



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

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# Global Commitment Register

December 1, 2022

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GCR 22-121  
PROPOSED

## **Medicaid Investment: Sustained Home Visiting Program**

### **Policy Summary:**

The Vermont Medicaid program proposes to establish a Medicaid health-related investment for the Sustained Home Visiting Program overseen by the Vermont Department of Health.

The Sustained Home Visiting Program will provide Medicaid eligible pregnant and parenting people, infants and children with long-term home visiting services designed to improve maternal and child health, improve family economic self-sufficiency, coordinate referrals to community resources, build social connections, and promote optimal child development and school readiness.

Vermont's Global Commitment to Health Section 1115 Demonstration waiver authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This change affords federal matching funds for Sustained Home Visiting services.

### **Effective Date:**

January 1, 2023

### **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:**

Medicaid pregnant and parenting people, infants, and children.

### **Fiscal Impact:**

The estimated gross annualized budget impact is \$1,300,000.

### **Public Comment Period:**

December 1, 2022 – December 30, 2022

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](mailto:AHS.MedicaidPolicy@vermont.gov).

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

**Additional Information:**

The new investment template for the Sustained Home Visiting program 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.

<b>Date</b>	11/8/22
<b>Investment Title</b>	Start-up costs for the Sustained Home Visiting Program
<b>Estimated Amount</b>	\$1,300,000
<b>Time Period</b>	1/15/2023-3/31/2025
<b>Department</b>	Vermont Department of Health
<b>Category</b>	Increase access to quality health care by low income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont.
<b>Project Objective, Targeted Outcomes, and Impact to Health Equity</b>	
<p>The objective of this project is to expand Targeted Case Management through the Sustained Home Visiting Program throughout Vermont so that more Medicaid-eligible pregnant and parenting people, infants and children have access to the two evidence-based sustained home visiting models. Both the Sustained Nurse Home Visiting model and the Family Support Home Visiting model demonstrate positive family and child outcomes as a result of implementing the models with fidelity. For the Sustained Family Support Home Visiting model, outcomes include: increasing parent knowledge of early childhood development and improving parent practices; providing early detection of developmental delays and health issues; preventing child abuse and neglect; and increasing children's school readiness and success. Outcomes for the Sustained Nurse Home Visiting model include: improving transition to parenting by supporting mothers through pregnancy; improving child health and development by helping parents to interact with their children in developmentally supportive ways; improving maternal health and wellbeing by helping mothers to care for themselves; developing and promoting parents' aspirations for themselves and their children; and improving family and social relationships and networks by helping parents to foster relationships within the family and with other families and services.</p>	
<b>Project Description</b>	
<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 Sustained Home Visiting Program provides Medicaid eligible pregnant and parenting people, infants and children with long-term home visiting services designed to improve maternal and child health, improve family economic self-sufficiency, coordinate referrals to community resources, build social connections, and promote optimal child development and school readiness. Targeted case management services are offered through two models: the Sustained Nurse Home Visiting model and the Sustained Family Support Home Visiting model. Under the Nurse Home Visiting model, registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program. Under the Family Support model, trained professionals (i.e., a minimum of a bachelor's degree in a human services-related field) from partner agencies deliver a long-term, evidence-informed home visiting program. Funding will be used to support one-time startup costs related to the expansion of the Sustained Nurse Home Visiting model and the development of the Sustained Family Support Home Visiting model. Examples of startup and expansion costs include provider personnel, training, equipment, curriculum, and data reporting infrastructure. They do not include costs that will be covered through the payment rate. Concurrently, Vermont is finalizing two State Plan Amendments to add these models as Medicaid Targeted Case Management services.</p>
<p><b>How does the state ensure there is no duplication of federal funding?</b></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><b>Source of non-federal share</b></p>
<p>State funds equivalent to the amount of federal funds attributable to the increased FMAP.</p>
<p><b>How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?</b></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>