

Amendment Request:

**Vermont's Global
Commitment to Health 1115
Waiver**

Timeline

State public comment period	3/20 – 4/19
Finalize application based on public's feedback	4/22 – 4/30
Submit to CMS	4/30
CMS initiates 15-day completeness check	5/1 – 5/16
Federal public comment period	5/17 – 6/17
CMS negotiations	6/17 – ?

What's in the Proposed Waiver Request?

Proposal 1

Expand Access to Care for Vermonters with Mental Health Conditions and Substance Use Disorder

Transition CRT and Mental Health Under 22 (iHCBS) Benefits to the Medicaid State Plan.

- Establish CRT and Mental Health Under 22 program benefits as entitlements under the State Plan for individuals enrolled in Medicaid.
- The CRT and Mental Health Under 22 programs will no longer be “special programs” under the 1115 with one exception: Vermont will continue to use the 1115 to authorize the provision of CRT benefits to adults with SMI who have incomes above Medicaid limits.
- Vermont will use state funds to cover certain home and community-based services that are not coverable under Section 1905(a) of the Social Security Act (respite and supportive employment)
- Vermont intends to continue to cover the CRT enhanced dental benefit under the Global Commitment demonstration.

Proposal 2

Expand Access to Care for Vermonters with Mental Health Conditions and Substance Use Disorder

Cover the Totality of Costs for Residential Treatment

- Current federal rules prohibit Medicaid from covering room and board for stays at residential facilities, except for stays at IMDs for individuals ages 65 and over and stays at psychiatric residential treatment facilities for youth under 21.
- Vermont requests for Medicaid to cover room and board for the duration of medically necessary treatment at residential mental health and SUD facilities, excluding IMDs.

Proposal 3

Expand Access to Care for Vermonters with Mental Health Conditions and Substance Use Disorder

Closing the Coverage Gap for Substance Use Disorder Community Intervention and Treatment (SUD CIT) Expansion Group

- Vermont intends to launch the SUD CIT expansion group in 2026.
- The SUD CIT program will allow individuals with incomes above Medicaid limits diagnosed with SUD to access an array of SUD benefits. Today, the GC waiver authorizes eligibility for the SUD CIT expansion group for individuals with a SUD whose income is above 133% of the federal poverty level (FPL) up to and including 225% FPL.
- In creating the SUD CIT expansion group, the State intended for all Vermonters with incomes above Medicaid limits up to and including 225% FPL to have access to this important program. Vermont's income limit for Medicaid for its aged, blind, and disabled (MABD) population is capped at the medically needy income level (MNIL), meaning that there is an eligibility gap for some individuals with incomes from roughly 100% to 133% FPL (i.e., individuals who fall into the medically needy eligibility group).
- Vermont is seeking to implement a technical correction to modify eligibility for the SUD CIT expansion group so that an individual is eligible when their income is above the applicable Medicaid limit (MNIL for MABD, 133% FPL for other eligibility groups) up to and including 225% FPL.

Proposal 4

Providing Housing and Other Supports to Promote Whole-Person Health

Coverage of Medical Respite and Rent/Temporary Housing Under the Supportive Housing Assistance Pilot

- Vermont seeks to create a new benefit tier under the Supportive Housing Assistance Pilot to offer up to 6 months of medical respite and rent/temporary housing, as clinically indicated.
- To be eligible for this tier, an individual must be a Medicaid enrollee aged 18 and over receiving full State Plan benefits who has a history of homelessness (including if they are currently or formerly homeless) or is at risk of homelessness and meets other needs-based criteria.
- Vermont already has the ability to institute an enrollment cap and waitlist for the Supportive Housing Assistance Pilot and requests to extend this flexibility, including the ability to prioritize individuals seeking these benefits, to this new Pilot tier.

Proposal 5

Providing Housing and Other Supports to Promote Whole-Person Health

HRSN Infrastructure

- Vermont requests \$10.4 million in federal Medicaid matching funds for investments in HRSN infrastructure to support capacity building among community-based organizations, social services providers, and other community partners that will enhance their ability to successfully deliver medical respite, rent/temporary housing, and community transition services to eligible Medicaid enrollees.
- Funding will also be used to support statewide infrastructure capacity to enable delivery of housing services under Medicaid.

Proposal 6

Providing Housing and Other Supports to Promote Whole-Person Health

Adding a New Benefit to the Developmental Disabilities Services Program

- Vermont is seeking to expand the benefit package for the Developmental Disabilities Services program to include an environmental and assistive adaptation service, defined as physical adaptations, services, or technology necessary to ensure health and safety of the individual or to enable greater independence.

Proposal 7

Advancing Payment and Delivery Reforms

Ability to Implement Hospital Global Payments

- Vermont is pursuing participation in CMS's States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model.
- Hospitals participating in the AHEAD Model will be reimbursed for services rendered to Medicare fee-for-service enrollees through fixed prospective global budgets. The AHEAD Model will also require that Vermont develop a parallel global budget methodology for Medicaid payments to participating hospitals.
- To do so, Vermont is proposing to request the ability to institute Medicaid hospital global payments without being required to reconcile the payments against actual utilization.
- Under the VTAPM, Vermont has been able to approximate unreconciled global payments for Medicaid services for hospitals via the State's ACO for ACO-attributed Medicaid members. Under AHEAD, Vermont would like to make similar fixed global budget payments directly to hospitals, or through a third-party administrative services organization procured by the State, and needs expenditure authority to do so.

Additional Public Comment Details

The full draft of the Global Commitment demonstration amendment application can be found at:

<https://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-health-1115-waiver/1115-waiver-documents>

Written comments may be sent to the following address; please indicate “1115 Amendment Public Comment” in the written message:

Medicaid Policy Unit
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Comments may also be emailed to AHS.MedicaidPolicy@vermont.gov. Please indicate “1115 Amendment Public Comment” in the subject line of the email message.

First Public Hearing (In-Person Only)

Friday, April 5 from 9:00 – 9:30 AM ET
Charlotte Library
115 Ferry Rd
Charlotte, VT 05445

Second Public Hearing (Virtual and In-Person)

Wednesday, April 10 from 9:30 – 10:00 AM ET
Virtual Meeting Details
Call in: +1 802-552-8456,,53132956#
Phone Conference ID: 531 329 56#
Video Conference: <https://bit.ly/48FwCFL>
Meeting ID: 298 196 082 421
Passcode: kYR68M
In-Person Meeting Details
Waterbury State Office Complex
Room: Oak
280 State Drive
Waterbury, VT 05676