



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

Global Commitment Register

May 31, 2024

GCR 23-165
PROPOSED

Medicaid Investment: Pregnancy Intention Initiative Expansion

Policy Summary:

The Vermont Medicaid program proposes to expand eligibility for the Pregnancy Intention Initiative (PII), formerly known as the Women's Health Initiative, to serve patients regardless of insurance status and payer. In addition to Medicaid-eligible individuals, uninsured and underinsured Vermonters who can become pregnant between the ages of 15 and 44 years are included under this expansion. Through the Pregnancy Intention Initiative, Blueprint Patient-Centered Medical Homes and Obstetrics and Gynecology practices are providing enhanced health and psychosocial screening along with comprehensive family planning counseling, including timely access to long-acting reversible contraception (LARC). The PII reimbursement methodology consists of a Per Member Per Month (PMPM) payment of \$1.25. The PMPM payment is based on the number of patients in the practice multiplied by \$1.25.

Vermont's Global Commitment to Health Section 1115 Demonstration authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This investment provides a public health approach as part of an innovative program that benefits uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The objective of this change is to allow providers to expand access to maternal health and improve overall outcomes in maternal health in the state.

Effective Date:

July 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:

Uninsured, underinsured individuals and Medicaid beneficiaries

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

May 31, 2024 – June 30, 2024

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

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

Additional Information:

The Medicaid Investment application for uninsured and underinsured individuals can be found on the following pages.

[Pregnancy Intention Initiative Website](#)

[Vermont Blueprint for Health Manual](#)

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	05/31/24
Investment Title	Pregnancy Intention Initiative
Estimated Amount	\$581,997.50
Time Period	July 1, 2024
Department	Department of Vermont Health Access
Category	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 targeted outcome of this investment is to serve Pregnancy Intention Initiative (PII) patients regardless of insurance status and payer. The investment ensures Patient-Centered Medical Homes, Obstetrics and Gynecology practices, and community partners have the resources they need to help individuals be healthy, avoid unintended pregnancies, and build thriving families. This investment will allow providers to expand maternal health recipients to improve overall outcomes in maternal health in the state. The PII will track the following measures to evaluate the impact of this investment:</p> <ul style="list-style-type: none"> • Most effective or moderately effective method of contraception (MMEC) care for individuals who can become pregnant aged 21-44 • Long-Acting Reversible Contraception (LARC) care for individuals who can become pregnant aged 21-44 	
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 PII is an existing provider framework in Vermont, which is being expanded with this investment to support more individuals: the uninsured and underinsured. PII practices serve individuals who can become pregnant aged between 15 and 44 years who are residing in Vermont. They provide enhanced health and psychosocial screening along with comprehensive family planning counseling, including timely access to long-acting reversible contraception (LARC). New staff, training, and payments support effective follow-up to provider screenings through brief, in-office intervention, and referral to services for mental health, substance use, trauma, partner violence, food, and housing.</p>	
How does the state ensure there is no duplication of federal funding?	

Attachment S

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.

The PII program funding will be allocated between Medicaid program (proportionate to Medicaid Attribution: 51%) and Medicaid GC waiver investment (Proportionate to non-Medicaid Attribution: 49%).

Source of non-federal share

State General Fund

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.