



**Vermont
Agency of Human Services**

**Home and Community-Based Services (HCBS) Grant
Application User Guide**

September 7, 2023



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Introduction

Welcome to the Vermont Home and Community-Based Services (HCBS) Grant Application User Guide. The Vermont HCBS Grant Opportunity is a pivotal initiative aimed at bolstering the quality, accessibility, and sustainability of Vermont’s system of care for individuals and their families who rely on HCBS to lead independent and fulfilling lives. With an allocation of up to \$21 million, this grant program serves as a catalyst for transformative improvements within the HCBS sector. The program is designed to address critical investments in infrastructure, enhance workforce capabilities, drive care model innovation, and strengthen provider processes.

Background

Under [Section 9817 of the American Rescue Plan Act of 2021](#), Vermont received funding to enhance, expand, and strengthen Medicaid HCBS. The Vermont Agency of Human Services (AHS) is using a portion of this funding to offer grant opportunities to HCBS providers, community-based organizations (CBOs) that serve Medicaid members with HCBS needs, and other entities that support the HCBS landscape in Vermont. The grant program, informed by feedback from stakeholders and AHS departments, addresses infrastructure needs, HCBS workforce development, care model innovation, and provider organization capacity. This guide provides comprehensive information to help applicants successfully apply for the four grant tracks under the HCBS Grant Program. These tracks are designed to address critical needs within the HCBS landscape, ensuring the improvement of care delivery, equity, and sustainability across Vermont.

The grant application opens September 7, 2023, and will remain open until October 12, 2023, at 5:00 pm EDT. During this period, applicants can email AHS.HCBSGrants@vermont.gov for technical assistance or visit the AHS HCBS Grant Opportunity webpage [here](#) for frequently asked questions and other updates.

What are HCBS? HCBS include medical and non-medical services that are provided in a home or community-based setting rather than an institutional setting. A variety of populations, including people of all ages with intellectual or developmental disabilities, physical disabilities, mental health conditions, or substance use treatment needs, receive HCBS to assist with daily living. Examples of HCBS include home health care, personal care services (dressing, bathing etc.), case management, and substance use disorder treatment. HCBS are offered through a variety of programs, including but not limited to the Choices for Care Program, Developmental Disability Services, Brain Injury Program, Community Rehabilitation and Treatment Services, and Mental Health Under 22.



General Program Guidance

General Eligibility Requirements

The four grant tracks are 1) *Infrastructure Improvement*, 2) *Workforce Development*, 3) *Care Model Innovation*, and 4) *Organizational Performance Improvement and Compliance*. The type of organization(s) that are eligible for each track varies, as illustrated in the table below.

Grant Track	Eligibility
Infrastructure Improvement	<ul style="list-style-type: none"> • <i>HCBS providers that are fully compliant with the HCBS Settings Criteria or will become compliant due to improvements funded through this grant opportunity.¹</i> • <i>HCBS providers offering Medicaid State Plan services in community-based non-residential settings.²</i>
Workforce Development	<ul style="list-style-type: none"> • <i>HCBS provider organizations, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.</i> • <i>Educational institutions (e.g., colleges and universities).</i> • <i>School districts or schools that serve children with HCBS needs or employ or contract with HCBS direct care workers.</i> • <i>Workforce development organizations that focus on HCBS and healthcare.</i> • <i>Community-Based Organizations demonstrating a strong linkage to HCBS Populations.</i>
Care Model Innovation	<ul style="list-style-type: none"> • <i>HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.</i> • <i>Hospitals, Community Health Centers, and healthcare organizations, systems, and networks that partner with an HCBS provider and provide documentation of the partnership.³</i> • <i>Community-Based Organizations demonstrating a strong linkage to HCBS Populations.</i>

¹ CMS requires settings of care that provide HCBS to meet specific criteria that are further described in federal regulation and guidance. See more details [here](#). Examples of settings of care that must meet the HCBS Settings Criteria include Adult Family Care, Day Health Rehabilitation Centers, Shared Living, Group Homes, Staffed Living, Congregate Community, Congregate Day, Group Living, Intensive Residential Recovery, and Therapeutic Foster Care.

² Funding related to the delivery of HCBS State Plan services will only be available to HCBS providers for outpatient services and will not include providers of inpatient services. Examples of Medicaid State Plan services include Home Health Care, Personal Care Services, Case Management, School Based Services, Rehabilitative Services, and Private Duty Nursing. Service types may require additional approval from the Centers for Medicare and Medicaid Services prior to AHS issuing a grant award.

³ The HCBS provider partner must be the Lead Applicant and, if selected, would be the grant award recipient.



Organizational Performance Improvement and Compliance	<ul style="list-style-type: none"> • <i>HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.</i> • <i>Community-Based Organizations that can demonstrate a pathway to become a Medicaid HCBS provider.</i>
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Proof of Eligibility and Considerations

Community-Based Organization (CBOs): CBOs that primarily serve Medicaid members with HCBS needs may be eligible to apply. To demonstrate a strong linkage to Vermont’s Medicaid HCBS programs, CBOs must:

- *Partner with an HCBS provider organization and include a letter of partnership or memorandum of understanding with their application; or*
- *Pilot a service that is in the process of becoming a Medicaid HCBS service or program and demonstrate a pathway to become a Medicaid HCBS provider; or,*
- *Demonstrate through their application that their proposal improves the quality of or access to a Vermont Medicaid HCBS service.*

Provider Organizations: HCBS providers must be enrolled in Vermont Medicaid and include:

- *Home Health Agencies*
- *Adult Day Facilities*
- *Agencies designated to provide mental health or developmental disability services, or both (Designated Agencies)*
- *Agencies with which the Commissioner of Mental Health or Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services (Specialized Service Agencies)*
- *Substance use treatment providers in the Department of Health’s preferred provider network*
- *Area Agencies on Aging*
- *Therapeutic Community Residences*
- *Brain Injury Providers*
- *Family Supportive Housing Providers*
- *Durable Medical Equipment Providers*
- *Therapy Providers contracted by a Home Health Agency*
- *Assistive Community Care Services Providers*
- *Providers of Programs licensed by the Department of Children and Families as Residential Treatment Programs*
- *Medicaid-enrolled Parent Child Centers*
- *Children’s Integrated Services Fiscal Agents*
- *Applied Behavior Analysis Providers*

Medicaid providers must provide a Medicaid ID number.



All organizations must provide the following:

- Form W-9
Unique Entity Identifier from SAM.gov
Responses to questions that enable AHS to complete a risk assessment.

General Funding Guidelines

Awards are expected to be announced in late fall of 2023, and funds must be spent by December 31st, 2024. Up to \$21 million will be made available across the four tracks of funding. Vermont estimates that the funding will be allocated across the tracks in the following increments:

Table with 4 columns: Grant Track, Available Funding, Minimum Award Available, Maximum Award Available. Rows include Track 1: Infrastructure Improvement, Track 2: Workforce Development, Track 3: Care Model Innovation Pilots, Track 4: Organizational Performance Improvement and Compliance, and Total.

All dollar amounts listed are estimated/approximate and are subject to change. If more funding becomes available through shifts in overall track funding amounts due to track specific interest and/or eligibility, it will be distributed under the same guidelines. All budget proposals will be subject to review and should include a budget justification. Funding should only be allocated to activities outlined in the grant budget approved after the submission and review process. AHS reserves the right to negotiate proposed budgets.

No more than 10% of funding can be spent on indirect costs as an overhead rate. The 10% should use a Modified Total Direct Costs (MTDC) base, which consists of: All direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub award (regardless of the period of performance of the sub awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub award in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the AHS for indirect costs (2 CFR § 200.1).



Eligible organizations may apply for more than one track of funding. Grant awards will be paid on a reimbursement basis. Requests for reimbursements may be submitted quarterly.⁴ Financial reports must be submitted using an AHS approved Excel based Financial Workbook, and must include details on personnel services, operating expenses, direct charges, and administrative expenses.

Priority will be given to proposals that include matching funds. AHS will not fund projects if alternative funding is available through other funding opportunities made available by AHS and its Departments or if applicants requested or received funding for the same purpose from the federal government.

Grant Reporting Requirements

Post-grant award reporting requirements involve the submission of regular progress updates to the AHS, typically on a quarterly basis, to outline the project's implementation status. These updates will encompass achieved milestones, encountered challenges, and any modifications made to the initial plan.

The reporting expectations can vary depending on factors like award size and timeline, but generally, recipients will be required to:

- Gather data for assessing project impact using a minimum of two custom metrics approved by the AHS.
- Provide an interim and final report, which should include a narrative describing how the project progressed toward goals of each track, along with an analysis of the two or more metrics.
- Submit regular financial reporting, typically on a quarterly basis, detailing the allocation and spending of grant funds. These reports will facilitate the grant reimbursement process.

Proposals that create ongoing budget needs that extend beyond the HCBS Grant Opportunity funding period must also create a Sustainability Plan within six months of executing the grant agreement. This Sustainability Plan must be available to AHS upon request.

Prohibited Expenses

Below is a bulleted list of examples of prohibited expenses. Note that the list is not comprehensive, but instead is an illustrative list of prohibited uses of ARPA HCBS funding.

- *Any of the provisions located in 45 C.F.R. § 75.450(c) including, but not limited to: attempting to influence any federal, state, or local election, referendum, initiative, or similar procedure, and establishing, administering, contributing to, or paying the expenses of a political party.*

⁴ Monthly reimbursement may be considered in some circumstances depending on grantee need and AHS capacity.



- *Legal fees, if costs were incurred relating to a violation of, or failure to comply with, a federal, state or local statute, regulation, or the terms and conditions of the federal award, by the non-federal entity and the violation, or failure to comply, resulted in a criminal conviction or assigned liability in a civil or administrative proceeding. Also, payments may not cover legal fees incurred by the non-federal entity in connection with the defense of suits brought by its employees or ex-employees under section 2 of the Major Fraud Act of 1988, including the cost of all relief necessary to make such employee whole, where the non-federal entity was found liable or settled.*
- *Expenses that are already covered through Medicaid (i.e., supplanting).*
- *For Tracks 2, 3 and 4, any activities that are explicitly unallowable per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver Standard Terms and Conditions Section 11.5.*
- *Any illegal activity.*

The AHS reserves the right to deny any activity or expense included in a submitted spending/staffing plan that the AHS determines to not be an allowable expense or that is not necessary to enhance, expand, or strengthen Medicaid HCBS.

Grant Tracks

Infrastructure Improvement

This grant track will provide funding to HCBS providers to upgrade existing facilities through capital improvements, including environmental health and safety upgrades. This track aims to foster long-term system stability, enhance service delivery, and ensure the well-being of both staff and beneficiaries.

Target Audience

The target audience for infrastructure improvements include the following:

- *HCBS providers that are fully compliant with the [HCBS Settings Criteria](#) or will become compliant due to improvements funded through this grant opportunity.⁵*
- *HCBS providers that offer Medicaid State Plan services in community-based non-residential settings.⁶*

⁵ CMS requires settings of care that provide HCBS to meet specific criteria that are further described in federal regulation and guidance. See more details [here](#). Examples of settings of care that must meet the HCBS Settings Criteria include Adult Family Care, Day Health Rehabilitation Centers, Shared Living, Group Homes, Staffed Living, Congregate Community, Congregate Day, Group Living, Intensive Residential Recovery, and Therapeutic Foster Care.

⁶ Funding related to the delivery of HCBS State Plan services will only be available to HCBS providers for outpatient services and will not include providers of inpatient services. Examples of Medicaid State Plan services include Home Health Care, Personal Care Services, Case Management,



Goals and Expected Outcomes

The objective of the Infrastructure Improvement Grant Track is to provide funding for HCBS providers to make significant and lasting improvements to their physical infrastructure and facilities to support long-term system stability and improve service delivery for individuals receiving HCBS and their families and caregivers. Expected outcomes resulting from these infrastructure improvement initiatives include:

- **Enhance Service Delivery:** *The infrastructure improvements will enable HCBS providers to deliver services more effectively and efficiently. Upgraded facilities and operational enhancements will lead to improved service quality, compliance with HCBS regulations, increased accessibility, improved service environment, and enhanced client satisfaction.*
 - *Examples: Improvements to increase facility accessibility and compliance with the Americans with Disabilities Act, upgrades to ensure compliance with the HCBS Settings Rule*
- **Expand Service Capacity:** *By investing in infrastructure improvements, providers can expand their service capacity in high need areas, allowing them to serve a larger number of individuals and meet the growing demands of their communities. This will result in improved access to care and increased community well-being.*
 - *Examples: Building modifications or renovations to create additional administrative or service delivery spaces*
- **Bolster HCBS System Stability:** *Upgrades to facility infrastructure and environmental health and safety improvements will strengthen HCBS providers' ability to deliver services in a secure and conducive environment. This includes upgrades to building safety and energy efficiency, adoption of best practices for environmental health, and modifications to improve staff experience, efficiency, and workflow.*
 - *Examples: Facility upgrades and repairs, IT/network updates such as cyber security, HVAC upgrades, lead remediation, energy efficient windows*

Program Requirements and Eligible Expenses

To ensure the successful implementation of infrastructure improvements through the Infrastructure Improvement Grant Track, applicants must adhere to the following program requirements and utilize funds for eligible expenses.

School Based Services, Rehabilitative Services, and Private Duty Nursing. Service types may require additional approval from the Centers for Medicare and Medicaid Services prior to AHS issuing a grant award.



Program Requirements

- **Proposal Alignment:** Organizations must demonstrate that they meet the eligibility criteria and expected outcomes as listed above. Infrastructure Improvement projects must take place in settings that 1) are fully compliant with the home and community-based settings criteria, or 2) will become compliant with the home and community-based settings criteria due to improvements funded through this grant opportunity, or 3) are related to the delivery of HCBS State Plan community-based non-residential services. Service types may require additional approval from the Centers for Medicare and Medicaid Services (CMS) prior to AHS issuing a grant award.
- **Clear Project Plan:** Applicants must provide a well-defined project plan outlining the specific infrastructure improvements they intend to undertake. The plan should include details such as the scope of work, subcontractors, milestones, and timeline, and expected outcomes. The plan must also include a project budget with 3rd party project cost estimates for the scope of work (e.g., project quote from an architect or contractor).
- **Demonstrated Need:** Applicants must demonstrate a genuine need for infrastructure improvements, using data where available to highlight challenges, gaps, or opportunities that these improvements will address. This may include outdated facilities, accessibility or workflow issues, or safety concerns. For proposals that expand capacity, priority will be given to projects that expand Adult Day or Crisis Bed capacity pending approval from CMS for use of these grant funds for infrastructure improvements related to community-based short-term crisis stabilization beds.
- **Sustainability and Long-Term Impact:** The proposed infrastructure improvements should be sustainable and have a long-term impact on the organization's capacity to deliver high-quality HCBS services. All successful applicants will be required to commit to a five (5) year Change of Use provision. Proposals for Infrastructure Improvements must indicate whether they create any ongoing operating costs and must include a sustainability plan outlining how the organization intends to fund any additional operating costs. The State is not guaranteeing any additional State funds for operating costs in future years.
- **Compliance with Regulations:** All proposed infrastructure improvements must comply with relevant regulations, safety standards, and building codes, including Americans with Disabilities Act Accessibility Standards. Applicants should provide evidence of adherence to these requirements in their project plan as applicable.

Eligible Expenses

- **Facility Upgrades:** Funds can be allocated for physical renovations, expansions, or modifications to improve the infrastructure of existing HCBS provider facilities. Funding may be awarded for new projects or for projects in progress with an identified funding gap. This includes repairs,



accessibility enhancements, modifications to comply with HCBS regulations, and improvements to accommodate specialized equipment or technology.

- **Equipment Acquisition:** *Eligible expenses may include the purchase of necessary equipment or technology to enhance service delivery and support infrastructure improvements. This includes medical equipment, safety equipment, technological devices, software systems, IT network updates, and specialized tools (adaptive equipment).*
- **Vehicle Purchases:** *May be purchased for the intent of participant care (e.g., a vehicle to transport participants to an Adult Day program), not for administrative tasks. Grantees would be responsible for all necessary insurances for providing transportation of clients and any ongoing costs associated with the vehicle. Ongoing operating, maintenance, and repair costs should be included in the provider sustainability plan.*
- **Energy Efficiency and Sustainability Initiatives:** *Eligible expenses may include the implementation of energy-efficient measures, renewable energy systems, and sustainability initiatives aimed at reducing the environmental impact of HCBS provider facilities. This includes energy-efficient lighting, insulation, HVAC upgrades, and water conservation measures.*
- **Professional Services:** *Funds may be allocated for professional services required to plan, design, and manage the infrastructure improvement projects. This includes architectural services, engineering consulting, project management, and other related professional services.*

Ineligible Expenses

- *Purchase(s) of new buildings.*
- *Purchase of new Electronic Health Record technology, connections to the Vermont Health Information Exchange, or VITLAccess.*
- *Reimbursements for previously completed projects.*
- *Building modifications to rented spaces.*

Budget Allocation

The anticipated total budget for this grant track is \$6.3 million, with a minimum award amount of \$50,000 and a maximum award amount of \$1.8 million. Please review the General Funding Guideline section for additional information on funding.

Workforce Development

The Workforce Development Track is dedicated to addressing the critical need for building a skilled and resilient workforce among HCBS Providers. VT AHS recognizes that a well-trained and motivated workforce is essential for delivering high-quality services and driving sustainable growth. Through this track, Vermont aims to support the professional development and advancement of individuals already



working in the field while also attracting new talent. The focus is on providing training opportunities, fostering employee retention and growth, developing pipelines for future professionals, and alleviating administrative burdens. By investing in the workforce and necessary technology and equipment, Vermont strives to create a thriving ecosystem that not only meets the needs of the present but also prepares for the challenges and opportunities of the future.

Target Audience

The target audience for this grant track is the current and future HCBS workforce. An applicant's proposal must benefit HCBS workers that provide care as one of the following providers or in one of the following settings:

- *Home Health Agencies*
- *Adult Day Facilities*
- *Agencies designated to provide mental health or developmental disability services, or both (Designated Agencies)*
- *Substance use treatment providers in the Department of Health's preferred provider network*
- *Agencies with which the Commissioner of Mental Health or Disabilities, Aging, and Independent Living, or both, has contracted to provide specialized services (Specialized Service Agencies)*
- *Area Agencies on Aging*
- *Therapeutic Community Residences*
- *Brain Injury Providers*
- *Family Supportive Housing Providers*
- *Durable Medical Equipment Providers*
- *Therapy Providers contracted by a Home Health Agency*
- *Assistive Community Care Services Providers*
- *Providers of Programs licensed by the Department of Children and Families as Residential Treatment Programs*
- *Medicaid-enrolled Parent Child Centers*
- *Children's Integrated Services Fiscal Agents*
- *Applied Behavior Analysis Providers*
- *Schools*

Proposals must benefit HCBS workers who fall into at least one of the following categories:

- ***Nursing Professionals:***
 - *Licensed Nursing Assistants (LNAs)*
 - *Licensed Practical Nurses (LPNs)*
 - *Registered Nurses (RNs)*
 - *Certified Nursing Assistants*
 - *Nurse Practitioners*
 - *Psychiatric Nurse Practitioners*
 - *Advanced Practice RNs (APRNs)*



- **Direct Care:** *Direct Care staff, defined as staff that provide hands on care or direct support to individuals with HCBS needs. Direct Care staff includes:*
 - *Adult Family Care Home Providers*
 - *Behavior Management Specialists*
 - *Care Coordinators*
 - *Case Managers*
 - *Communication/Communication Support Specialists*
 - *Community Support Staff*
 - *Companions*
 - *Crisis Bed Direct Support Staff*
 - *Home Care Aides*
 - *Home Health Aides*
 - *Harm Reduction Specialists*
 - *Homemakers*
 - *Job Coaches*
 - *Outreach Workers*
 - *Peer Workers*
 - *Personal Care Aides*
 - *Recovery Coaches*
 - *Respite Providers*
 - *Service Coordinators*
 - *Shared Living providers*
 - *Other Unlicensed Direct Support Professionals and other Direct Care staff job titles*

- **Mental Health and Substance Use Disorder Treatment Staff:**
 - *Case Managers*
 - *Social Workers*
 - *Licensed Clinical Social Workers (LICSW)*
 - *Emergency Service Clinicians*
 - *Licensed Alcohol and Drug Counselors*
 - *Licensed Psychologists*
 - *Licensed Marriage and Family Therapists*
 - *Licensed/Unlicensed Mental Health Counselors*

- **Therapists:**
 - *Physical Therapists*
 - *Occupational Therapists*
 - *Speech Language Therapists*

- **Community Health Workers (CHWs):**
 - *CHWs*
 - *Front-line public health workers*

- **Other Home and Community-Based Services Workers necessary for ensuring high quality care.** *This category includes:*
 - *Schedulers*
 - *Supervisors*



Eligible applicants for this track include:

- *HCBS provider organizations*
 - *Can include partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.*
- *Educational institutions, such as colleges or universities that seek to enhance their healthcare curriculum or develop skills and training programs for the HCBS workforce.*
- *School districts or schools that serve children with HCBS needs or employ or contract with HCBS direct care workers.*
- *Workforce development organizations that include a focus on HCBS.*
- *Community Based Organizations (CBOs).*

Partnerships across organizations are welcome.

Goals and Expected Outcomes

Through the implementation of training supports, professional development opportunities, strategies for employee recruitment, retention, and growth, along with necessary equipment purchases, this grant program aims to enhance skills, expand service capacity, and improve overall satisfaction and performance among HCBS providers. Expected outcomes resulting from these workforce development initiatives include:

- ***Expand Training Supports and Professional Development Opportunities:***
 - *Example: Expand access to professional development opportunities by providing paid release time and enrollment fees for HCBS staff to participate in training courses, certificate programs, learning collaboratives, and conferences.*
 - *Example: Create or update a training curriculum, implement training and certification programs in partnership with workforce development organizations, advocacy organizations, or educational institutions.*
 - *Example: Provide funding for exams, tuition reimbursement, and scholarship programs.*
 - *Example: Increase service capacity across HCBS offerings by equipping workers with specialized training to serve a diverse population, such as initiatives that increase the cultural and linguistic competence of workers.*
- ***Foster Employee Recruitment, Retention and Growth:***
 - *Example: Create or expand a regional workforce partnership or pilot to recruit and train new workers, such as paid internships and scholarships.*



- *Example: Recruitment related activities, particularly to diversify the workforce, and development of strategies to recruit and retain diverse staff.*
- *Example: Implement coaching, career advancement pathways, mentorship opportunities, workplace health and wellness initiatives, and other strategies to enhance employee retention and development.*
- *Example: Administrative funding for supervisors to implement workforce development activities, such as mentorship, training, and increased supervision time, and to improve onboarding processes.*
- *Example: Administrative funding to develop a strategic plan to improve HCBS workforce recruitment, retention, and staff morale.*
- **Reduce administrative burden, improve staff experience, and enhance productivity through the purchase of equipment, software, and secure technology:**
 - *Example: Purchase equipment, such as secure tablets, to allow direct care staff to enter data at the point of care.*
 - *Example: Increase employee skillset through training and certification initiatives that allow employees to become proficient in using new equipment, technology, or software.*
 - *Example: Purchase equipment to support remote work for employees of HCBS providers.*

Program Requirements and Eligible Expenses

To ensure the successful implementation of the Workforce Development program, applicants must adhere to the following program requirements and the outlined eligible expenses based on the three focus areas.

Program Requirements

- **Proposal Alignment:** Organizations and institutions must demonstrate that they meet the eligibility criteria and expected outcomes as listed above. Priority will be given to one-time transformative investments.
- **Clear Project Plan:** Organizations and institutions should demonstrate a clear plan, including program design and timeline, as well as a budget and key metrics that gauge program effectiveness.
- **Demonstration of Need:** Applicants must demonstrate a genuine need for workforce development activities, highlighting the challenges, gaps, or opportunities that these improvements will address. Proposals should include data to demonstrate the need wherever possible.



- **Sustainability Plan:** Applicants must report on plans for ongoing funding and support if needed.
- **Advancing Equity:** Priority will be given to proposals that demonstrate how the funding request advances the availability and professional advancement of HCBS provider employees from marginalized communities, increases cultural and linguistic competency among the HCBS workforce, and/or expands access to care for individuals from marginalized communities who utilize HCBS.

Eligible Expenses

- Financial support to enable current or future employees to advance professionally by covering the costs of programming and/or release time to participate in the programming.
- Funding for tuition assistance, loan repayment, clinical licenses, and exam prep courses and fees.
- Costs associated with developing or updating HCBS-related training and certification programs.
- Costs associated with recruitment and marketing efforts.
- Costs for HCBS Provider Human Resources, leadership, or program staff time for developing or implementing new workforce initiatives.
- Contractor costs for developing or implementing new workforce initiatives such as recruitment and retention strategies.
- Expenses related to coaching, career advancement pathways, mentorship programs, workplace health and wellness initiatives, and other strategies that enhance employee satisfaction, competencies, and morale.
- Equipment and software purchases that improve staff productivity, efficiency, and experience as well as related training and education programs about how to effectively utilize these tools.
- Expenses related to bolstering an organization's technological infrastructure, such as networking systems, software, or related hardware to improve productivity.

Ineligible expenses include:

- Employee retention and recruitment bonuses.
- Purchase of new Electronic Health Record technology, connections to the Vermont Health Information Exchange, or VITLAccess.
- Any activities that are explicitly unallowable per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver Standard Terms and Conditions [Section 11.5](#), including room and board and construction costs and capital investments.
 - Please note, while some equipment and software purchases may be eligible under this funding track, equipment and software purchases that are considered capital purchases



– including tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with Generally Accepted Accounting Principles (GAAP) – are not eligible.

Applicants must clearly demonstrate how each type of staff receiving training will enhance, strengthen, or expand HCBS because of the training received.

Budget Allocation

The anticipated total budget for this grant track is \$6.3 million, with a minimum award amount of \$50,000 and a maximum award amount of \$1 million. Please review the General Funding Guideline section for additional information on funding.

Care Model Innovation Pilots

The Care Model Innovation track will fund innovative approaches to delivering HCBS across four (4) key areas, each targeting specific aspects of healthcare transformation. These areas include Health-Related Social Needs (HRSN), Health Equity, Health and Wellness, and Care Integration. Within each area, pilot programs will be developed and implemented to evaluate new approaches or expand upon existing innovations, leveraging evidence-based and evidence-informed practices and creative solutions. Through this track, the grant program aims to encourage innovation, collaboration, and learning within the HCBS ecosystem. By funding and supporting innovative pilot programs, Vermont seeks to uncover promising practices that have the potential to shape the future of healthcare, leading to improved outcomes, reduced health disparities, and enhanced well-being for people with HCBS needs.

Target Audience

The target audience for this grant track includes individuals who meet at least one of the following descriptions:

- *Individuals receiving Medicaid HCBS with identified health-related social needs at risk of experiencing adverse health outcomes.*
- *Individuals receiving Medicaid HCBS from marginalized communities or populations that face health disparities.⁷*
- *Individuals receiving Medicaid HCBS that can benefit from evidence-based and evidence-informed health and wellness interventions.*
- *Individuals receiving Medicaid HCBS with complex healthcare needs⁸ that would benefit from integrated care models.*

⁷ [State Health Assessment and Improvement Plan | Vermont Department of Health \(healthvermont.org\)](#)

⁸ [What Is Complex Care? | Playbook \(bettercareplaybook.org\)](#)



Eligible applicants for this track include:

- *HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.*
- *Hospitals, Community Health Centers, and healthcare organizations, systems, and networks that partner with an HCBS provider.*
 - *Note: The HCBS provider must be the Lead Applicant and if selected, would be the grant award recipient.*
- *Community Based Organizations.*

Partnerships across organizations are welcome.

Goals and Expected Outcomes

By embracing innovative strategies, the Care Model Innovation Pilots seek to enhance the quality, efficiency, and equity of HCBS services. Below are the expected outcomes across the four (4) different priority areas.

- *Improve health and functional outcomes and enhance quality of life by addressing the Health-Related Social Needs⁹ of people with HCBS needs.*
 - *Example: Increase access to services that address health-related social needs such as piloting the delivery of supportive housing assistance including pre-tenancy supports, tenancy sustaining services, and community transition services, provision of supportive employment services, non-medical transportation, educational supports, medically tailored meals, or offering peer supports.*
- *Reduce health disparities and inequities among individuals who use HCBS by implementing targeted interventions to improve outcomes for marginalized communities or populations that face health disparities.*
 - *Example: Increase access to information regarding HCBS for individuals with limited English proficiency that receive HCBS services through culturally responsive outreach and engagement efforts.*
 - *Example: Empower community advocacy projects/groups that work with HCBS populations to implement initiatives that address health inequities.*

⁹ [Social Determinants of Health \(SDOH\) State Health Official \(SHO\) Letter \(medicaid.gov\)](#)



- *Improve health and functional outcomes and enhance quality of life through implementation or expansion of evidence-based and evidence-informed Health and Wellness programs for individuals that use HCBS.*
 - *Example: Implement a falls prevention program, including equipment and materials necessary to implement the program.*
- *Improve Care Integration and continuity of care for people that use HCBS and have complex healthcare needs.*
 - *Example: Co-locating staff or providing multiple services in the same setting to make it easier for individuals to access those services (e.g., access to mental health services in a primary care setting) or transition between settings.*
 - *Example: Improve care transitions through discharge planning activities.*
 - *Example: Quality improvement projects such as projects to improve performance on the following measures:*
 - *Follow-up after Emergency Department (ED) Visit for Mental Illness*¹⁰
 - *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)*¹¹
 - *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)*¹²
 - *Plan All-Cause Readmissions (PCR)*¹³
 - *Controlling High Blood Pressure (CBP)*¹⁴
 - *Measures included in the national [HCBS Quality Measure Set](#)*

Program Requirements and Eligible Expenses

To ensure the successful implementation of the Care Model Innovation Pilots, applicants must adhere to the following program requirements and the outlined eligible expenses.

Program Requirements

- **Proposal Alignment:** *Organizations and institutions must demonstrate that they meet the eligibility criteria and expected outcomes as listed above. The proposed pilot program must align with one of the target populations and subcategories within the Care Model Innovation Track, namely Health-Related Social Needs, Health Equity, Health and Wellness, or Care Integration.*

¹⁰ [HEDIS Follow up after ED visit for Mental Health](#)

¹¹ [HEDIS Follow up after ED visit for alcohol and other drug dependence](#)

¹² [HEDIS Follow up after high intensity care for substance use disorder](#)

¹³ [HEDIS plan all cause remissions](#)

¹⁴ [HEDIS comprehensive diabetes care](#)



Services offered under the Care Model Innovation Pilots must be provided by providers that are qualified to deliver the service. Funding may be used to implement a new program or expand an existing innovative approach.

- **Demonstration of Need:** Applicants must demonstrate the need for this care model innovation, highlighting the challenges, gaps, or opportunities that these improvements will address. Proposals should include data to demonstrate the need wherever possible.
- **Innovation and Creativity:** The pilot program should demonstrate innovation and creativity in addressing the identified challenges and goals within the chosen subcategory.
- **Evidence-Based Practices:** The proposed program should prioritize evidence-based and evidence-informed practices whenever applicable, ensuring that interventions have a solid foundation in scientific research and proven effectiveness.
- **Clear Project Plan:** Organizations and institutions should demonstrate a clear plan, including program design and timeline, as well as a budget and key metrics that gauge program effectiveness.
- **Scalability and Sustainability:** Consideration should be given to the potential for scaling and sustaining the pilot program beyond the grant period to maximize its impact and ensure long-term benefits for the target population. As applicable, applicants must report on plans for ongoing funding after the grant period ends. The State is not guaranteeing any additional State funds for operating costs in future years.

Eligible Expenses:

- **Personnel:** Funds may be allocated for personnel involved in the implementation, coordination and oversight, and evaluation of the pilot program. This includes salaries, fringe, and overhead for project staff, contractors, and consultants.
- **Training and Capacity Building:** Expenses related to training and capacity building efforts necessary for successful program implementation, such as workshops, seminars, certifications, or specialized training for program staff, may be covered.
- **Materials and Supplies:** Costs associated with the procurement of materials, supplies, and equipment required for the pilot programs' execution are eligible expenses. This includes necessary medical equipment, technology devices, or program-specific materials.
- **Outreach and Communication:** Funds may be allocated for outreach activities, including awareness campaigns, community engagement initiatives, and the production of informational materials or resources relevant to the pilot program.



- **Evaluation and Data Analysis:** Expenses related to program evaluation, data collection, analysis, and reporting are eligible. This may include hiring external evaluators or consultants, data management systems, and software for analysis purposes.

Ineligible expenses:

- Any activities that are explicitly unallowable per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver Standard Terms and Conditions [Section 11.5](#), including room and board and construction costs and capital investments.
 - Please note, while some equipment and software purchases may be eligible under this funding track, equipment and software purchases that are considered capital purchases – including tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with Generally Accepted Accounting Principles (GAAP) – are not eligible.

Budget Allocation

The anticipated total budget for this grant track is \$5.3 million, with a minimum award amount of \$50,000 and a maximum award amount of \$1.3 million. Please review the General Funding Guideline section for additional information on funding.

Organizational Performance Improvement and Compliance Grants

This track aims to strengthen the HCBS system in Vermont by providing grant opportunities for providers to develop or enhance internal processes and practices, ensure compliance with state and federal regulations and requirements, and improve the quality of care for participants. By engaging providers in strategic policy areas and supporting practice integrity, this track seeks to achieve a service system that upholds high-quality standards.

Target Audience

The target audience for this grant track includes HCBS provider leadership who are interested in improving internal policies to strengthen their practices and enhance overall organizational performance.

Eligible applicants for this track include:

- *HCBS providers, including partnerships between HCBS providers with a lead provider or a membership organization with letters of commitment from HCBS providers.*
- *Community-Based Organizations that demonstrate a pathway to become a Medicaid HCBS provider.*



Goals and Expected Outcomes

Funding will support the development or enhancement of internal policies and systems to improve access to and quality of Medicaid HCBS and/or ensure compliance with state and federal regulations and requirements.

The expected outcomes of the Organizational Performance Improvement grants include:

- *Adoption of Best Practices to Improve HCBS Access and Quality: Grantees will implement strategies and processes to meet organizational best practices to improve access to and/or quality of the delivery of Medicaid HCBS, including development and documentation of internal policies, procedures, and workflows, and improvements in data collection and analysis.*
- *Improved Organizational Functioning: Projects funded by the grants will contribute to enhanced business planning, budgeting, strategic planning, and staffing plans, resulting in improved efficiency and effectiveness in delivery of HCBS.*
- *Strengthened Partnerships: Grantees will develop meaningful community partnerships that foster collaboration and maximize the impact of services provided.*
- *Compliance with State and Federal Requirements: Projects will support organizations in meeting state and federal regulations and requirements.*

Examples of projects include:

- *Programming and technical assistance to integrate Admission, Discharge and Transfer notification services with other systems.*
- *Changing business practices to support data reporting in alternative and value-based payment model arrangements.*
- *Develop diversity, equity, and inclusion policies and implementation plans.*
- *Develop workflows and protocols for collecting quality and performance data and implementing quality improvement processes for HCBS services.*
- *Develop strategies or tools to visualize and utilize data to support HCBS care delivery.*
- *Develop and execute shared operating procedures between organizations to improve care integration for people who use HCBS.*
- *Identify an industry recognized best practice or standard and develop policies, workflows, and business practices to achieve this standard to enhance delivery of HCBS.*
- *Develop an emergency preparedness plan to ensure access to information and continuity of services for individuals who utilize HCBS.*



Program Requirements and Eligible Expenses

Program Requirements

- **Proposal Alignment:** Organizations and institutions must demonstrate that they meet the eligibility criteria and expected outcomes as listed above. Applicants should have well-defined objectives for the process improvement needed, outlining the specific areas of support required. All proposals must demonstrate how the project will lead to improved access to and quality of Medicaid HCBS.
- **Demonstration of Need:** Applicants must demonstrate a genuine need for process improvement, highlighting the challenges, gaps, or opportunities that require expert guidance and resources. Proposals should include data to demonstrate the need wherever possible.
- **Clear Project Plan:** Organizations and institutions should demonstrate a clear project plan, including project design and timeline, as well as a budget and key metrics.
- **Commitment to Implementation:** Applicants should demonstrate a commitment to implementing the recommendations, strategies, or interventions resulting from the process improvement assistance received.

Eligible Expenses

- **Personnel:** Funds may be allocated for personnel involved in the implementation and coordination of the Organizational Performance Improvement and Compliance Grant project. This includes salaries, fringe, and overhead for project staff (10% administrative cap), contractors, and consultants and stipends to support community engagement.
- **Training:** Expenses related to training and capacity building efforts necessary for successful project implementation are eligible.
- **Materials and Supplies:** Costs associated with the procurement of materials, supplies, and equipment required for the project are eligible expenses. This includes necessary IT system changes to implement the project.
- **Evaluation and Data Analysis:** Expenses related to program evaluation, data collection, analysis, and reporting are eligible. This may include hiring external evaluators or consultants, data management systems, and software for analysis purposes.

Ineligible expenses:

- Any activities that are explicitly unallowable per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver Standard Terms and Conditions [Section 11.5](#), including room and board and construction costs and capital investments.
 - Please note, while some equipment and software purchases may be eligible under this funding track, equipment and software purchases that are considered capital purchases



– including tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with Generally Accepted Accounting Principles (GAAP) – are not eligible.

- *Purchase of new Electronic Health Record technology, connections to the Vermont Health Information Exchange, or VITLAccess.*

Budget Allocation

The anticipated total budget for this grant track is \$3 million, with a minimum award amount of \$30,000 and a maximum award amount of \$600,000. Please review the General Funding Guideline section for additional information on funding.

Application

The VT HCBS [Grant Application](#) platform is hosted on Qualtrics, which is designed to allow seamless submission of proposals for one or more of the four (4) grant tracks. The application logic will only allow selection of an appropriate track based on outlined eligibility and will have track specific questions for each selected track.

Before beginning the application process, carefully review all the questions and requirements outlined in the application. Applicants are encouraged to preview the application questions and review the Application Materials Checklist, and other helpful materials on [our website](#). It's essential to have the project proposal, goals, budget details, and supporting materials prepared in advance. Once an application has been started, the applicant will be able to enter and exit the webpage before submission. The application may take up to 2 hours to complete, so thorough preparation of materials ensures a smooth and successful submission process. Responses will be used for evaluation purposes, and a well-prepared application enhances the chance of being selected for funding.

All organizations that submit an application must also submit a current [Form W-9](#) via email to AHS.HCBSGrants@vermont.gov. Please use the subject line: "HCBS Grant Application Form W-9: [Applicant Organization Name]."

While the initial submission is considered final and cannot be revisited for editing, VT AHS understands further developments may occur during the funding agreement establishment phase. Major changes may be challenging to accommodate, but minor adjustments and clarifications will be considered to ensure that the final funding agreement accurately reflects the scope and objectives of the project.

If you encounter any technical issues or have questions, please email AHS.HCBSGrants@vermont.gov for assistance.



Scoring Rubric

The VT AHS HCBS Grant Program is committed to a fair, transparent, and equitable evaluation process that aligns with our goal to bolster the quality, accessibility, and sustainability of Vermont’s system of care for individuals and their families who rely on HCBS. To ensure consistency and objectivity, each application will be evaluated using a comprehensive scoring rubric outlined below. This rubric has been meticulously designed to assess applications based on specific criteria, ensuring that all proposals are evaluated on a level playing field. Each application will be reviewed by a committee comprised of AHS staff and supported by the AHS’s contractor, Myers and Stauffer LLC. This group will carefully consider the merits of each proposal according to the established scoring criteria.

VT AHS HCBS Grant Application Scoring Rubric	
Scoring Category and Description	Maximum Points Possible
Experience with HCBS Services- <i>The organization’s experience working with HCBS populations and/or the HCBS workforce.</i>	3
Experience with Medicaid Services- <i>The organization’s experience working with Medicaid populations and/or the workforce that serves individuals receiving Medicaid.</i>	3
Organizational Capacity- <i>The organization’s capability to effectively carry out the project.</i>	3
Demonstrated Expertise- <i>The organization’s knowledge and track record in HCBS and related services.</i>	3
Sustainability Plan- <i>The comprehensiveness and feasibility of the sustainability plan.</i>	3
Project Overview- <i>Clarity and quality of the project overview, including goals, objectives, and alignment with the grant’s focus.</i>	5
Project Impact- <i>Potential impact of the proposed project on the HCBS system of care and HCBS populations.</i>	5
Implementation Plan & Timeline- <i>Feasibility of the proposed timeline for project implementation and milestones.</i>	5
Budget- <i>Soundness and appropriateness of the proposed budget and allocation of resources.</i>	5
Evaluation- <i>Quality and effectiveness of the evaluation plan to measure project outcomes and success.</i>	5
Total Points Possible	40
Extra Credit- <i>Applicants can earn extra credit points for demonstrating exceptional qualities in their grant application. These points enhance the overall score and competitiveness of the application. Extra credit categories include innovative approach, commitment to health equity, data-driven approach, matching funds, and collaboration and partnerships.</i>	10