



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

Global Commitment Register

December 30, 2024

GCR 25-017
PROPOSED

Medicaid Investment: Increase Access to Assistive Technologies and Home Modifications

Policy Summary:

The Vermont Medicaid program proposes to increase access to Assistive Technology and Home Modifications (AT/HM) to improve functional ability, quality of living, and encourage aging-in-place for older Vermonters and adults with physical, developmental, and intellectual disabilities.

The Department of Disabilities, Aging and Independent Living will work with the Vermont Center for Independent Living (VCIL) to increase offerings of AT/HM. VCIL's work will include determining eligibility for AT/HM assistance, coordinating evaluations for AT/HM needs, assisting with identification of AT/HM vendors, tracking budgets and invoices, and coordinating support to participants.

Vermont's Global Commitment to Health Section 1115 Demonstration authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This investment provides home and community-based services and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care.

Effective Date:

January 30, 2025

Authority/Legal Basis:

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

Older Vermonters and adults with physical, developmental, and intellectual disabilities.

Fiscal Impact:

The estimated gross annualized budget impact is \$987,000.

Public Comment Period:

December 30, 2024 – January 30, 2025

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 Medicaid Investment application to Increase Access to Assistive Technologies and Home Modifications 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	12/30/24
Investment Title	Increase Access to Assistive Technologies and Home Modifications
Estimated Amount	\$987,000
Time Period	January 30, 2025
Department	The Department of Disabilities, Aging and Independent Living
Category	Provide home and community-based services and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The objective of this project is for Assistive Technology and Home Modifications (AT/HM) to improve functional ability, quality of living, encourage aging-in-place for older Vermonters and adults with physical, developmental, and intellectual disabilities. The Department of Disabilities, Aging, and Independent Living (DAIL) will track the following measures to evaluate the impact of this investment:</p> <ul style="list-style-type: none"> • The number of individuals getting access to Assistive Technologies and Home Modifications through this project • The household median income of individuals served in this program 	
Project Description	
<p>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)</p> <p>The Department of Disabilities, Aging and Independent Living (DAIL) will work with the Vermont Center for Independent Living (VCIL) to increase offerings of Assistive Technology and Home Modifications (AT/HM). VCIL's work will include determining eligibility for AT/HM assistance, coordinating evaluations for AT/HM needs, assisting with identification of AT/HM vendors, tracking budgets and invoices, and coordinating support to participants.</p> <p>DAIL is requesting VCIL to assess and act upon opportunities to provide AT/HM options for participants in the three main home and community-based service (HCBS) programs managed by DAIL, which are Choices for Care (CFC), the Brain Injury Program (BIP), and Developmental Disabilities Services (DDS). This project will also apply to other Vermonters who meet the criteria. VCIL will determine eligibility using the following parameters:</p> <ul style="list-style-type: none"> • At least one individual in the household is a current participant of CFC, BIP, or DDS program AND has an unmet need for AT/HM beyond what is covered by the program, OR; • At least one individual in the household has a long-term physical, developmental, or intellectual disability as defined by the Department of Justice; the household income is at 	

<p>or less than 80% of the federal government's Department of Housing and Urban Development (HUD) gross median income or lower; AND the individual has HCBS needs for which AT/HM would support.</p>
<p>How does the state ensure there is no duplication of federal funding?</p>
<p>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.</p>
<p>Source of non-federal share</p>
<p>State funds are equivalent to the amount of federal funds attributable to the increased FMAP.</p>
<p>How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?</p>
<p>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.</p>
<p>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.</p>