



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

---

# Global Commitment Register

April 5, 2024

---

GCR 24-031  
PROPOSED

## **Choices for Care Case Manager Recruitment Grants**

### **Policy Summary:**

The Vermont Medicaid program proposes to support the transition of Choices for Care (CFC) case management clients from Home Health Agencies (HHA) to Area Agencies on Aging (AAA). The initiative, rooted in the state's plan to come into compliance with the Centers for Medicare and Medicaid Services (CMS) conflict of interest requirements, entails allocating resources to the five AAAs to enhance their operational capabilities by bolstering their staffing levels through recruiting, employing, and training case managers. Information regarding the State's work to comply with the conflict-of-interest requirements can be found on the [Vermont's Home and Community Based Services Conflict of Interest website](#).

The grants are intended to support AAA workforce capacity as part of the planning and preparation for transitioning CFC participants into AAA case management. The grant amounts will be based on the estimated total number of individuals who will transition into AAA case management. The State will provide grants in the amount of \$20,000 per 50 estimated transitions.

These grants will be issued as Medicaid Investments. 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 will provide home and community-based services and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. More information about this Medicaid Investment is available below.

This initial phase of grants targets support to AAAs. The next phase of grants will support transition planning and related costs across HHAs and AAAs. The State looks forward to engaging with these critical providers to design the next phase of grants to ensure that individuals can be properly supported through this transition.

### **Effective Date:**

May 6, 2024

### **Authority/Legal Basis:**

[Global Commitment to Health Waiver](#)

**Population Affected:**

Choices for Care participants.

**Fiscal Impact:**

The estimated one-time budget impact is \$653,200.

**Public Comment Period:**

April 5, 2024 – May 5, 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](mailto:AHS.MedicaidPolicy@vermont.gov).

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

**Additional Information:**

The new investment application for the Choices for Care Case Manager Recruitment Grants is on the following pages.

[Vermont HCBS-COI Frequently Ask Questions](#)

**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.

<b>Date</b>	May 6, 2024
<b>Investment Title</b>	Case Management Recruitment within the Choices for Care Program
<b>Estimated Amount</b>	\$653,200
<b>Time Period</b>	May 6, 2024 – March 31, 2025
<b>Department</b>	Department of Disabilities, Aging, and Independent Living
<b>Category</b>	Provide home and community-based services and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care.
<b>Project Objective, Targeted Outcomes, and Impact to Health Equity</b>	
<p>The objective of this project is to support the transition of Choices for Care (CFC) case management clients from Home Health Agencies (HHA) to Area Agencies on Aging (AAA), as mandated by AHS' compliance plan regarding conflict of interest.</p> <p>The targeted outcomes include:</p> <ol style="list-style-type: none"> <li>1. Expedited staffing adjustments within AAAs.</li> <li>2. Recruitment, hiring, orientation, training, and equipping of new case managers under the AAAs to effectively meet the needs of CFC clients.</li> <li>3. Alleviation of strain experienced by beneficiaries transitioning from HHA case management to AAA case management through timely recruitment and comprehensive training.</li> <li>4. Enhancement of AAAs' capacity to provide care management for transitioning beneficiaries, thereby improving the overall transitioning process and provider capacity.</li> </ol> <p>Impact on Health Equity includes:</p> <ol style="list-style-type: none"> <li>1. The transition aims to ensure continuity and quality of care for CFC clients, potentially reducing disparities in access to and quality of healthcare services among older adults and individuals with disabilities.</li> <li>2. Financial support for AAAs to recruit case managers may contribute to addressing workforce shortages in areas that may disproportionately affect underserved communities.</li> <li>3. By aligning with CMS Conflict of Interest regulation, the project seeks to respect and encourage self-determination, independence, growth, dignity, individual preferences, and goals.</li> </ol>	

<p><b>Project Description</b></p> <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 initiative is a pivotal component of the state's endeavor to adhere to CMS' Conflict of Interest regulations. This initiative entails allocating resources to the five Area Agencies on Aging (AAAs) to enhance their operational capabilities by bolstering their staffing levels through recruiting, employing, and training case managers. These case managers will be instrumental in facilitating the transition of individuals from Home Health Agencies to Area Agencies on Aging.</p> <p>This undertaking is a collaborative endeavor to bolster Choices for Care case management services for individuals receiving traditional home-based services and adult family care. The Department of Disabilities Aging and Independent Living (DAIL) assumes a pivotal role in this process by authorizing AAAs to deliver case management services. DAIL will allocate grants to the AAAs to execute this initiative effectively, delineating specific project objectives and deliverables. These grants will facilitate the recruitment, employment, and training of case managers, thereby ensuring the seamless execution and success of this cooperative venture.</p> <p>The program is designed to benefit individuals who are transitioning from Home Health Agencies to Area Agencies on Aging. These individuals will have access to comprehensive case management services aimed at facilitating their transition and ensuring continuity of care. The program will primarily involve qualified case managers employed by the AAAs, who will undergo specialized training to meet the specific needs of this target population.</p> <p>Methodologically, the program will utilize grants to support AAAs in recruiting, hiring effectively, and training case managers. The grant amounts will be based on \$20,000 per 50 transitions. These payments will be tied to predefined performance metrics and milestones, ensuring accountability and incentivizing efficient service delivery.</p>
<p><b>How does the state ensure there is no duplication of federal funding?</b></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><b>Source of non-federal share</b></p>
<p>State funds are equivalent to the amount of federal funds attributable to the increased FMAP.</p>
<p><b>How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?</b></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>

Attachment S

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.