



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

Global Commitment Register

October 2, 2023

GCR 23-028

FINAL

Medicaid Investment: Sustained Home Visiting Rate Update

Policy Summary:

The Vermont Medicaid program added stipends to the Sustained Home Visiting investment. The policy change is for the purpose of investing funds to allow reimbursement for eligible participants so that any family participating in the Sustained Home Visiting can partake in community and group activities without financial hardship. Providing participant reimbursements supports the goal of having all families participate regardless of financial, transportation, and other barriers that many eligible families face. Please see the additional information below.

Effective Date:

April 15, 2023

Authority/Legal Basis:

Section 9817 of the American Rescue Plan Act of 2021

Population Affected:

Medicaid pregnant and parenting people, infants, and children under six years of age.

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended on April 10, 2023. No comments were received.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Vermont is finalizing a State Plan Amendment to add the Sustained Home Visiting Program model as Medicaid Targeted Case Management services ([see GCR 23-056](#)). Participant reimbursement costs will not be covered through the payment rate.

The new investment template for the Sustained Home Visiting program can be found on the following pages.

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	3/9/23
Investment Title	Start-up costs for the Sustained Home Visiting Program
Estimated Amount	\$1,300,000
Time Period	4/15/2023-3/31/2025
Department	Vermont Department of Health
Category	Increase 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 project is to expand Targeted Case Management through the Sustained Home Visiting Program throughout Vermont so that more Medicaid-eligible pregnant and parenting people, infants and children have access to the two evidence-based sustained home visiting models. Both the Sustained Nurse Home Visiting model and the Family Support Home Visiting model demonstrate positive family and child outcomes as a result of implementing the models with fidelity. For the Sustained Family Support Home Visiting model, outcomes include: increasing parent knowledge of early childhood development and improving parent practices; providing early detection of developmental delays and health issues; preventing child abuse and neglect; and increasing children’s school readiness and success. Outcomes for the Sustained Nurse Home Visiting model include: improving transition to parenting by supporting mothers through pregnancy; improving child health and development by helping parents to interact with their children in developmentally supportive ways; improving maternal health and wellbeing by helping mothers to care for themselves; developing and promoting parents’ aspirations for themselves and their children; and improving family and social relationships and networks by helping parents to foster relationships within the family and with other families and services.</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>	

The Sustained Home Visiting Program provides Medicaid eligible pregnant and parenting people, infants and children with long-term home visiting services designed to improve maternal and child health, improve family economic self-sufficiency, coordinate referrals to community resources, build social connections, and promote optimal child development and school readiness. Targeted case management services are offered through two models: the Sustained Nurse Home Visiting model and the Sustained Family Support Home Visiting model. Under the Nurse Home Visiting model, registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program. Under the Family Support model, trained professionals (i.e., a minimum of a bachelor's degree in a human services-related field) from partner agencies deliver a long-term, evidence-informed home visiting program. Funding will be used to support one-time startup costs related to the expansion of the Sustained Nurse Home Visiting model and the development of the Sustained Family Support Home Visiting model. Examples of startup and expansion costs include provider personnel, training, equipment, curriculum, and data reporting infrastructure. They do not include costs that will be covered through the payment rate. Concurrently, Vermont is finalizing two State Plan Amendments to add these models as Medicaid Targeted Case Management services.

The Sustained Home Visiting Program will provide reimbursements for eligible costs that a family may incur when participating in the sustained home visiting activities offered, including monthly group connection activities in the community, play materials, community outings with the home visitor, etc. Examples of eligible costs include mileage reimbursement, gas, bus or public transit fees, infant hygiene items, and play materials such as arts and crafts materials, blocks, and boards. Each Sustained Home Visiting Program will be granted funds to assist families with the abovementioned costs. Each Program will serve a certain caseload size, and each family on the Program's caseload can receive up to \$320 per year as a stipend. Each Program will document the family, amount received and purpose of the stipend.

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.