

Global Commitment to Health 1115 Demonstration Renewal

Public Hearing

Overview of Existing Demonstration

What is a Section 1115 Demonstration?

- Section 1115 of the Social Security Act permits the federal government to approve demonstrations (aka “waivers”) that waive requirements of federal Medicaid law.
- 1115 Demonstrations:
 - Are designed to test policy innovations and further the objectives of the Medicaid program.
 - Must be budget neutral to the federal government.
 - Are subject to evaluation and initially approved for 3-5 years (though some elements may be approved for up to 10 years)
- States must provide public process for notice and comment on proposed demonstration application.

Background:

- Vermont first received federal government approval to operate its Global Commitment to Health Section 1115 demonstration in 2005.
- Today, the Global Commitment demonstration covers nearly all of Vermont's Medicaid program, and allows the Department of Vermont Health Access (DVHA) to provide Medicaid services as a non-risk bearing managed care plan.
- The Global Commitment demonstration also allows Vermont to fund investments for health-related services and programs, such as flexible family funding, emergency medical services, and public health programs.
- Investments funded under the Global Commitment demonstration have been instrumental in helping Vermont achieve among the highest levels of [access](#) to care and maintain one of the [healthiest populations](#) in the nation.

Global Commitment Demonstration Features

Since it was first approved in 2005, the Global Commitment demonstration has expanded coverage, made Vermont a national leader in health care payment reform, and helped foster a healthy population and strong health care system.

Far Reaching Impact

- The Global Commitment demonstration has **expanded healthcare coverage for Vermonters** by:
 - Helping over 20,000 low-and middle-income Vermonters purchase Marketplace coverage and
 - Covering home and community-based services for older adults and individuals with disabilities or serious mental illness who are not eligible for full Medicaid benefits, but are at risk of needing care in a nursing home or psychiatric hospital.
- Global Commitment investments cover **programs and initiatives that impact all Vermonters**, regardless of healthcare coverage

Innovative Payment Reform

- Medicaid is an **anchor payer in Vermont's All Payer ACO model**.
- Vermont is also pursuing **cutting-edge value-based payment (VBP) arrangements for Medicaid providers typically excluded from VBP arrangements**, such as mental health and developmental disability services providers.

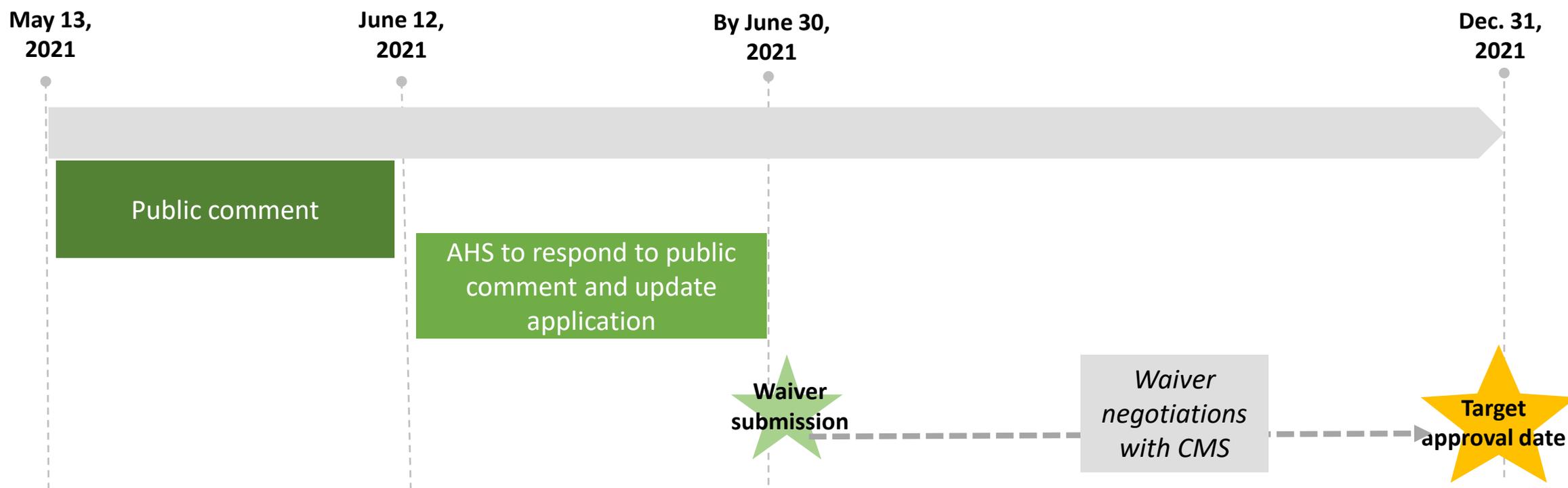
Strong Performance

- The Global Commitment demonstration has helped Vermont increase health care coverage in the state, with almost [97% of Vermonters](#) insured as of 2018
- The Commonwealth Fund ranked Vermont **sixth nationally on a [composite measure of "healthy lives,"](#)** indicating low prevalence of chronic disease, low infant mortality, and high percentage of individuals of good health status
- Mental Health America ranks Vermont as the **top state nationally for [access to mental health care](#)**
- The Long-Term Services and Supports (LTSS) State Scorecard ranks Vermont **fifth nationally in [overall LTSS system performance](#)**

Demonstration Renewal

Timeline for Global Commitment Renewal

The Global Commitment demonstration expires December 31, 2021. Vermont is seeking public comments on the renewal application until June 12, 2021 for submission to CMS by the end of the month.



The Renewal Offers New Opportunities to Advance Vermont's Health Coverage, Access and Quality Goals

The renewal will build upon accomplishments from prior demonstration periods and advance new, ambitious goals to improve health care for the Medicaid population and all Vermonters.

Goals for demonstration renewal

- Advance toward population-wide comprehensive coverage
- Implement innovative, whole person care models across the care continuum
- Engage Vermonters in transforming their health
- Strengthen care coordination and population health management capabilities to encompass the full spectrum of health-related services and supports
- Accelerate groundbreaking payment reform

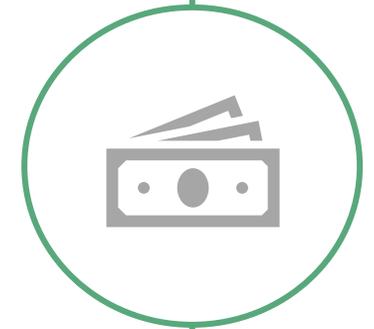
Vermont is seeking a 5-year renewal, but will discuss with CMS the possibility of obtaining a 10-year renewal for certain long-standing demonstration features

Managed Care Flexibilities are Central to Achieving Demonstration Goals

As part of the renewal, AHS is proposing that DVHA serve as a risk-bearing Medicaid managed care plan, taking on population health accountability and responsibility for all Medicaid populations and services.

Delivery Model Overview

- DVHA will function as a public, risk-bearing Medicaid managed care plan and will be subject to Medicaid managed care regulations.
- AHS will pay DVHA a monthly capitation rate for each Medicaid enrollee, which will include all Medicaid services.
- DVHA will manage spend within this capitation rate, working closely with the Department of Disabilities, Aging and Independent Living (DAIL), the Department of Mental Health, Alcohol and Drug Abuse Programs (ADAP) and other AHS departments with population-specific expertise
- Like a commercial managed care plan, DVHA will have the ability to offer in lieu of services and flexibility in how it uses its profits. Unlike a commercial managed care plan, DVHA will use all of its profits to reinvest in the people of Vermont through reforms and initiatives that advance whole-person health.
- Vermont will cover Medicaid and Medicaid-like services and programs through a combination of the following approaches:
 - State Plan and in lieu of services under the capitation rate
 - Care management and quality improvement initiatives under the capitation rate
 - DVHA profits that pay for value-added services and population health initiatives benefitting all Vermonters
 - Discrete expenditure authorities under the demonstration



Advancing Toward Population-Wide, Comprehensive Coverage

Vermont proposes to add several new initiatives that will further expand coverage in the State.

Proposed New Initiatives

- **Obtain federal Medicaid matching funds for services provided to incarcerated adults** 90 days prior to their scheduled date of release. These pre-release inmates would receive full State Plan benefits.
- **Create a new eligibility group for uninsured or underinsured Vermonters between 133% and 225% FPL with a SUD**, granting access to a robust set of SUD treatment benefits, such as peer supports, skilled therapy services, crisis supports and residential treatment

Key continuing demonstration features include:

- Coverage for the Moderate Needs Group for Choices for Care (CFC)
- Community Rehabilitation and Treatment (CRT) expansion group
- Presumptive Medicaid eligibility for pregnant women
- Marketplace subsidies to help Vermonters purchase qualified health plans
- VPharm prescription drug premium and copay assistance for Vermonters enrolled in Medicare Part D

Implementing Innovative, Whole Person Care Models Across the Care Continuum

Vermont offers a robust array of services across the continuum of care. In the demonstration renewal, Vermont proposes several initiatives to fill remaining gaps in the continuum.

Proposed New Initiatives

- **Provide access to residential and inpatient mental health and SUD services** for pregnant and postpartum individuals and mothers with children up to age 5 obtaining care in the Lund Home
- **Implement a Permanent Supportive Housing Pilot** that would allow Vermont to cover pre-tenancy supports, tenancy sustaining services, and community transition services for adults who meet specific health- and risk-based criteria. Example services include housing needs assessments, connections to community resources, and coverage of expenses associated with landlord risk mitigation

Key continuing demonstration features include:

- Programs that provide home and community-based waiver-like services:
 - CFC
 - Developmental Disabilities Services
 - Brain Injury Program
 - Intensive Home and Community Based Services
 - CRT
- Enhanced hospice benefits for Vermonters with life-limiting illnesses
- Palliative care program for children with life limiting diseases
- Waivers of the IMD exclusion for mental health and SUD treatment

Engaging Vermonters in Transforming Their Health

Vermont will seek expenditure authority for several of the programs and services funded as investments under the current demonstration.

Expenditure Authorities to Maintain Current Programs and Services

- **Public health infrastructure**, including, but not limited to:
 - Infectious disease epidemiology and disease control
 - Tobacco control program
 - Preventative services, such as immunizations and fluoride treatment
 - Poison control and lead poisoning prevention
 - Laboratory testing
- **Blueprint for Health care coordination programs**, including staff who supervise Blueprint's care coordination initiatives, lead quality improvement initiatives, and administer self-management programming
- Programs to strengthen Vermont's **healthcare professional workforce**, such as loan repayment programs for physicians and dentists

Engaging Vermonters in Transforming Their Health (cont.)

Other programs and services currently funded as investments will be funded using DVHA's managed care profits. Covering these investments under the DVHA risk-bearing managed care plan will allow Vermont to continue to provide these critical initiatives and services, while having flexibility to implement and test new programs to promote health.

Programs and Activities to be Continued Using Managed Care Profits

- Funding for Parent Child Centers which provide outreach to expectant and new parents, classes for parents and childcare providers, and home visits
- Respite services to provide short-term support and relief to families of children and adolescents with significant mental health issues and serious emotional disturbances
- Mobility training and other services for blind and visually impaired Vermonters aged 55+ regardless of insurance coverage
- Grants to non-profits that provide support services to families that are homeless or at risk of homelessness
- Clinical assessment and individualized treatment, individual, group and family therapy; psychiatric evaluation, medication management; case management; community support and other services for children diagnosed with serious emotional disturbance, who are uninsured or not yet enrolled in Medicaid.

Strengthening Care Coordination and Pop. Health Management Capabilities to Encompass Full Spectrum of Health-Related Services and Supports

Vermont intends to improve upon its already strong care coordination and population health management infrastructure through Blueprint for Health, Vermont's Health Information Exchange (VHIE), the All-Payer ACO Model, HCBW-like programs, and the Vermont Chronic Care Initiative.

Proposed New Initiatives

- **Provide more integrated care coordination** by increasing alignment between Blueprint and other programs offering care coordination within Medicaid, the ACO, and through other payers.
- **Obtain federal matching funds for data exchange initiatives** that will allow more providers to participate in health information exchange and community information exchange to support care coordination.

Accelerating Groundbreaking Payment Reform

With the demonstration renewal, Vermont will continue to transition to value-based payment (VBP), and will seek to fully evolve the Medicaid program to a more advanced VBP model over the next ten years.

Proposed New Initiatives

- **Continue to refine VBP arrangements and, over time, move towards more advanced VBP models for all providers including those working in:**
 - Mental health
 - SUD treatment
 - LTSS (including HCBW-like programs)

Budget Neutrality and Proposed Waivers

This demonstration will be **budget neutral**.

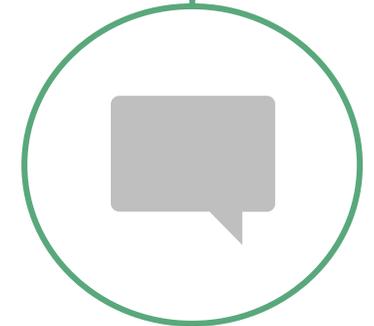
For more information on projected demonstration enrollment and costs, as well as a full list of waiver and expenditure authorities requested, see the waiver application at: [2022 Waiver Documents](#).

Submission of Public Comments

To review and submit comments on the waiver, visit: [2022 Waiver Documents](#).

Public comments may be submitted until midnight on **June 12th**, by email or regular mail.

Please indicate “1115 Renewal Public Comment” in any public comments submitted by email or regular mail.



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