



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

Global Commitment Register

January 3, 2024

GCR 23-044
FINAL

High Technology Nursing Program Payment Model

Policy Summary:

Vermont Medicaid is continuing a value-based payment model for the High Technology Nursing (HTN) Program delivered by home health agencies.

The High Technology Nursing program is an intensive home care program for eligible Medicaid beneficiaries who are dependent upon medical technology or whose condition requires regular individual and continuous care by a registered nurse or licensed practical nurse.

Four performance measures are included in this payment model. An additional payment of 1% is made to agencies for achieving measures 2, 3, and 4 below. The measures help to ensure that agencies are incentivized to deliver authorized service hours.

The four performance measures are:

1. Percentage of authorized hours provided to each recipient each month. The performance is 50% or more of authorized hours provided per month. Measure is specific to each beneficiary. Additional information about payment can be found in [GCR 21-028: High Technology Nursing Program Payment Model](#).
2. Percentage of authorized hours provided by the home health agencies across all beneficiaries for the entire year. At least 60% of authorized hours provided by home health agencies for all beneficiaries is the target.
3. Percent improvement in authorized hours provided. The target is an increase from prior year to performance year with a minimum threshold of 10% improvement from prior year to performance year.
4. New referral acceptance. The target is 100% of referrals accepted.

Effective Date:

January 1, 2024

Authority/Legal Basis:

[Medicaid State Plan](#)

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

Population Affected:

Medicaid beneficiaries in the Adult and Pediatric High Technology Nursing Program

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended December 22, 2024. No comments were received.