



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

Global Commitment Register

July 2, 2024

GCR 24-057
PROPOSED

Choices for Care Case Management Transition Grants

Policy Summary:

The Vermont Medicaid program proposes to support the transition of Choices for Care (CFC) case management clients from Home Health Agencies (HHAs) to Area Agencies on Aging (AAAs). This proposal represents the second phase of the transition and aims to comply with the Centers for Medicare and Medicaid Services (CMS) conflict-of-interest requirements. The State will provide grant funding to ensure service stability and quality for CFC participants, a smooth transition between agencies, and workforce stability throughout the transition period. Information regarding the State's work to comply with the conflict-of-interest requirements can be found on the [Home and Community-Based Services Conflict of Interest website](#).

The funding will support:

- Developing a collaborative and effective transition timeline.
- Facilitating transition activities outside of billable case management.
- Encouraging the retention of case management staff.

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 support 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.

Effective Date:

August 1, 2024

Authority/Legal Basis:

[Global Commitment to Health Waiver](#)

Population Affected:

Choices for Care participants.

Fiscal Impact:

The estimated one-time budget impact is \$1,253,000

Public Comment Period:

July 2, 2024 – July 31, 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 new investment application for the Choices for Care Transition Grants is on the following pages.

[GCR 24-031 - Choices for Care Case Management Recruitment Grants](#)

[Vermont HCBS-COI Frequently Asked 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.

Date	August 1, 2024
Investment Title	Choices for Care Case Management Transition Grants
Estimated Amount	\$1,253,000
Time Period	August 1, 2024
Department	Department of Disabilities, Aging, and Independent Living
Category	Provide home and community-based services and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The objective of this project is to support the transition of Choices for Care (CFC) case management clients from Home Health Agencies (HHAs) to Area Agencies on Aging (AAAs), as mandated by AHS' compliance plan regarding conflict of interest.</p> <p>The targeted process outcomes include,</p> <ol style="list-style-type: none"> 1. Developing a collaborative and effective transition timeline. 2. Facilitating transition activities outside of billable case management. 3. Encouraging the retention of case management staff. <p>Impact on Health Equity includes,</p> <ol style="list-style-type: none"> 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. 2. Financial support for AAAs and HHAs to contribute to addressing workforce shortages in areas that may disproportionately affect underserved communities. 3. By aligning with CMS Conflict of Interest Regulation, the project seeks to uphold integrity and fairness in the delivery of HCBS Medicaid Waiver programs, potentially fostering trust and equity within the healthcare system. 	

<p>Project Description</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 Area Agencies on Aging (AAAs) and Home Health Agencies (HHAs) to facilitate the planning and preparation for the transition of CFC participants to AAA case management. The collaborative approach between AAAs and HHAs case managers will be instrumental in facilitating the transition of individuals from Home Health Agencies to Area Agencies on Aging.</p>
<p>This collaborative endeavor bolsters 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 and Home Health Agencies to execute this initiative effectively, delineating specific project objectives and deliverables. These grants will facilitate the planning and preparation for the transition of CFC participants to AAA case management, thereby ensuring the seamless execution and success of this cooperative venture.</p>
<p>The program is designed to benefit individuals transitioning from Home Health Agencies to Area Agencies on Aging. These individuals will have access to comprehensive case management services to facilitate their transition and ensure 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 and HHAs with the transition activities. The grant amounts will be based on a pre-determined dollar amount for approved activities. These payments will be tied to predefined process metrics and milestones, ensuring accountability, and incentivizing successful transitions.</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 funds are equivalent to the amount of federal funds attributable to the increased FMAP.</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>

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.