

**State Demonstrations to Integrate Care for Dual Eligible Individuals
Design Contracts
Summary of State's Initial Design Concepts
May 2011**

State: Vermont

Overview of Proposed Approach	Vermont's proposed plan is for the State to become a managed care entity to manage both Medicare and Medicaid services for the dual eligibles, in conjunction with its two current 1115 Medicaid waivers. As part of its broader statewide delivery system reform and community-based infrastructure development for integrating care, Vermont would expand its Advanced Primary Care Practices and add existing case management in conjunction with its Blueprint community health teams to more comprehensively link case management services offered for dual eligibles and improve the coordination of primary, acute and long term care.
Target Population (All duals/full duals/subset/etc.)	All dual eligibles
Estimated Enrollment (in 2012 and at full implementation)	21,379
Planned Geographic Service Area (Statewide or listing of pilot service areas)	Statewide
Planned Stakeholder Process	Vermont will establish a Statewide advisory group of consumers and providers that will meet at least monthly to discuss draft proposals for all aspects of the demonstration proposal. Other stakeholder input will be gained by attending the regular meetings of advocate groups, provider groups and other involved advisory groups. Vermont will also use a web-based tool to gather input as well as share developments and comments with all stakeholders.
Proposed Implementation Date and Related Milestones (Any implementation milestones are pending CMS Approval)	Vermont will have a demonstration ready for submission to CMS by mid-April 2012. Vermont intends to have a fairly complete draft proposal available for State legislative consideration by January 15, 2012. Assuming CMS approval of the demonstration proposal, Vermont would begin actual implementation of service changes within three months of approval by CMS.
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