



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

Global Commitment Register

May 25, 2023

GCR 23-052
PROPOSED

Mobile Crisis Start-Up Funding – Medicaid Investment

Policy Summary:

The Vermont Medicaid program proposes to establish a Medicaid Investment for start-up funding to support implementation of a new, statewide community based mobile crisis service which aligns with Section 9813 of the [American Rescue Plan Act of 2021](#). This new service will include mobile crisis dispatch and follow-up services delivered by a multi-disciplinary team for both mental health and substance use crises on a 24/7/365 basis.

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 will benefit low income, uninsured, underinsured individuals, and Medicaid beneficiaries in Vermont.

AHS will provide Medicaid Investment funding to Health Care and Rehabilitative Services of Vermont (HCRS) to support start-up funding that is necessary to implement this new benefit. As the successful bidder of the Department of Mental Health's (DMH) request for proposals for a statewide community based mobile crisis provider, HCRS is responsible for the delivery and oversight of this new program. To support timely, statewide implementation, HCRS is eligible for start-up funding in the following categories:

1. Recruitment and retention such as marketing, bonuses.
2. Salaries of key staff for start-up such as Program Director, Quality Manager, Admin Support, Training coordinator, Data Analyst.
3. IT such as computers, phones, software.
4. Marketing and advertising to the public.
5. Technical assistance from Health Management Associates (HMA), the vendor that has been supporting AHS to develop this new mobile crisis benefit.

The Department of Mental Health will release funds to HCRS within the funding categories above as necessary and as HCRS provides sufficient detail to justify the need. Technical assistance from HMA will be provided to HCRS to the extent funds remain available and are not spent elsewhere.

This notice is not for the addition of community based mobile crisis services to the Medicaid program. A subsequent notice will be posted in the Global Commitment Register after DMH and HCRS have agreed to an implementation date for the statewide provision of these services and before service delivery begins.

Effective Date:

June 25, 2023

Authority/Legal Basis:

[Global Commitment to Health Waiver](#)

[American Rescue Plan Act of 2021](#)

Population Affected:

Vermonters in need of mental health and/or substance use crisis services.

Fiscal Impact:

The estimated gross annualized budget impact is \$900,000.

Public Comment Period:

May 25, 2023 – June 26, 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.

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	5/25/2023
Investment Title	Community Based Mobile Crisis Start-Up Funding
Estimated Amount	\$900,000
Time Period	May 2023 – March 2024
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>The objective of this funding is to support the implementation of statewide community based mobile crisis services in Vermont which aligns with Section 9813 of the American Rescue Plan Act of 2021. This new service will include mobile crisis dispatch and follow-up services delivered by a multi-disciplinary team for both mental health and substance use crises on a 24/7/365 basis.</p> <p>It is expected that, with Medicaid Investment start-up funding, community-based mobile crisis services will be delivered statewide no later than the end of the term for this funding.</p> <p>While these start-up funds will not have an immediate impact on health equity, this funding is expected to result in the implementation of a statewide mobile crisis benefit that will be available to all Vermonters. Emphasis on community based mobile crisis—meeting people where they are at—will reduce pressure on emergency departments and improve quality and access to mental health and substance use crisis services. Start-up funds will also ensure that mobile crisis teams receive specialty training across the lifespan for children, youth, and families, those 65 and over, and training in treating individuals with developmental disabilities.</p>	
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 Agency of Human Services (AHS) is implementing a new, statewide community based mobile crisis service which aligns with the Section 9813 of the American Rescue Plan Act of 2021. This includes mobile crisis dispatch and follow-up services delivered by a multi-disciplinary team for both mental health and substance use crises on a 24/7/365 basis.</p> <p>AHS will provide Medicaid Investment funding to Health Care and Rehabilitative Services of Vermont (HCRS) to support start-up funding that is necessary to implement this new</p>	

community base mobile crisis benefit. As the successful bidder to the Department of Mental Health's Request for Proposals for a statewide community based mobile crisis provider, HCRS is responsible for the delivery and oversight of this new program. To support timely, statewide implementation, HCRS is eligible for start-up funding in the following categories:

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4. Marketing and advertising to the public.
5. Technical assistance from Health Management Associates (HMA), the vendor that has been supporting AHS to develop this new mobile crisis benefit.

The Department of Mental Health will release funds to HCRS within the funding categories above as necessary and as HCRS provides sufficient detail to justify the need. Technical assistance from HMA will be provided to HCRS to the extent funds remain available and are not spent elsewhere.

How does the state ensure there is no duplication of federal funding?

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.

Source of non-federal share

State funds equivalent to the amount of federal funds attributable to the increased FMAP.

How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?

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.

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.