



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

Global Commitment Register

September 1, 2023

GCR 23-111
PROPOSED

Community-Based Mobile Crisis Coverage for the Uninsured and Underinsured – Medicaid Investment

Policy Summary:

The Vermont Medicaid program proposes to help cover costs associated with providing community-based mobile crisis services to uninsured and underinsured Vermonters. 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 increase access to quality health care for Vermonters.

Community-based mobile crisis services are for people of all ages who are experiencing a mental health or substance use crisis and include rapid community crisis response, screening, and assessment; stabilization and de-escalation services; coordination with and referrals to health, social, other services and supports. Community-based mobile crisis services may also include follow-up interventions for a period up to 3 days for adults and up to 7 days for children after the initial response.

Effective Date:

October 1, 2023

Authority/Legal Basis:

[Global Commitment to Health Waiver](#)

Population Affected:

Uninsured and underinsured Vermonters.

Fiscal Impact:

The estimated gross annualized budget impact is \$1,177,367.

Public Comment Period:

September 1, 2023 – October 1, 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:

See the Medicaid Investment application below which further describes this investment.

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	9/1/2023													
Investment Title	Community-Based Mobile Crisis Services – Uninsured/Underinsured													
Estimated Amount	\$1,177,367													
Time Period	October 1, 2023													
Department	Department of Mental Health (DMH)													
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>As the Vermont Medicaid program implements the new, enhanced community-based mobile crisis service, it proposes to help cover costs associated with providing community-based mobile crisis services to uninsured and underinsured Vermonters. Availability of two-person multidisciplinary teams that can respond 24/7/365 will be an integral part of the mental health and substance use system of care, which is currently under significant strain. Implementation of this service is expected to reduce emergency department use and improve health outcomes by reaching individuals where they are and connecting to ongoing services and supports.</p>														
<table border="1"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Quality Measure</th> <th style="background-color: #4F81BD; color: white;">Target</th> </tr> </thead> <tbody> <tr> <td>Average response time *From time of readiness</td> <td>60 minutes</td> </tr> <tr> <td>Response Time - percent within 60 Minutes</td> <td>85% of all interventions achieve a response time within 60 minutes</td> </tr> <tr> <td>Location of intervention</td> <td>Adult: 80% community-based/ 20% MCT office based Youth: 85% community-based/ 15% MCT office based</td> </tr> <tr> <td>Follow up Services by MCT - Percent of individuals that receive follow up services by MCT who are not admitted to 24-hour level of care</td> <td>75%</td> </tr> <tr> <td>Disposition</td> <td>Adult: 70% Diversionary service/ 30% inpatient (or referred for IP screening by DA ES) Youth: 80% Diversionary service/ 20% inpatient screening (or referred for IP screening by DA ES)</td> </tr> </tbody> </table>			Quality Measure	Target	Average response time *From time of readiness	60 minutes	Response Time - percent within 60 Minutes	85% of all interventions achieve a response time within 60 minutes	Location of intervention	Adult: 80% community-based/ 20% MCT office based Youth: 85% community-based/ 15% MCT office based	Follow up Services by MCT - Percent of individuals that receive follow up services by MCT who are not admitted to 24-hour level of care	75%	Disposition	Adult: 70% Diversionary service/ 30% inpatient (or referred for IP screening by DA ES) Youth: 80% Diversionary service/ 20% inpatient screening (or referred for IP screening by DA ES)
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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>Under this investment, the Vermont Medicaid program will help cover costs associated with providing community-based mobile crisis services to uninsured and underinsured Vermonters.</p> <p>Community-based mobile crisis services are for people of all ages who are experiencing a mental health or substance use crisis and include rapid community crisis response, screening, and assessment; stabilization and de-escalation services; coordination with and referrals to health, social, other services and supports. Community-based mobile crisis services may also include follow-up interventions for a period of up to three days for adults and up to seven days for children after the initial response.</p> <p>These services will be provided by Health Care Rehabilitation Services (HCRS) and its Designated Agency subcontractors. DMH will reimburse HCRS on a fee-for-service basis for uninsured and underinsured individuals per the Vermont Medicaid third party liability policies (see Vermont Medicaid General Billing and Forms Manual – Section 1).</p>
<p>How does the state ensure there is no duplication of federal funding?</p>
<p>This investment is targeted at the uninsured and underinsured, meaning that no funding is available for the identified service costs. Medicaid will utilize its established third-party liability policies to ensure it is the payer of last resort.</p>
<p>Source of non-federal share</p>
<p>State funds 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>