



OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for Support of Clinical Coverage for Network Skilled Nursing Facilities

WHEREAS, there is a critical shortage of medical director and attending physician clinical services in Vermont Skilled Nursing Facilities (“SNFs”); and

WHEREAS, SNF level of care is essential for the effective function of a health care delivery system and the lack of medical director and physician services affects the entire delivery system; and

WHEREAS, lack of clinical coverage at SNFs can result in their inability to accept and hospitals’ inability to discharge patients who are not in need of acute care from inpatient settings; and

WHEREAS, OneCare has been working with a broad range of dedicated stakeholder partners in an effort to secure medical director and physician services for Vermont SNFs including: Vermont Agency of Human Services; Vermont Association of Hospitals and Health Systems; University of Vermont Health Network; Vermont Health Care Associates; Skilled Nursing Facilities of VT and individual providers; and

WHEREAS, the long-term stakeholder planning continues, and there is also a short term need for SNFs to have support in engaging clinical services; and

WHEREAS, OneCare allocated the sum of \$200,000 in its 2023 budget to be used to support SNFs; and

WHEREAS, OneCare has decided to use that budget to make payments of \$50,000 each to four SNFs in its network, requiring that the funds will be used to increase availability of clinical care in the facility; and

WHEREAS, OneCare has consulted with various stakeholders and reviewed available information to determine the four SNFs who are the most appropriate recipients of the payments in terms of need and impact on OneCare’s ACO Activities; such information including receipt by SNFs of emergency state funding, staffing levels, availability of coverage and census;

WHEREAS, this funding is a one-time occurrence, is not intended to be an ongoing source of funds, as the goal is for SNFs to be financially self-sufficient in funding medical director and clinical care in their facilities and OneCare remains committed to collaboration in co-developing medical services models to support Vermont SNFs; and



WHEREAS, OneCare participates in the Vermont All Payer ACO Model Vermont Medicare ACO Initiative and the Vermont Medicaid Next Generation Program. The Secretary of the Department of Health and Human Services by and through CMS, and the Department of Vermont Health Access, have provided certain waivers of federal and state fraud and abuse laws in connection with the Vermont All Payer ACO Model (“APM”), the Fraud and Abuse Waiver Notice for Vermont ACO Initiative.

WHEREAS, The Participation waivers are available when, among other things, the governing body of the ACO has reviewed and determined that the arrangements are reasonably related to ACO Activities. ACO Activities include:

- Promoting accountability for quality of care;
- Promoting accountability for cost of care;
- Promoting accountability for overall care;
- Managing and coordinating care;
- Encouraging infrastructure investment;
- Encouraging investment in re-designed care processes for high quality and efficient services delivery;
- Carrying out any obligation or duty under the Vermont ACO Initiative or the Vermont Medicaid NextGen Program (together “Programs”);
- Direct patient care;
- Promoting evidence-based medicine;
- Promoting patient engagement;
- Reporting on quality and cost measures;
- Coordinating care with telehealth, remote monitoring and other technologies;
- Establishing and improving ACO clinical systems;
- Establishing and improving ACO administrative systems;
- Meeting Programs quality standards;
- Evaluating patient health;
- Communicating clinical knowledge;
- Communicating evidence-based medicine; and
- Developing standards for patient access and communication including via medical records.

BE IT RESOLVED by the Board of Managers (the “Board”) of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) as follows:



The OneCare Board of Managers has duly authorized the arrangements for OneCare to provide a one-time \$50,000 payment to each of the listed in-network skilled nursing facilities and has made a bona fide determination the arrangement is reasonably related to one or more of the above ACO Activities, including managing and coordinating care and accountability for quality, cost and overall care. Hospitals throughout the state are holding patients who do not need acute care in inpatient settings due, in part to a lack of nursing home capacity that has been limited as a result of lack of medical director and clinical services. Creating more capacity in SNFs will benefit the quality of care and cost of care for patients.

Therefore, the Board extends the protections afforded under the ACO Participation Waiver to the \$50,000 clinical capacity building payments to the following skilled nursing facilities:

1. Kingdom Kare
2. Suncrest Healthcare Communities
3. Mayo Rehabilitation Center
4. Helen Porter Health and Rehabilitation Center