performance of the organization against goals and reporting to the Board of Managers;
- 10-11. Developing a compensation range and compensation recommendation for the CEO that will be sent to the Board for approval at the end of each calendar year.
- 11-12. Providing input for and recommending agendas for meeting of the Board of Managers, and
- 12-13. Providing input for and making recommendations to BOM regarding network participants and any remedial actions.

**Frequency of Meetings:** The Executive Committee will meet in advance of each Board meeting and additionally as appropriate. The Chair or any two members of the Executive Committee may call a meeting. Notices of meetings and related materials will be distributed to members at least three (3) business days prior to the meeting date. Members will be allowed to participate via teleconference. Minutes will be taken at each meeting.



## Patient & Family Advisory Committee Charter

**Purpose:** The OneCare Vermont (OCV) Patient & Family Advisory Committee will bring consumers together to discuss health care in Vermont. The goal of the committee is to help OneCare Vermont improve patients' experience and care. OneCare Vermont wants to better understand consumers' concerns and will work to improve access, quality of care, cost, and patient experience. The committee will talk about health care values, preferences, experiences, and points of view. The OneCare Board of Managers will consider the Patient & Family Advisory Committee's thoughts and concerns when making policy decisions.

**Committee Composition:** The Patient & Family Advisory Committee will be populated as required by Program Agreements and regulations, ~~and consist of a maximum of twenty members.~~ OneCare staff will support the committee, and members of management and the Board will regularly attend meetings. Members will be ~~appointed~~ approved by the OneCare Vermont Board of Managers, and nominees should provide a ~~brief biography~~ completed application for consideration by the Board. OneCare will educate committee members about its structure and mission.

**Accountability:** Members will discuss their ideas and ~~concerns about their healthcare and experiences~~ issues, and make recommendations to the OneCare Board of Managers. Part of each member's role is ~~to regularly~~ attend ~~four~~ group meetings which shall be at least quarterly and up to monthly per year and to participate in one annual meeting with a representative of the Office of the Health Care Advocate. Members will maintain the confidentiality of proceedings, as set forth in the orientation materials.

**Scope:** The committee's purpose is to make recommendations to OneCare about its policies and initiatives to improve healthcare outcomes, access, quality and cost, and patient experience.

**Meetings:** ~~The committee meets the 2<sup>nd</sup> Thursday of the odd months: January, March, May, July, September and November. The committee will meet no less than quarterly.~~ A calendar with specific dates will be provided to the members.

Members will be given a \$50 stipend and travel reimbursement for the cost of transportation to and from the meetings.

The committee chair will plan the meeting agenda and OneCare staff will ~~record minutes~~ provide support to the groups as needed. A summary of the committee's discussions and recommendations will be provided to the OneCare Board of Managers after each meeting.

# OneCare Vermont 2020 Clinical Focus Areas

Norman Ward, MD

## 2020 Clinical Focus Areas

- Reducing 30 Day All Cause Readmission Rates
- Reducing Emergency Department Utilization
- Improving “Hypertension: Controlling Blood Pressure” Quality Measure
- Improving “Diabetes HbA1C Poor Control (>9%)” Quality Measure

## Strengths

- Opportunity for major contribution to success by all network participants
- Survey suggests 90% agree/strongly agree in importance and ability to measure (readmissions and ED utilization)
- OneCare Vermont will continue to report on a broad variety of cost and utilization metrics
- Care Coordination Model supports these focus areas
- Ability to replicate successful interventions across HSAs

# Reducing 30 Day All Cause Inpatient Readmissions

- Rationale:
  - Improve patient experience of care
  - Improve coordination of care
  - Reduce expenditures
- Target: 5% relative reduction from current rates – all network and by HSA – by payer
- Strategies:
  - High quality hospital discharge plans
  - Timely transitions of care with primary and specialty care
  - Reduce return to ED and readmission rates from skilled nursing facility and home health
  - Better engagement with designated mental health agencies, area agencies on aging, others
  - Multidisciplinary root cause analysis of sample of readmissions

# Reducing Emergency Department Utilization

- Rationale:
  - Reduce admissions for Ambulatory Sensitive Conditions (asthma, COPD, heart failure) by reducing emergency department use
  - Improve access and coordination of care across network participants
- Target: 5% relative reduction from current rates – all network and by HSA – by payer
- Strategies:
  - Reduce emergency department visits for high/very high risk patients with care coordination model
  - Reduce visits for frequent emergency department utilizers with coordinated treatment plans
  - Improve timeliness of ambulatory clinic triage of ambulatory sensitive conditions
  - Strengthen supports of care for skilled nursing facility and home health patients

# Improving “Hypertension: Controlling Blood Pressure” and “Diabetes HbA1C Poor Control (>9%)” Quality Measures

- Rationale:
  - Opportunity for improvement based on 2018 quality performance
  - Improve quality of care outcomes
  - Maximize return of Value Based Incentive Fund to practices
  - Assist network with reporting on clinical values from own EMR
- Target:
  - Demonstrate ability of each network TIN to produce an all-payer result from their EMR (HTN-2 NQF and HEDIS Comprehensive Diabetes Care specifications)
  - Report quarterly trends for each TIN entity
- Strategy:
  - Work with OneCare Quality and Analytic teams and Blueprint Practice Facilitators to design appropriate EMR queries
  - Share clinical best practices between TIN entities



# Implementation

- Programming to support performance monitoring/reporting
- Quarterly meetings with each HSA to review clinical, quality, and expenditure information
- Work with network to address issues of
  - Compatibility with existing hospital/practice quality initiatives
  - Workforce/access limitations
  - Information technology resources for EMR queries
- Begin discussions of 2021 program and methods

# 2021 OneCare Network Development Strategy

## GMCB Budget Order Requirement #1

- No later than April 30, 2020, or a date agreed to by OneCare and GMCB staff, OneCare must submit a 2021 Network Development Strategy that includes the following elements:
  - a. A definition for ACO “network composition” necessary to maximize value-based incentives
  - b. Provider outreach strategy;
  - c. Provider recruitment and acceptance criteria;
  - d. Network development timeline;
  - e. Providers dropping out of the network (quantify) and reasons why; and
  - f. Challenges to network development.



## Public Affairs Report

•February 2020•

### Press Coverage

- The [Brattleboro Reformer](#) covered the RiseVT Amplify Grant that allowed 15 early childhood educators in the Brattleboro area to attend Food Connect's Farm to School Conference at no cost. The early childhood educators learn valuable information that helps develop health lifestyle habits in children. (2/12)
- An op-ed in [Vermont Biz](#) by Jill Olson, Executive Director of the VNAs of Vermont, shares her experience participating in the Community Leaders Breakfast on the early successes of Vermont's All Payer Model hosted by the University of Vermont Health Network. Olson details the early successes of the longitudinal care program. (2/12)
- Representative Lori Houghton (Essex) attended the Community Leaders Breakfast and included a summary in her News from Montpelier column in the [Essex Reporter](#). She included a brief description of an ACO and shared the early indicators of success. (2/10)
- [Valley News](#) wrote an article on a recent study by the Dartmouth Institute identifying difficulties integrating social services with accountable care organizations. Vicki Loner agreed with the challenges, but highlighted many positive steps that Vermont has taken to coordinate and integrate social services into the model. (2/10)
- The Vermont Teachers Union has postponed their decision to participate in BCBSVT's program with OneCare. [VT Digger](#) ran the story and Vicki is quoted. (2/9)
- Green Mountain Care Board Member Tom Pelham had an op-ed in [VT Digger](#) on health care issues, with a strong emphasis on OneCare and the All Payer ACO Model.
- Governor Scott was on Vermont Edition on Vermont Public Radio the day after the breakfast. He discussed Vermont's health care reform efforts and the gains being made. During this episode, Kevin, a Burlington healthcare provider, phoned in to voice his support for the ACO: "OneCare Vermont has really made a significant difference. The fee for service model isn't working." Listen to the entire conversation [here](#): (pro tip: jump to 12:48 in the recording to hear about OneCare).
- WCAX aired a story on the Community Leaders breakfast, "[Experts say Vermont health care reform efforts on track.](#)" (1/30)

### Government Relations

#### GMCB

Marissa Parisi and members of the RiseVT team presented an [overview](#) of RiseVT Expansion in 2020 focusing on implementation and evaluation. (2/5)

#### Legislator Meetings

On 1/28 Vicki Loner and Amy Bodette met with Senators Ashe, Kitchel, Lyons, and Westman to provide an update on OneCare. The conversation focused on coordination, priorities, and workforce.

## Testimony

On 1/28/2020 Vicki Loner attended testimony on FY 21 Budget Requests for DVHA and the Department of Mental Health.



On February 12 Vicki Loner testified before Senate Health and Welfare on **S.290** which proposes additional reporting requirements for ACOs. Loner said that the preponderance of the [reporting, certification, and budgeting requirements for OneCare Vermont already exist](#) through the ACO certification and budget process. Loner reported that OneCare also undergoes a voluntary annual financial audit by a nationally recognized external evaluator, is currently performing an assessment of its internal compliance plan, and is subject to an annual evaluation by the Federal government on Vermont's success, including the success of the ACO. She stressed that it is important to not add additional administrative

and financial burden to an already taxed workforce and hospital system and to allow providers to focus on delivery system transformation. Loner said the cost of ACO regulation through billback, which is financed by the hospitals, is projected to double from 2018 to 2019. She does support efforts to realign the certification and budget processes and explore the feasibility of a two year budget cycle.



**Suicide Prevention Awareness Day** at the State House was held on February 13. Sara Barry, Chief Operating Officer, testified in House Health Care on OneCare's suicide prevention efforts and our collaboration with the Department of Mental Health.

## Outreach



RiseVT and OneCare participated in the **VAHHS Healthier State House Day** encouraging Legislators to adopt healthy habits. Our booth featured water infused with fresh fruit and seltzer as part of the Sweet Enough campaign to reduce the consumption of sugar sweetened beverages. We had lots of visits from Legislators and visitors to the State House. (1/28)



Full coverage on the **Community Leaders Breakfast** featuring national health care expert, Dr. Joshua Sharfstein can be found on our [blog](#)—including video highlights! Board Member Dr. Toby Sadkin and her patient, Marie participated on the panel. (1/30)

## Upcoming Events

3/11 Charlotte-Shelburne-Hinesburg Rotary and Essex Rotary

Finally, you can keep with OneCare in real time on our [blog](#), [LinkedIn](#), and Twitter (@OnecareVermont). Don't forget to like and share!

# VERMONT RETAIN

to test the impact of early intervention projects that improve stay-at-work/return-to-work (SAW/RTW) outcomes for individuals who experience on-the-job or off-the-job injury or illness while employed

VT RETAIN Medical Director, Karen L. Huyck, MD, PhD, MPH, FACOEM



Retaining  
Employment  
and Talent After  
Injury/Illness  
Network



# Disclaimer

Preparation of this presentation was fully funded by the United States Department of Labor in the amount of \$2,295,876.00 under Cooperative Agreement No. 32547-18-75-4-50

This presentation does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

# Overview

1. Invitation to participate in VT RETAIN Phase 2 project
2. Introduction to RETAIN
3. OneCare Vermont contributions to VT RETAIN Phase 1
4. OneCare Vermont opportunities in VT RETAIN Phase 2

# About RETAIN

- Retaining Employment and Talent After Injury/Illness Network (RETAIN)
- Funded by the U.S. Department of Labor (DOL), Office of Disability Employment Policy (ODEP)
- Joint initiative led by ODEP in partnership with DOL's Employment and Training Administration (ETA) and the Social Security Administration (SSA)
- Focused on building state capacity in SAW/RTW strategies across 8 states
- **Explores ways to help people who experience illness or injury remain in the labor force**

This is a state-wide program through the Vermont Department of Labor for **any person who lives or works in Vermont** at risk for work disability with any type of health insurance (or no health insurance). RETAIN is *not* a workers' compensation project or associated with a worker's compensation insurer.

# Invitation for OneCare Vermont to participate in VT RETAIN Phase 2

1. Participate in VT RETAIN Phase 2 by helping enroll primary care practices
2. Partner with VT RETAIN to enhance OneCare Vermont care coordination
3. Accept randomization during the Phase 2 period to evaluate program effectiveness
4. Advise on Phase 2 program measures important to OneCare Vermont

# RETAIN Goals (Primary Outcomes)

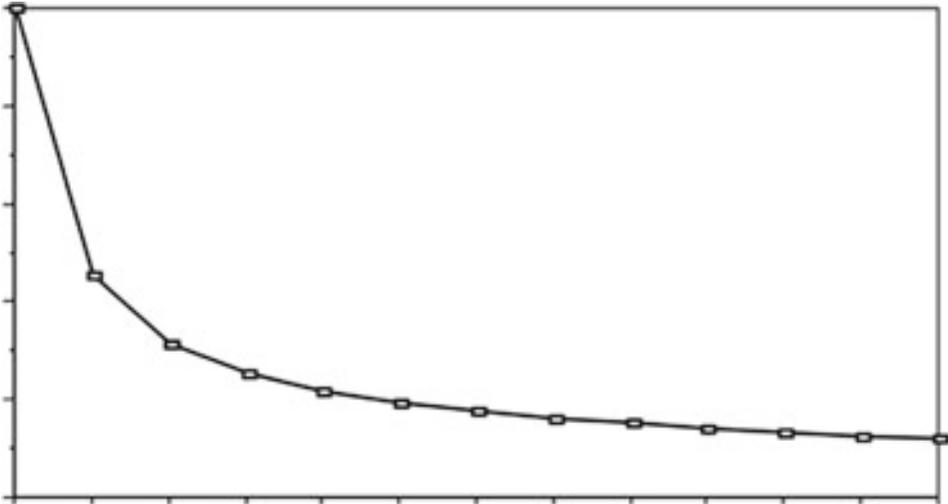
1. To increase **employment retention** and labor force participation of individuals who acquire and/or are at risk of developing work disabilities
2. To **reduce long-term work disability** among project participants including the need for federal disability benefits (i.e., SSDI and SSI)

# Potential Benefits to OneCare Vermont Network

1. Reduced healthcare costs
2. Increased patient satisfaction
3. Better chronic disease outcomes
4. Improved management of chronic pain
5. Reduction of opioid use
6. Broadened scope of complex care coordination support
7. Support for providers caring for a challenging patient population

# Return to Work – A Medical Emergency

Workers who are **out of work for 12 weeks** have only a **50% chance of returning to work within the year**. By one year of work disability, the likelihood of return to work is < 15%.



# Health effects of unemployment

**Unemployment is an independent risk factor** for increased physical and psychiatric morbidity and mortality among individuals, spouses and children including:

- Cardiovascular disease
- Stroke
- Depression and suicide
- Infant mortality
- Divorce
- High health services use

**Staying at work:**

- Avoids deconditioning
- Maintains social engagement

**WORKING IS A HEALTH OUTCOME!**

Mathers and Schofield 1998

# Vermont Disability Statistics

Figure 2. Shares of SSDI Beneficiaries who became eligible on the basis of mental health disorders or musculoskeletal conditions; Vermont and the U.S.; 2001, 2006, 2010 and 2016



Source: SSA, *Annual Statistical Report on the Social Security Disability Insurance Program*, various years, Table 11.

# RETAIN Structure

The RETAIN Demonstration Projects are funded in two phases:

**Phase 1** (24 months; up to \$3.5M to each of 8 states):

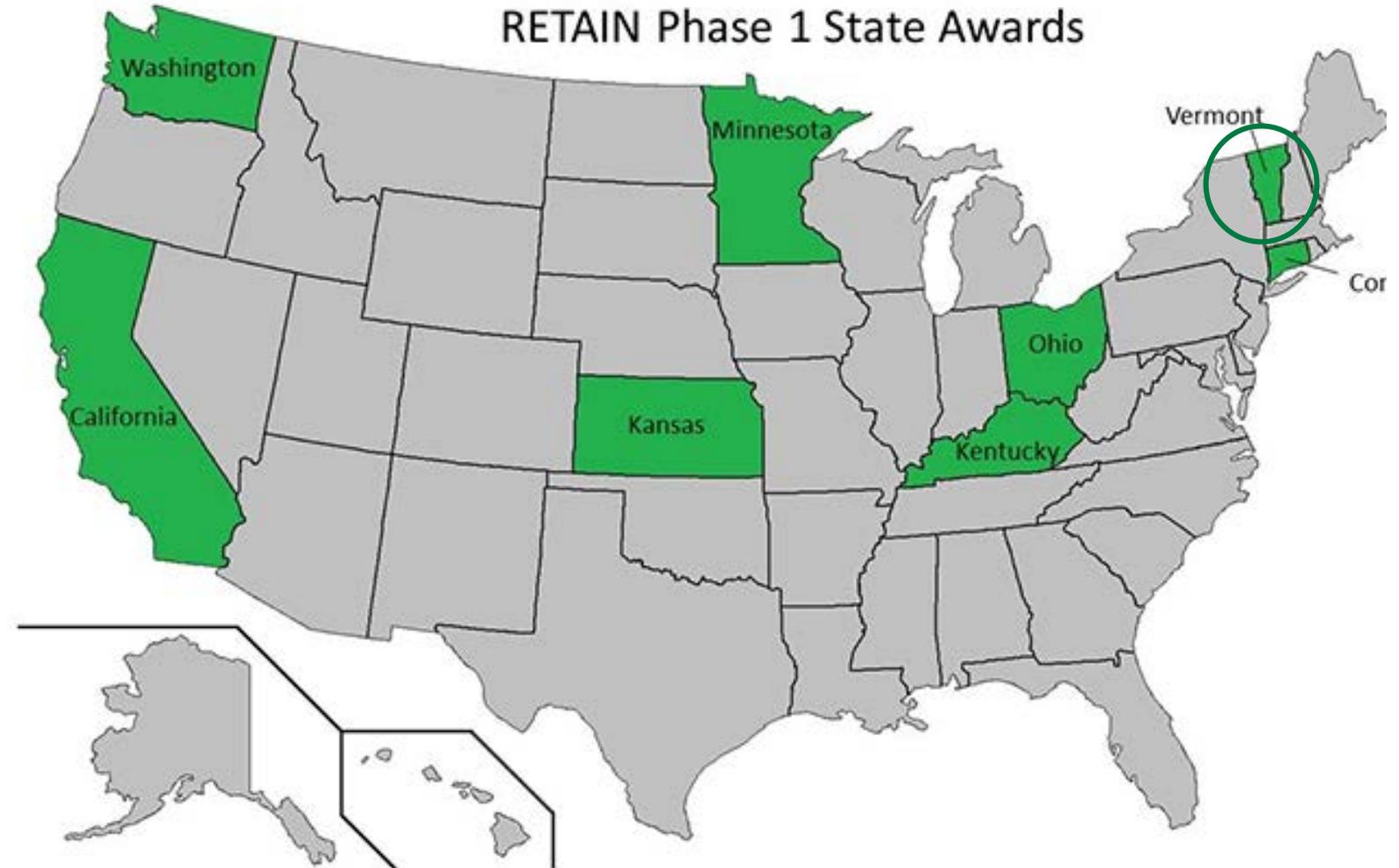
- ❑ Planning and start-up activities (up to \$1M)
- ❑ Work disability prevention pilot (using RTW care coordination) (up to \$2.5M)
- ❑ The state workforce agencies must create an integrated, collaborative network of partners including the State Health Department, the State Workforce Development Board, healthcare systems, and other relevant agencies and organizations

**Phase 2** (4.0 years; up to \$19.75M to each of 4 of the 8 Phase 1 states)

- ❑ Large intervention study to evaluate the SAW/RTW program developed in Phase 1
- **Independent evaluator:** Mathematica Policy Research
- **Technical Assistant:** American Institutes for Research (AIR)

# RETAIN Awardee States

- California
- Connecticut
- Kansas
- Kentucky
- Minnesota
- Ohio
- **Vermont**
- Washington



# VT RETAIN PARTNERS

1. OneCare Vermont
2. Vermont Division of Vocational Rehabilitation
3. Vermont Chamber of Commerce
4. Vermont Workforce Development Division
5. Vermont Disability Determination Services
6. Vermont Department of Health
7. Additional Phase 2 partners to be identified from Phase 1 QI data

# Phase 1: VT RETAIN Resource Center

**Medical Director:** Karen Huyck

**Care Coordinators:** Mary Helen Bentley, Mary Guyette

**Description of services:** VT RETAIN Medical Director and care coordination team provide:

- (a) early SAW/RTW services for individuals with injuries or illnesses that limits or could limit their ability to do full-time, full-duty work
- (b) free training for healthcare providers, RTW professionals, employers, and employees in SAW/RTW best practices

**Services supplement and coordinate, but do not replace, current care**

# OneCare Vermont Participation in VT RETAIN Phase 1

## 1. Patient Recruitment

- for VT RETAIN Resource Center RTW care coordination services

## 2. Healthcare Provider CME

- Free CME for providers about best practices for staying at and returning to work

## 3. Patient, Provider, and Employer Needs Assessment

- 90-minute focus group sessions to understand unmet needs and barriers to staying at and returning to work in Vermont to plan Phase 2 services

# Pilot PCP Practices



Community Health of Brandon



Community Health of Mettowee



CVMC Occupational Medicine



Dartmouth-Hitchcock Primary Care



# Phase 2 Study Design

VT RETAIN Phase 2 is a large implementation project to test the effectiveness of the state return-to-work care coordination program (VT RETAIN Resource Center) developed in Phase 1.

- Phase 2 will be a cluster randomized trial (by PCP practice)
- Patients with *work-related* and *non-work-related* injuries and illnesses will be eligible
- Follow up surveys to be done by Mathematica to evaluate primary outcomes

## Phase 2 planned enrollment:

- 32 primary care practices per arm
- 125 patients per practice over 3-year enrollment period
- 4000 total participants enrolled per arm

# Opportunities for OneCare Vermont within Phase 2 VT RETAIN

Care coordination requirements can support OneCare care management program:

- Financial compensation to practices for time to recruit and enrolled patients
- Financial compensation for *treatment and control* patients to increase survey completion
- VT RETAIN can partner with OneCare Vermont to deliver expert SAW/RTW services to support network care coordinators
- VT RETAIN can provide training and financial support so network care managers can deliver SAW/RTW services to patients
- Intervention practices will have input and choice about how they want to be involved  
(Network care managers can deliver RTW coordination or refer to VT RETAIN RTW specialist)

No eligible participant has declined VT RETAIN care coordination services to date

# Summary

Unemployment is an independent risk factor for worse physical and mental health outcomes for unemployed individuals and their families. Vermont has one of the highest work disability rates among young people in the U.S. The disproportionate burden of disability in Vermont negatively affects the health of our community.

The impact VT RETAIN will have on work disability can also improve health outcomes for OneCare Vermont patients.

**Contact us at:**

**802-495-6316**

or

**MaryHelen.Bentley@partner.vermont.gov**

**Mary.Guyette@partner.Vermont.gov**

**Karen.Huyck@partner.vermont.gov**

# Acknowledgements

## **Federal Partners**

Meredith Dedona  
Wehmah Jones  
Ankita Patnaik

## **Clinical Partners**

Norm Ward  
Susan Shane  
Carl Beckler  
George Fjeld  
Andy Haig  
Austin Sumner  
Rebecca Scholl  
Jodi Frei  
Kimberly Driscoll  
D-H Primary Care  
D-H Functional Restoration Program  
Mark McMahon  
Participating providers  
Participating patients

## **State of Vermont**

Governor Phil Scott  
Lindsey Kurrle  
Michael Harrington  
Stephen Monahan  
Roger Van Tassel

## **Advisory and Grant Support**

Jon Lurie  
Phil Adamo  
Carrie Freitag  
Alison Willis  
Betsy Williams  
D-H Government Relations

## **Data Coordination**

Charity Patterson  
Bob Winners

## **VT RETAIN Partners**

Mat Barewicz  
Donna Curtin  
Sarah Buxton  
Hugh Bradshaw  
Ashwinee Kulkarni  
Tanya Wells  
Trudy Lyon-Hart  
Betsy Bishop  
Charles Martin  
Phyllis Phillips  
Karen Scolforo  
Castleton University  
Lucie Garrand

## **VT RETAIN Leadership Team**

## **Experience Group participants**

## **The TREAT Team**

## **D-H WC Center**

## **New Partners (TBD)**



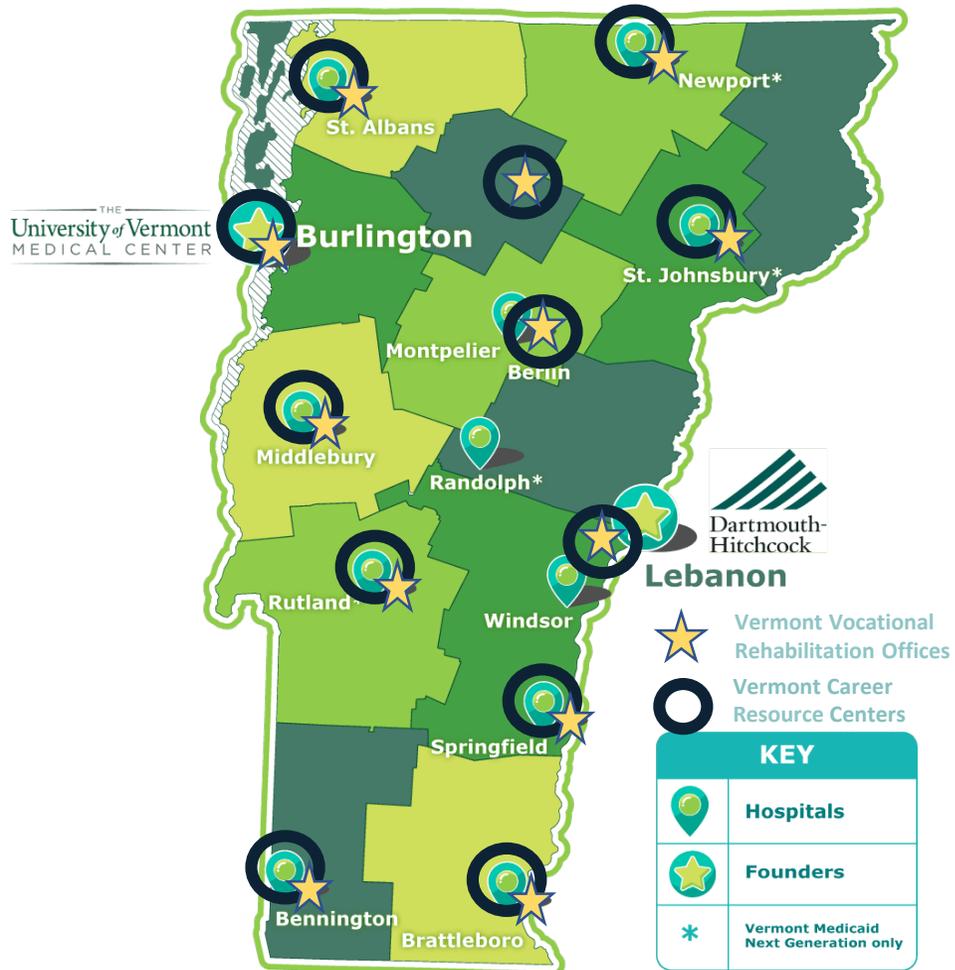
# Opportunities for OneCare within Phase 2 VT RETAIN

## RETAIN CQI requirements can support ACO metrics

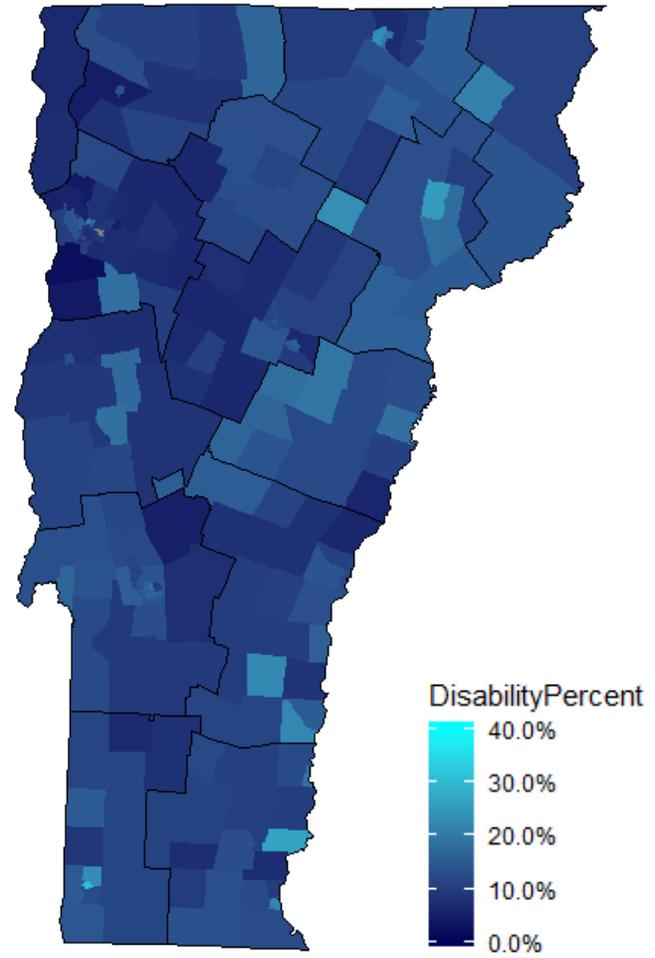
Continuous quality improvement will be used throughout Phase 2 to:

- improve SAW/RTW care coordination services
- create and enhance services in Vermont to meet the needs of Vermont workers
- assess secondary outcomes that matter to RETAIN partners, such as:
  1. Reduced healthcare costs
  2. Increased patient satisfaction
  3. Increased adherence to preventive programs
  4. Better chronic disease outcomes
  5. Improved management of chronic pain
  6. Reduction of opioid use
  7. Broadened scope of complex care coordination support
  8. Additional support for providers to reduce or protect against burnout

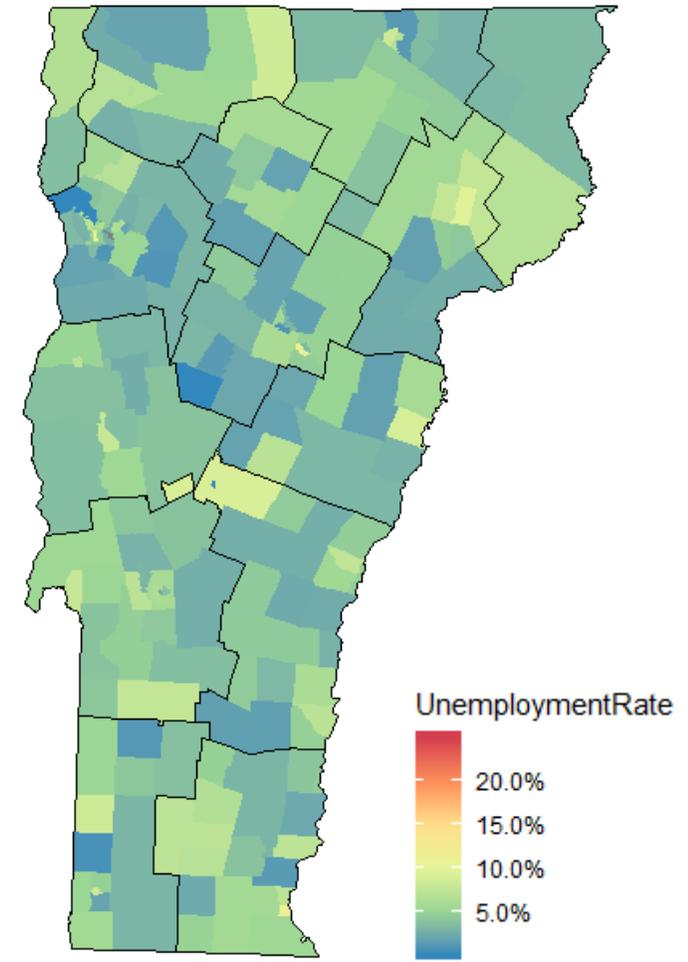
# Vermont maps with OneCare Hospitals, Career Resource Centers, Vocational Rehabilitation Offices, Disability Percent and Unemployment Rates



Locations of OneCare hospitals, Vermont VR offices and Career Resource Centers



Individuals with disability (age 18-64 years) as percent by Census Tract, ACS 5-Year 2017



Unemployment Rate by Census Tract, ACS 5-Year 2017

**Sources:**

- <https://www.onecarevt.org/about-2/>
- <https://vocrehab.vermont.gov/contact-us/office-locations>
- <https://labor.vermont.gov/workforce-development/find-your-local-career-resource-center>
- <https://www.dol.gov/odep/topics/SAW-RTW/RETAIN-Phase-1-Recipient-Snapshots-VT.htm>

# Vermont Disability Statistics

- Vermont is has one of the highest SSDI prevalence rates in the U.S.
- Vermont' has **2<sup>nd</sup> highest rate** in the U.S. of young people receiving SSDI
- If this prevalence rate for the entire population was equal to the national average, Vermont's labor force would be **5,000** more than its current level

FIG 7. People with Disabilities Ages 18-64 Years Living in the Community, by State, 2016

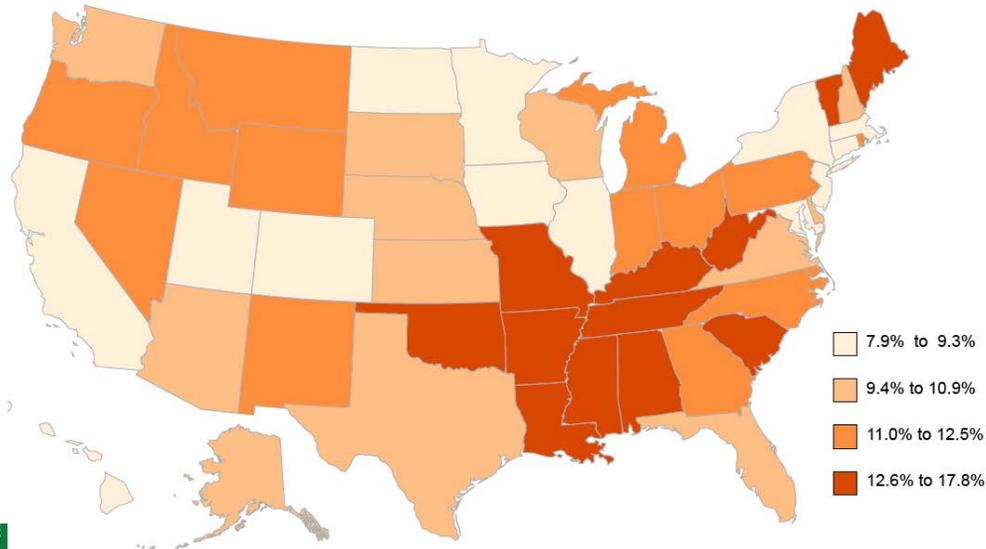
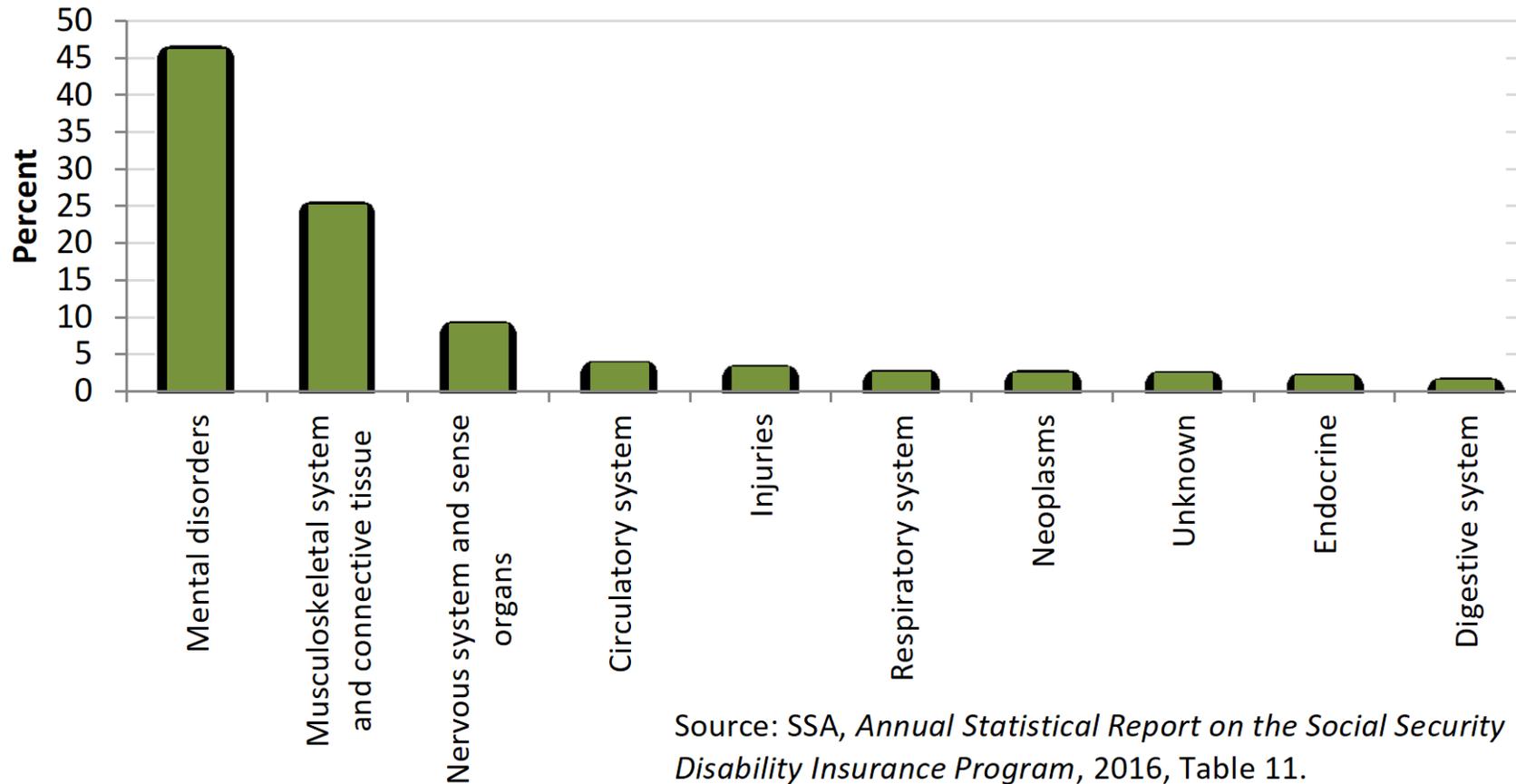


FIG 8. People with Disabilities Ages 65 and Over Living in the Community, by State, 2016

| Percentage of Age Group Receiving SSDI Benefits |            |                 |              |              |              |
|---|------------|-----------------|--------------|--------------|--------------|
|   | <u>All</u> | <u>Under 35</u> | <u>35-44</u> | <u>45-54</u> | <u>55-65</u> |
| Vermont   | 6.15%      | 2.12%           | 4.12%        | 6.79%        | 10.72%       |
| U.S.  | 4.80%      | 0.90%           | 2.50%        | 5.49%        | 11.28%       |

Source: Vermont Joint Fiscal Office

**Appendix Figure. Top 10 diagnoses of Vermont SSDI beneficiaries at the time of eligibility, 2016**



- Primary diagnoses for **71%** of Vermont SSDI beneficiaries were:
  - **Mental health disorders**: 11,840 individuals (**46%**)
  - **Musculoskeletal system and connective tissue diseases**: 6,435 individuals (**25%**)

# VT RETAIN Resource Center Eligibility

**Screening question:** Do you currently have an injury or illness that limits or could limit the kind or amount of work you can do?

- Yes
- No

## Is an injury or illness making it hard for you to work?



**Vermont RETAIN  
Resource Center  
is here FOR YOU  
& YOUR HEALTH!**



### What is the VT RETAIN Resource Center?

We know that to live your best life, being able to work is essential. The VT RETAIN Resource Center can help you meet your work goals. If you are struggling to stay at or return to work because of an injury or illness, we can help you find solutions based on your unique situation.

### How does the VT RETAIN Resource Center work?

The VT RETAIN Resource Center is a personalized service that you can access directly by phone or through your healthcare provider. Our *Care Coordinators* specialize in getting you the support you need to be able to live and work at your best. Our services coordinate with and do not replace your current treatment or support services.

### What do our Care Coordinators do?

- **We can help you** by providing the support, guidance, and resources you need to recover from an injury or illness that limits your ability to work.
- **We can work with your healthcare provider** to help you access treatment and services that you need to get your life back.
- **We can work with you and your employer** to create a plan for workplace interventions such as modified work, alternate job duties, or job retraining and rehabilitation so you can stay at or return to work.
- **We can coordinate with other programs and services** to keep your recovery on track.

### Am I eligible for VT RETAIN services?

If you are a worker in Vermont with an injury or illness that is limiting your ability to work, you are eligible for services.

### How do I access services at the VT RETAIN Resource Center?

You or your healthcare provider can call us directly at **802-495-6173, toll free at 833-995-1085** or email us at [LABOR.RETAIN@VERMONT.GOV](mailto:LABOR.RETAIN@VERMONT.GOV). We look forward to supporting you.

### How do I learn more about supporting my health at work?

We provide a one-hour class on everything you need to know about working when you have an injury or illness. Come learn about processes, rights, benefits, and services that can optimize your recuperation and ability to work.

**You are not alone if you feel unprepared for this situation. Our experts at the VT RETAIN Resource Center understand what you're facing, and can make it easier for you to navigate the maze of medical treatment, recuperation, and return to work!**

## Referral Information for VT RETAIN



VT RETAIN is here to prevent work disability across the state



### WHO SHOULD I REFER TO VT RETAIN?

Any patient who lives or works in Vermont and has an injury or illness that limits or could limit their ability to do full-time, full-duty work.

### HOW DO I REFER PATIENTS TO VT RETAIN?

- Send a referral using your usual **electronic referral system**
- Call the VT RETAIN Resource Center at **802-495-6173**
- Secure fax us at **603-676-4209**
- Secure email us at **LABOR.RETAIN@VERMONT.GOV**

After receiving a referral, our Care Coordinators will follow up directly with your patient and send you a return-to-work care plan and/or status updates as indicated.

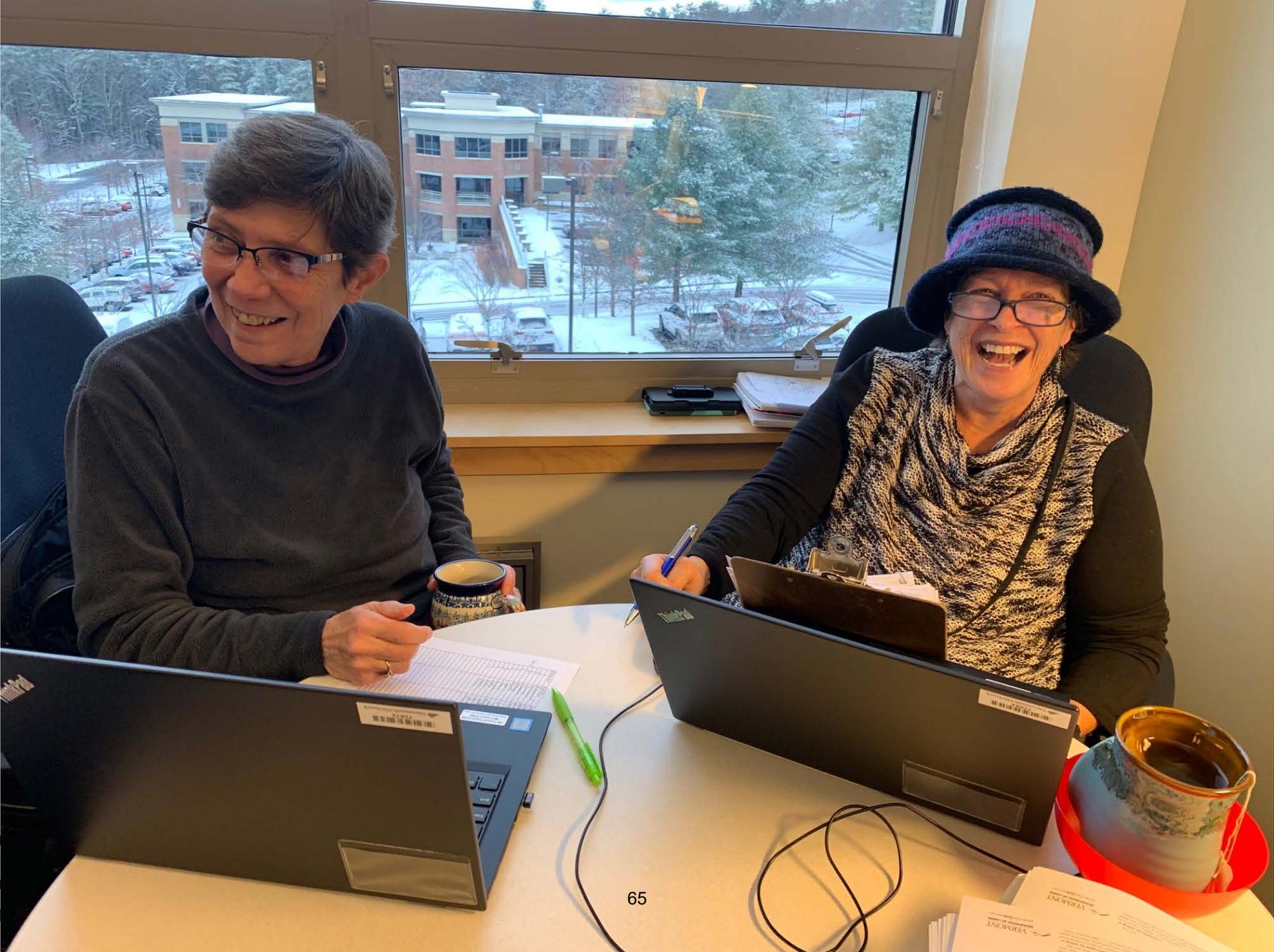
### WHAT IF I HAVE A QUESTION OR NEED OTHER SUPPORT?

You can call the VT RETAIN Medical Director, Dr. Karen Huyck, a board-certified Occupational Medicine physician, directly for formal or informal questions or support at **802-495-6316**.

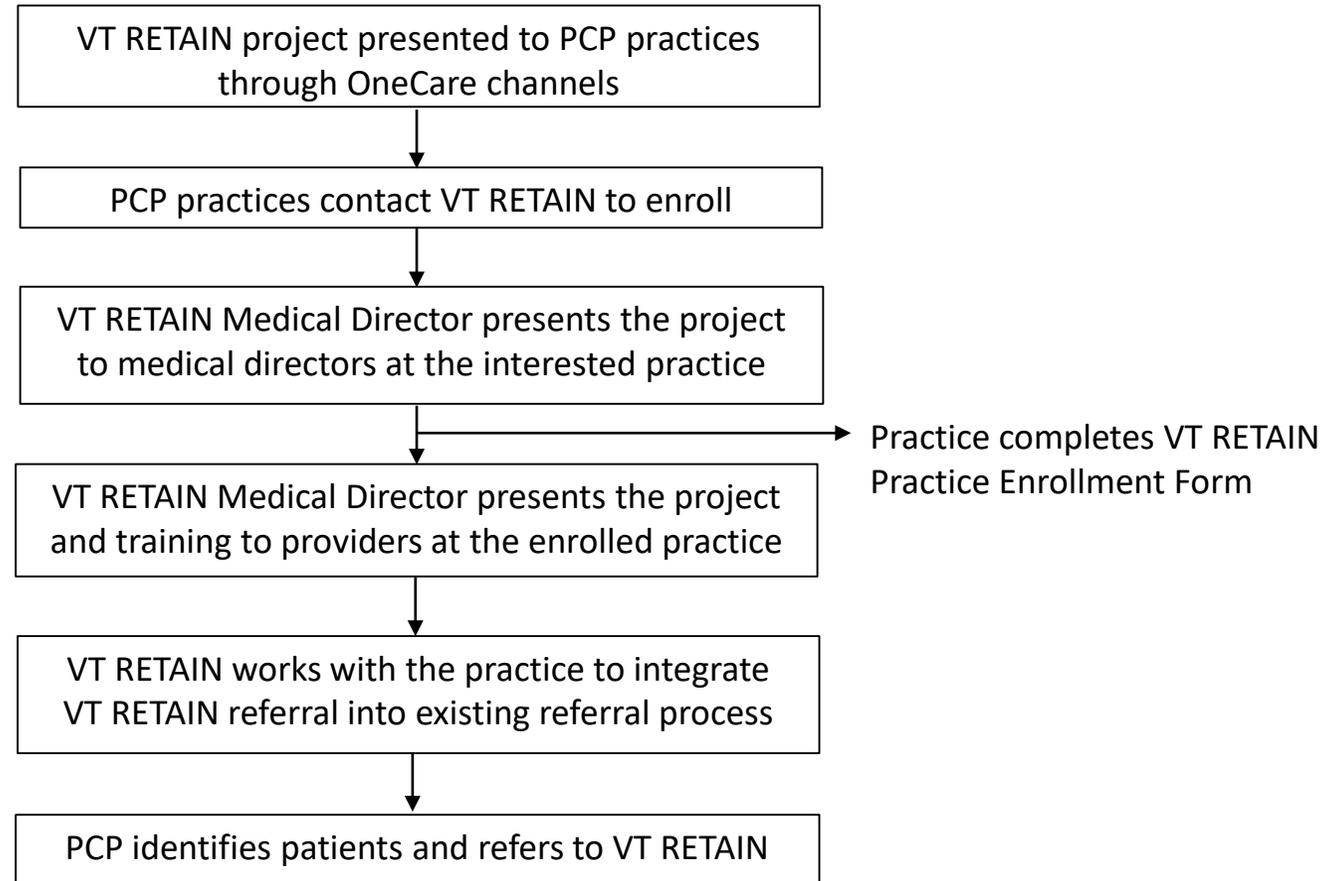
*RETAIN services coordinate with and do not replace your patients' current treatment or services.*

# VT RETAIN Resource Center Materials

**We can customize the enrollment and referral process to meet the needs of your practice, providers, and patients.**



# Phase 1 practice enrollment flow chart



# Vermont RETAIN OneCare Presentation



## Clinical & Quality Advisory Committee Meeting Agenda

June 6, 2019 4:30pm– 6:30pm  
 OneCare Vermont Mountainside Conference Room & via WebEx (Details Below)

| # | Agenda Item  | Presenter   | Time                          |
|---|--|---|-------------------------------|
| 3 | Dartmouth & Vermont Department of Labor Retain Project – Return to Work Care Coordination Phase I Grant – Discussion with CQAC Members about methods to tailor project | Karen L. Huyck, MD, PhD, MPH, FACOEM<br>Assistant Professor<br>Section of Occupational and Environmental Medicine<br>Department of Medicine<br>Geisel School of Medicine at Dartmouth<br>Dartmouth-Hitchcock Medical Center<br><a href="mailto:Karen.huyck@dartmouth.edu">Karen.huyck@dartmouth.edu</a> | 4:55pm-5:25pm<br>(30 Minutes) |

- a. Healthcare provider referrals to VT WRC
- b. Healthcare provider CME in stay at work/return to work (SAW/RTW) best practices
- c. Healthcare provider participation in needs assessment to identify gaps in support and services to promote SAW/RTW for patients

### Practice Enrollment Form

Call us directly at **802-828-4126**  
Email us at **Labor.RETAIN@vermont.gov**

We look forward to supporting you.

*Please provide the following information about your practice:*

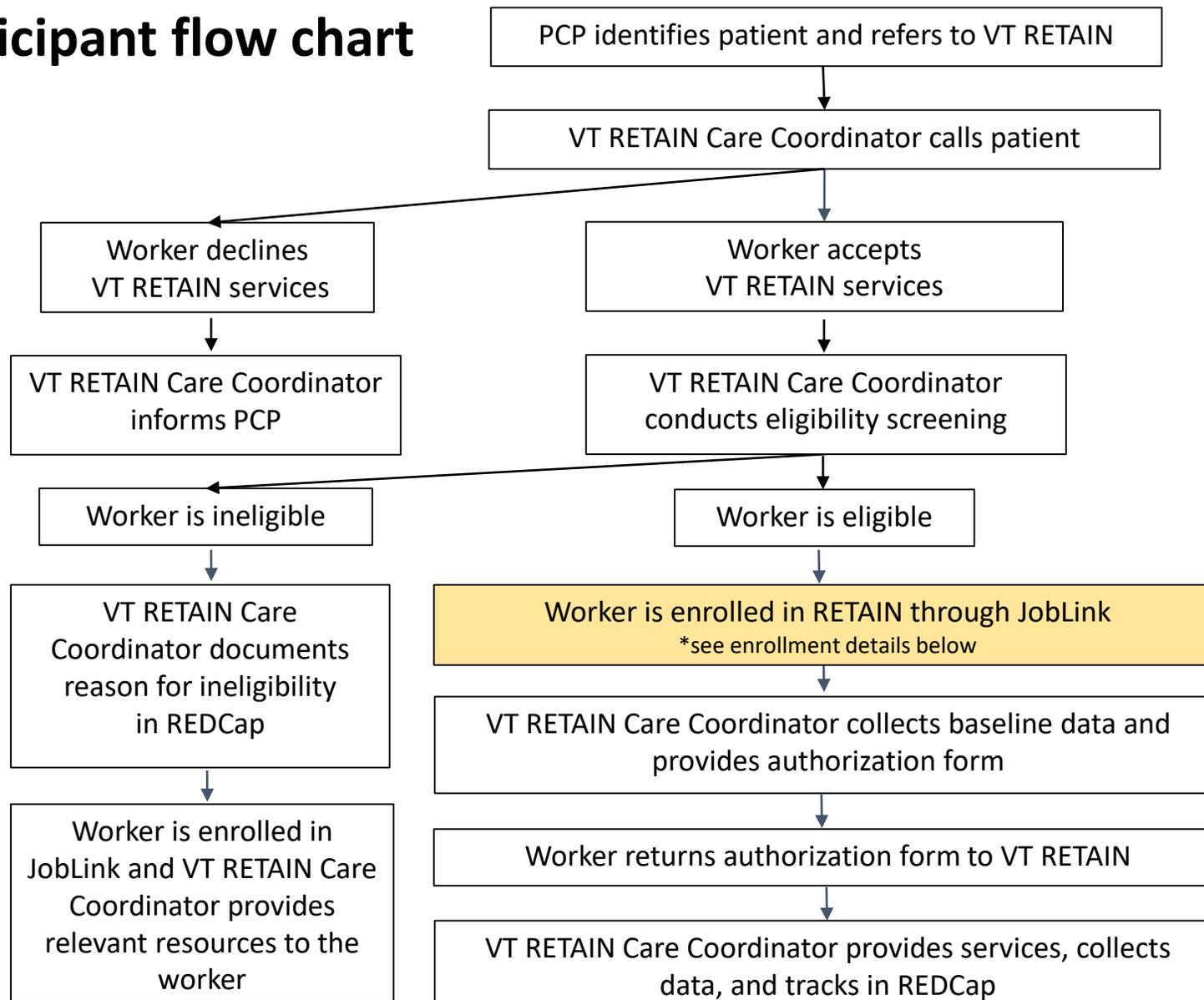
|  |     |
|--|-----|
| Practice Name:   |     |
| Administrative Contact for Practice (First and Last Name):   |     |
| Practice Address: (Number, Street, City, Zip Code):  |     |
| Phone Number:  |     |
| Fax Number:  |     |
| Email address:   |     |
| Number of Providers in Practice (include MD, DO, PA, NP):  |     |
| <b>First and Last Name and Credentials of Enrolling Providers</b> (use back of page if needed; can send print out) |     |
| 1.   | 7.  |
| 2.   | 8.  |
| 3.   | 9.  |
| 4.   | 10. |
| 5.   | 11. |
| 6.   | 12. |

# VT RETAIN Resource Center PCP Screening

**Screening question:** Does your patient currently have an injury or illness that limits or could limit the kind or amount of work they can do?

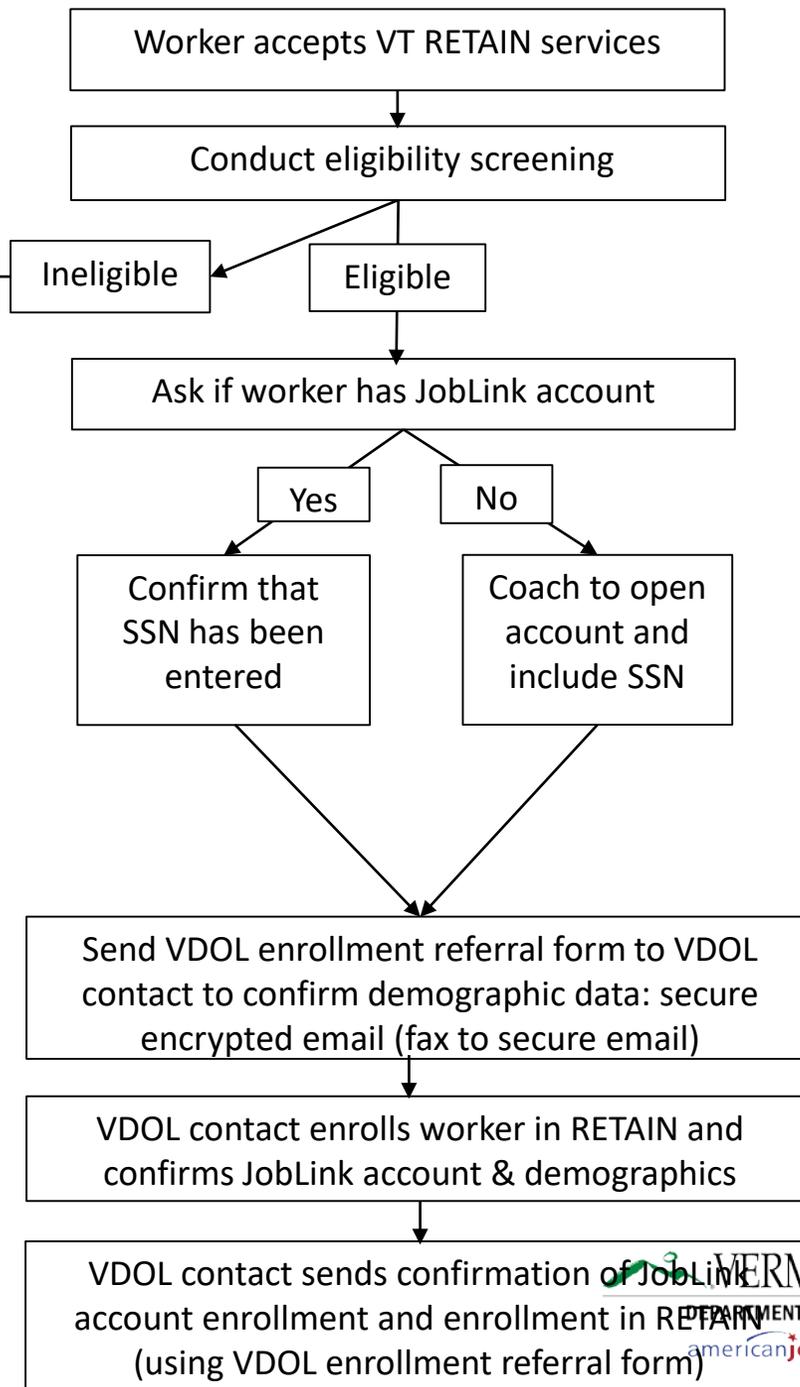
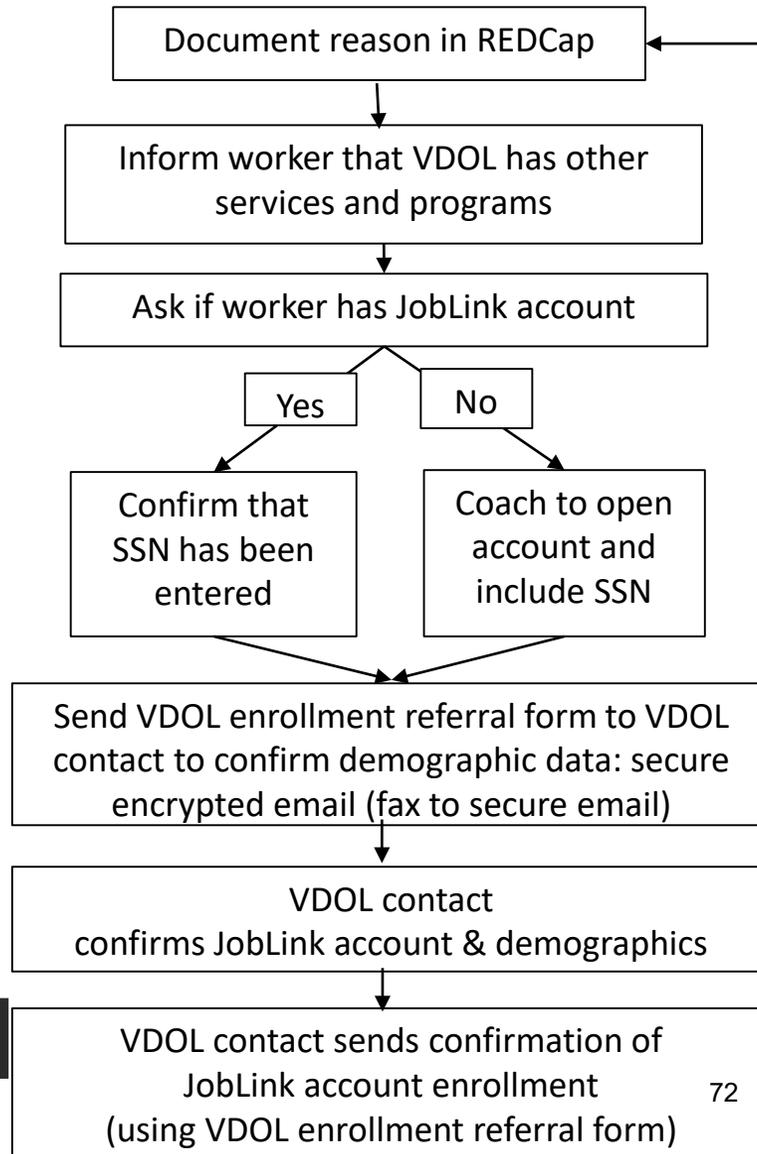
- Yes
- No

# Phase 1 participant flow chart



| Phase 1 RETAIN Eligibility Screening Form   |                                       |  |
|---|---------------------------------------|--|
| <b>Patient</b>  | First and Last Name:                  |  |
| <b>Screener</b>   | First and Last Name:                  |  |
| <b>Date Screened</b>  |                                       |  |
| <b>Eligible?</b>  | <b>Screener to Complete</b>           |  |
| <b>Yes</b><br><input type="checkbox"/>  | <b>No</b><br><input type="checkbox"/> |  |
| Inclusion Criteria  |                                       |  |
|   |                                       | Age 18 years or older?   |
|   |                                       | Currently <i>employed</i> or <i>actively looking</i> for a job?  |
|   |                                       | Has an injury or illness that <i>is limiting</i> or <i>could limit</i> the kind or amount of work the person can do? |
|   |                                       | Did this injury or illness <i>occur, flare, or worsen</i> within the past 6 months?                                  |
|   |                                       | Is this a work-related injury?   |
| Exclusion Criteria  |                                       |  |
|   |                                       | Speaks and understands English?  |
|   |                                       | Has an active substance use disorder?  |
|   |                                       | <i>Applied for or receiving</i> disability benefits from SSA with the past 5 years?                                  |
| Is the patient eligible?<br><i>(If only the white boxes are marked then the patient is eligible. Check YES/NO above.)</i> |                                       |  |
|   |                                       | If so, is this person interested in participating?   |
| If eligible but not interested in participating, please provide reason(s):  |                                       |  |
| <b>Reason for not participating</b>   |                                       |  |
| <b>Additional notes or comments:</b>  | 71                                    |  |

# Enrollment in JobLink to capture WIOA data



## VT RETAIN Phase 1 Timeline

(September 24, 2018 to March 31, 2021)

| Months 1 to 9<br>(Infrastructure)       | Months 9 to 24<br>(Implementation)   | Months 24 to 30<br>(Close Out Period)                                |
|---|--|--|
| Program development<br>Phase 2 Planning | Participant enrollment from pilot practices to<br>test services and data collection and transfer | Complete care<br>coordination services for<br>all pilot participants |



**Phase 1 recruitment starts**



**Phase 1 recruitment ends  
Phase 2 project starts**

# VT RETAIN Proposed Phase 2 Waitlist Cluster Randomized Control Trial

(October 1, 2020 to September 30, 2024)

| Months 1 to 6<br>(Year 1 infrastructure) | Months 7 to 18<br>(Year 1 of enrollment)                       | Months 18 to 30<br>(Year 2 of enrollment)                      | Months 30 to 36<br>(Year 3 of enrollment)                      | Months 36 to 48<br>(Year 4 follow up phase)                           |
|--|--|--|--|---|
| Preparation for intervention             | Participant enrollment through treatment and control practices | Participant enrollment through treatment and control practices | Participant enrollment through treatment and control practices | Patients from all participating practices get return to work services |



**Phase 2 enrollment starts**



**Phase 2 enrollment ends**

# Data Sources

| VT RETAIN Database   | Vermont Department of Labor   | Workforce Development Board  | OneCare   | Division of Vocational Rehabilitation  | Department of Health   |
|--|---|--|---|--|--|
| <ul style="list-style-type: none"> <li>• VT RETAIN REDCap database for Appendix A variables from ODEP</li> </ul> | <ul style="list-style-type: none"> <li>• Individual quarterly earnings</li> </ul> | <ul style="list-style-type: none"> <li>• WIOA participation</li> </ul> | <ul style="list-style-type: none"> <li>• TBD</li> </ul> | <ul style="list-style-type: none"> <li>• Data in AWARE database from individuals receiving state VR services</li> <li>• RTW outcomes</li> <li>• Services provided</li> </ul> | <ul style="list-style-type: none"> <li>• Household SNAP participation</li> <li>• Household TANF participation</li> </ul> |