



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

July 11, 2023

GCR 23-099
PROPOSED

Medicaid Investment: Suicide Prevention

Policy Summary:

The Vermont Medicaid program proposes to establish a Medicaid health-related investment to support the in-state facilitation of the National Suicide Prevention Lifeline (988) program as well as other suicide prevention activities as overseen by the Vermont Department of Mental Health.

This investment will allow Vermont to build a 24/7 in-state response to support the National Suicide Prevention Lifeline (988). This improved response will allow the two in-state Lifeline centers in Vermont to provide timely and accessible mental health crisis care to low income, uninsured, and underinsured Vermonters by improving staffing and overall capacity. Additionally, this funding will support development of other suicide prevention activities within Vermont by the Department of Mental Health (DMH) and the Center for Health and Learning (CHL). DMH and CHL will complete outreach, education, and engagement activities to improve awareness of and access to suicide prevention services throughout the state.

Vermont's Global Commitment to Health Section 1115 Demonstration waiver authorizes expenditures, within the annual limits, for public health, health care, and health-related investments. This investment will benefit low income, uninsured, and underinsured individuals, and Medicaid beneficiaries in Vermont.

Effective Date:

August 15, 2023

Authority/Legal Basis:

[Global Commitment to Health Waiver](#)

Population Affected:

All Vermont residents including all Vermont Medicaid beneficiaries

Fiscal Impact:

The estimated gross annualized budget impact is \$2,500,000

Public Comment Period:

July 11, 2023- August 11, 2023

Send comments to:
Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

The new investment template for Suicide Prevention, including 988, can be found on the following pages.

ATTACHMENT S**New Investment Application Template**

For each new investment, the state must submit the following information to CMS as described in STC 11.6.

Date	7/11/2023
Investment Title	Suicide Prevention
Estimated Amount	\$2,500,000
Time Period	8/15/2023 - Ongoing
Department	Department of Mental Health
Category	Increase the access to quality health care by low income, uninsured, underinsured individuals, and Medicaid beneficiaries in Vermont.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>This investment will support the facilitation of the National Suicide Prevention Lifeline (988) and other suicide prevention activities within the state of Vermont. Objectives of this investment include improving health outcomes for low income, uninsured, and underinsured Vermont residents, improving health equity by reducing barriers to mental health crisis services, and increasing suicide prevention activities to reduce the number of Vermonters who die by suicide every year.</p> <p>Goals of 9-8-8:</p> <ul style="list-style-type: none"> • Raise awareness of 9-8-8 as a suicide prevention and mental health crisis resource • Connect Vermonters experiencing mental health challenges to inclusive local resources • Increase awareness of the prevalence of suicidal thoughts and actions among Vermonters and reduce stigma surrounding mental health • Improve Vermont's in-state answer rate of the Lifeline and build capacity to work toward other methods of communication within the Lifeline • Work toward a centralized emergency services system in Vermont • Decrease the rate of suicide in Vermont <p>Goals of Other Suicide Prevention Activities:</p> <ul style="list-style-type: none"> • Improve awareness of existing mental health and suicide prevention support services through public education activities • Develop and support suicide prevention infrastructure in partnership with key stakeholder groups • Design evidence based best practices and policies to promote social and emotional wellness in Vermont • Advance established best practices for suicide prevention through workforce development activities • Promote general mental health wellness to reduce lives lost to suicide in Vermont 	

Project Description

This must include descriptions of specific terms associated with eligibility, benefits and services, and how the state intends to operationalize the program (e.g., population served, provider types, provider qualifications, methodology for incentive payments)

The Vermont Medicaid program proposes to establish a Medicaid health-related investment to support the in-state facilitation of the National Suicide Prevention Lifeline (988) as well as other suicide prevention activities as overseen by the Vermont Department of Mental Health.

This investment will allow Vermont to build a 24/7 in-state response to The National Suicide Prevention Lifeline (988). This improved response will allow the two in-state Lifeline call centers in Vermont to provide timely and accessible mental health care to low income, uninsured, and underinsured Vermonters. This investment will be used to fund the necessary staff to support the activities of the National Suicide Prevention Lifeline, including funding a Suicide Prevention Director position and continuing to train and fund local counselors to engage with callers. Although counselors working on the lifeline are not required to be licensed clinicians, there is extensive training required which will be funded, in part, through this investment. Further, this investment will build the capacity of the Lifeline to respond to chats, texts, and phone calls, and will allow a greater number of follow up phone calls, ultimately helping the Lifeline to reach more Vermont residents in need of mental health support.

Additionally, this funding will support development of other suicide prevention activities within the state under the agreement between the Department of Mental Health (DMH) and the Center for Health and Learning (CHL). DMH and CHL will complete outreach, education, and engagement activities to improve awareness of and access to suicide prevention services throughout the state. They will also facilitate Vermont Suicide Prevention Center (VTSPC) meetings with DMH and Coalition Leadership meetings with VTSPC and the Agency of Human Services Leadership Team. This investment will further be used to develop suicide prevention policy and advance the development and use of evidence-based practices.

This investment meets the requirement of STC 11.1(c) as it supports the state's goal of improving health equity and is an innovative program that aims to address barriers to access for essential health services. Individuals accessing the services outlined in this investment will not be required to have insurance or provide insurance information for utilization. 988 is a national suicide and crisis lifeline that offers 24/7 support to anyone experiencing mental health related distress, and it is open to all Vermont residents regardless of age, income, insurance status, and more. Additionally, funding from this investment will support the development of a plan to transition this pilot to a Medicaid covered service in the future.

How does the state ensure there is no duplication of federal funding?
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The Agency of Human Services operates under a Cost Allocation Plan (CAP) which is approved quarterly by HHS. The CAP ensures there is no duplication of funding because total expenses are allocated to the benefitting federal program.
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Source of non-federal share

State General Fund

How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?
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AHS staff have reviewed project descriptions to ensure that the investment does not include any activities listed in STC #11.5 and will monitor program expenditures to ensure continued compliance with this requirement.
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The state assures that in reporting cost, the state and providers must adhere to 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. Pursuant to 45 CFR §75.302(a) the state must have proper fiscal control and accounting procedures in place to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of applicable statutes. Costs must be supported by adequate source documentation.
