The statewide ACO contract has quality incentives that include a slate of nationally normed and implemented quality measures, many of which emphasize behavioral health access to care. Quality Performance Measures for the ACO include:

- 30-day follow-up after discharge from the ED for alcohol or drug dependence
- 30-day follow-up after discharge from the ED for mental health
- Initiation of alcohol or other drug dependence treatment
- Engagement of alcohol or other drug dependence treatment
- Screening for clinical depression and follow-up plan

In fact, the statewide ACO in Vermont has provided infrastructure and technical assistance training to the DAs, both to improve quality performance and to encourage access to care that will help contain costs.

Because the ACO care model emphasizes integration of care and cost containment, and because of the important role played by the DAs in the overall system, ACO member care teams include participants from the appropriate DA.

Under that model, which is inclusive of all Medicaid services, DAs receive a case rate for each unique child or adult served.

- Rates are based on historical expenditures and are paid prospectively at the beginning of each month.
- In order to avoid disincentives to provide care, agencies are expected to meet established caseload targets by delivering at least one qualifying service to an individual in a given month.
- Value-based payments are made through a separate quality payment – in essence a withhold from the case rates

Although establishing prospective case rate payments for providers can create perceptions that providers will be disincentivized from delivering care, the Vermont model shows that such a model can include mechanisms to ensure access is well-maintained. First, the state obligates the plans to meet historical expectations of access. Second, the state puts providers at-risk for quality performance.