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Re: Response to Public Comments for Global Commitment Resister, [GCR 22-073 High Technology Nursing Program Payment Model](#).

The Department of Vermont Health Access (DVHA) response to public comments on this policy change, and a summary of the comments received, is included below. Comments were received from one individual.

Comment: What is the incentive/reward for meeting the following measures: percentage of authorized hours provided by the home health agency across all beneficiaries for the entire year, percent improvement in authorized hours provided, new referral acceptance.

State Response: The payment model affords additional payment for meeting targets for the three performance measures as outlined below.

For the “percentage of authorized hours” measure, at least 60% of authorized hours must be provided for any additional payment to the home health agency, and 100% of authorized hours must be provided to receive the maximum additional payment.

The “percent improvement in authorized hours provided” measure rewards an *increase* in services; the agency must show at least 10% improvement from the prior year to receive any additional payment, and at least 35% improvement from the prior year to receive the maximum additional payment.

The “new referral acceptance” measure requires the agency to accept 100% of new referrals to receive the additional payment. Services must be initiated within 3 months to receive the additional payment.

Comment: If this policy gives incentives in addition to those provided by GCR 21-028, why is it in addition to and not replacing those incentives? I believe that GCR 21-028 incentivized agencies to provide fewer hours, and that GCR 22-073 should replace GCR 21-028 entirely.

GCR 22-073 does better by gating some rewards behind actual improvement, such as gating rewards after showing year over year improvement to hours provided. Other things it does not do great at, such as rewarding bonuses after providing only 60% of authorized hours to the client, does the State think 60% performance is acceptable for these individuals that require such intensive care?

State Response: The goal of the payment model described in GCR 21-028, is to support access to 100% of authorized services. The monthly payment component of the model can support recruitment, training, and retention of nursing staff for children and adults who rely on the value-based performance framework described in GCR 22-073 these services. The model’s fee-for-service component is intended as an incentive for home health agencies to provide all services up to 100% of authorized hours. The value-based performance framework described in GCR 22-073 is intended to further support access to authorized services as described above.