

## **Global Commitment Register**

June 30, 2023

GCR 23-069 PROPOSED

# **Department of Disabilities, Aging, and Independent Living Rate Increases**

#### **Policy Summary:**

The Vermont Medicaid program proposes to increase funding for services delivered under the Department of Disabilities, Aging, and Independent Living. The impacted programs are:

- Developmental Disabilities Services
- Choices for Care
- Brain Injury
- State Plan Adult Day Health Rehabilitation Services

This funding increase is part of the State Fiscal Year 2024 budget appropriation from the Vermont State Legislature, which is meant to assist with workforce stability and to ensure high quality of services and access to care.

#### **Effective Date:**

July 1, 2023

### **Authority/Legal Basis:**

Medicaid State Plan

This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

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

H.494 of the 2023 Legislative Session

#### **Population Affected:**

All Medicaid

#### **Fiscal Impact:**

The estimated gross annualized budget impact is \$17,930,176.



#### **Public Comment Period:**

June 30, 2023 – July 31, 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 draft Global Commitment Amended State Plan page provides additional details on the proposed changes; copies of the draft page can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843 or can be found on <u>Agency of Human Services website</u>.

The funding increase applying to the Disabilities Services Program impacts the services below. The value-based payment approach as described in GCR 22-112 remains unchanged.

- Service Coordination
- Community Supports
- Employment Supports
- Respite
- Clinical Services
- Individual and Local Crises Services
- In-Home Supports
- Transportation
- Supportive Services

The rate charts for the Choices for Care, Brain Injury, and State Plan health services programs can be found below.

| Billing Code                               | CFC Home-Based Setting   | Unit   | Max Amount Per<br>Unit / Other | Hourly<br>Equivalent |
|--|--|--------|--------------------------------|----------------------|
| 072/T1009                                  | Personal Care by HHA   | 15 min | \$9.58                         | \$38.32              |
| 077/T1009                                  | Personal Care by Consumer-Directed Personnel - minimum per CBA   | 15 min | N/A                            | \$17.49              |
| 081/T1009                                  | Personal Care by Surrogate-Directed Personnel - minimum per CBA  | 15 min | N/A                            | \$17.49              |
| 073/T1005(Respite)<br>073/S5135(Companion) | *Respite or Companion Care by HHA                                | 15 min | \$7.68                         | \$30.72              |
| 075/T1005(Respite)<br>075/S5135(Companion) | *Respite or Companion Care Consumer- Directed - minimum per CBA  | 15 min | N/A                            | \$17.11              |
| 080/T1005(Respite)<br>080/S5135(Companion) | *Respite or Companion Care Surrogate- Directed - minimum per CBA | 15 min | N/A                            | \$17.11              |
| 084  | *Respite by Adult Day Service provider                           | 15 min | \$6.25                         | \$25.00              |
| 078  | Home-Based Waiver Adult Day Service                              | 15 min | \$6.25                         | \$25.00              |
| 095/S5130                                  | Moderate Needs Homemaker   | 15 min | \$9.58                         | \$38.32              |
| 096  | Moderate Needs Adult Day   | 15 min | \$6.25                         | \$25.00              |
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| Billing<br>Code | CFC Enhanced Residential Care Setting                        | Unit  | Max Amount Per<br>Unit | Hourly<br>Equivalent           |
|-----------------|--|-------|------------------------|--------------------------------|
| 092             | ERC-tier 1   | 1 day | \$63.51                | Not applicable                 |
|                 |  | 1 day | \$70.26                | Not applicable                 |
| 093             | ERC-tier 2   | 1 day | \$72.29                | Not applicable                 |
|                 |  | 1 day | \$79.03                | Not applicable                 |
| 094             | ERC-tier 3   | 1 day | \$81.07                | Not applicable                 |
|                 |  | 1 day | \$87.84                | Not applicable                 |
| 090             | ERC Special Rate (Rate set for individual by prior approval) | 1 day | Varies by Provider     | Provider Rate by<br>Individual |

| Billing<br>Code | Brain Injury Program (BIP) Services                        | Unit                 | Max Amount Per<br>Unit | Hourly or Daily<br>Rate |
|-----------------|--|----------------------|------------------------|-------------------------|
| T2038 U8        | Community Supports: Rehab/Long Term                        | 1 day                | \$91.81                | \$91.81                 |
| T2038 HI        | Community Supports: Mental Health Funded                   | 1 day                | \$91.81                | \$91.81                 |
| S9125 U8        | Respite: Rehab/Long Term (CBA)                             | 1 day                | \$251.49               | \$251.49                |
| S9125 HI        | Respite: Mental Health Funded (CBA)                        | 1 day                | \$251.49               | \$251.49                |
| T1016 U8        | Case Management: Rehab/Long Term                           | 15 min               | \$14.89                | \$59.56                 |
| T1016 HI        | Case Management: Mental Health Funded                      | 15 min               | \$14.89                | \$59.56                 |
| T2017 U8        | Rehabilitation: Rehab/Long Term                            | 15 min               | \$6.28                 | \$25.12                 |
| T2017 HI        | Rehabilitation: Mental Health Funded                       | 15 min               | \$6.28                 | \$25.12                 |
| T2025 U8        | Environmental & Assistive Technology: Rehab/Long Term      | 1 Unit =<br>Lifetime | \$4,797.03             | \$4797.03/<br>Lifetime  |
| T2025 HI        | Environmental & Assistive Technology: Mental Health Funded | 1 Unit =<br>Lifetime | \$4,765.53             | \$4765.53/<br>Lifetime  |
| T2034 U8        | Crisis Support: Rehab/Long Term                            | 1 day                | \$612.08               | \$612.08                |
| T2034 HI        | Crisis Support: Mental Health Funded                       | 1 day                | \$612.08               | \$612.08                |
| H0036 U8        | Psychology & Counseling Supports: Rehab/Long Term          | 15 min               | \$19.90                | \$79.60                 |
| H0036 HI        | Psychology & Counseling Supports: Mental Health Funded     | 15 min               | \$19.90                | \$79.60                 |
| T2019 U8        | Employment Supports: Rehab/Long Term                       | 15 min               | \$6.28                 | \$25.12                 |
| T2019 HI        | Employment Supports: Mental Health Funded                  | 15 min               | \$6.28                 | \$25.12                 |
| T1020 U8        | TBI Personal Care Daily Rate: Rehab/Long Term              | 1 day                | \$361.13               | Individual rates        |
| T1020 UD        | TBI Personal Care Daily Rate: Mental Health Funded         | 1 day                | \$361.13               | Individual rates        |
| T2024 U8        | Pre-Admission Planning: Rehab/Long Term                    | 15 min               | \$14.89                | \$59.56                 |
| T2024 HI        | Pre-Admission Planning: Mental Health Funded               | 15 min               | \$14.89                | \$59.56                 |

| Billing<br>Code | State Plan Services  | Unit   | Max Amount Per<br>Unit | Hourly or Daily<br>Rate |
|-----------------|--|--------|------------------------|-------------------------|
| 99              | *Day Health Rehabilitation Services (DHRS) - (DAIL Budget) | 15 min | \$6.25                 | \$25.00                 |

