



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

Global Commitment Register

December 19, 2023

GCR 23-145
FINAL

Medicaid Investment: Office of Health Care Reform

Policy Summary:

The Vermont Medicaid program is establishing a Medicaid health related investment for the Office of Health Care Reform. The Office of Health Care Reform is responsible for the coordination of health care system reform initiatives across state government and oversees collaborations for health care reform among executive branch agencies, departments, offices, and the Green Mountain Care Board. Health Care Reform efforts are designed around four goals:

1. Reducing health care costs and cost growth,
2. Assuring that all Vermonters have access to and coverage for high quality care,
3. Assuring greater fairness and equity in how we pay for health care,
4. Improving the health of Vermont's population.

The Office of Health Care Reform promotes strategies to reduce health inequities through improving care integration across the care continuum and efforts to address social determinants of health.

The Office of Health Care Reform is critical to the development, design, and implementation of health care reform priorities and program needs. The Office of Health Care Reform performs a wide range of planning, research, analysis, and stakeholder engagement functions. The Office of Health Care Reform engages in strategic planning and project management activities to support the state in its state/federal agreements and negotiations to include Vermont's 1115 Waiver and All-Payer Accountable Care Organization Model Agreement and any subsequent agreements with the Center for Medicare and Medicaid Innovation. This work involves staff and contractors working with cross-agency groups in translating policy vision, goals and objectives from multiple sources into concrete policies and program plans that include operational strategy, budgets, quality measurement, and evaluation.

Effective Date:

November 13, 2023

Authority/Legal Basis:

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

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$2,745,000.

Public Comment Period:

The public comment period ended on December 13, 2023. No comments were received.

Additional Information:

The new investment template 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	11/13/2023
Investment Title	Health Care Reform
Estimated Amount	\$2,745,000
Time Period	11/13/2023-12/31/2027
Department	Central Office
Category	<ol style="list-style-type: none"> 1) Implement initiatives to increase transformation to value-based and integrated models of care. 2) Provide public health approaches, investments in social determinants of health, and other innovative programs that benefit low-income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The Office of Health Care Reform is responsible for the coordination of health care system reform initiatives across state government and oversees collaborations for health care reform among executive branch agencies, departments, offices, and the Green Mountain Care Board. Health Care Reform efforts are designed around four goals:</p> <ol style="list-style-type: none"> 1. Reducing health care costs and cost growth, 2. Assuring that all Vermonters have access to and coverage for high quality care, 3. Assuring greater fairness and equity in how we pay for health care, 4. Improving the health of Vermont's population. <p>The Office of Health Care Reform promotes strategies to reduce health inequities through improving care integration across the care continuum and efforts to address social determinants of health.</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>	

<p>The Office of Health Care Reform is critical to the development, design, and implementation of health care reform priorities and program needs. The Office of Health Care Reform performs a wide range of planning, research, analysis, and stakeholder engagement functions. The Office of Health Care Reform engages in strategic planning and project management activities to support the state in its state/federal agreements and negotiations to include Vermont’s 1115 Waiver and All-Payer Accountable Care Organization Model Agreement and any subsequent agreements with the Center for Medicare and Medicaid Innovation. This work involves staff and contractors working with cross-agency groups in translating policy vision, goals and objectives from multiple sources into concrete policies and program plans that include operational strategy, budgets, quality measurement, and evaluation.</p>
<p>How does the state ensure there is no duplication of federal funding?</p>
<p>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.</p>
<p>Source of non-federal share</p>
<p>State General funds</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>