



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

Global Commitment Register

May 13, 2021

GCR 21-033

PROPOSED

Global Commitment to Health Demonstration Renewal: Public Notice

Policy Summary:

Vermont's Agency of Human Services (AHS) is providing public notice of its intent to seek a five-year renewal of its Medicaid Section 1115 Demonstration Waiver, [Vermont Global Commitment to Health](#) (Global Commitment), and to discuss with the federal Centers for Medicare & Medicaid Services (CMS) the potential for 10-year renewal of limited, long-standing features of the Global Commitment demonstration. The State is soliciting public comment on these requests before submitting its renewal application to CMS.

The Global Commitment to Health demonstration has progressively broken new ground in large-scale Medicaid transformation since it was first approved in 2005. Over the past 15 years, the demonstration has been Vermont's principal vehicle for major expansions of health coverage, building an extensive ecosystem of public health and health-related services, driving all-payer payment reform, and rebalancing long-term services and supports (LTSS).

Vermont's vision for the Global Commitment demonstration renewal is to improve health outcomes, lower costs for all Vermonters, and promote provider sustainability, by driving farther and faster toward alternative payment models. Concurrently, Vermont aims to advance the objectives of the Medicaid program by continuing to invest in programs and interventions that improve population health, impact social determinants of health, and ensure that these investments are sustainable over the long term in order to support health improvement and health equity for Vermonters through effective use of state and federal Medicaid dollars.

Vermont seeks to further Medicaid's role as a driver of all-payer payment and delivery system reform through the following **key demonstration goals that promote the objectives of Title XIX of the Social Security Act:**

- Advancing toward population-wide, comprehensive coverage;
- Implementing innovative care models across the care continuum that produce value;
- Engaging Vermonters in transforming their health;
- Strengthening care coordination and population health management capabilities to encompass the full spectrum of health-related services and supports; and
- Accelerating groundbreaking payment reform.

To achieve these goals, Vermont is seeking to retain and strengthen existing demonstration features, while implementing new initiatives that will advance Vermont's health ecosystem. Central to Vermont's key

demonstration goals is Vermont's intent to transition AHS's Department of Vermont Health Access (DVHA) from being treated as a public, non-risk, prepaid inpatient health plan (PIHP) to a public, state-run, risk-bearing managed care organization (MCO). Under this framework, AHS will pay DVHA a monthly capitation rate for each Medicaid enrollee that will include all Medicaid services. In collaboration with the Vermont Department of Health, Department of Disabilities, Aging and Independent Living (DAIL), Department of Mental Health (DMH), Alcohol and Drug Abuse Program (ADAP), Department of Corrections (DOC), and Department of Children and Families (DCF), DVHA will be responsible for spending within this capitation rate. Similar to a commercial Medicaid managed care plan, DVHA will have the ability to offer in lieu of services and flexibility in how it uses its profits, including the ability to offer value-added services. Different from a commercial managed care plan, DVHA will use all of its profits to reinvest in delivery system reforms and service initiatives that incentivize and advance whole-person health for the people of Vermont. Over the life of the demonstration period, Vermont intends to transition many of its investments authorized under the current Global Commitment demonstration to become covered as medical services (including in lieu of services), care management, quality improvement initiatives, and value-added services/population health initiatives through the administrative load and profit margin under the DVHA capitation rate. DVHA will also continue to lead value-based care reform through implementing value-based payment (VBP) arrangements at the level of care delivery, including as an anchor participant in the State's All-Payer Accountable Care Organization (ACO) Model Agreement.

Effective Date:

January 1, 2022

Authority/Legal Basis:

[Global Commitment to Health Waiver](#)

Population Affected:

Vermont's entire Medicaid population – including both State Plan and expansion groups – falls under the purview of the Global Commitment demonstration.

Fiscal Impact:

No impact. The Global Commitment demonstration must be budget neutral.

Public Comment Period:

May 13, 2021-June 12, 2021

All comments must be received no later than 11:59 PM ET (Eastern Time) on June 12, 2021.

The full draft Global Commitment demonstration renewal application can be found at:

<https://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-health-1115-waiver/1115-waiver-documents/2022>. A hard copy of the Global Commitment demonstration renewal application can be obtained by sending a written request to the postal or email address listed below. All information regarding the Global Commitment demonstration renewal application can be found on the [AHS website](#). AHS will update this website throughout the public comment and application process. To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Written comments may be sent to the following address; please indicate "1115 Renewal Public Comment" in the written message:

Medicaid Policy Unit
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Comments may also be emailed to AHS.MedicaidPolicy@vermont.gov. Please indicate “1115 Renewal Public Comment” in the subject line of the email message.

AHS will host the following public hearings to solicit stakeholder comments. The public hearings will be held virtually to promote social distancing and mitigate the spread of COVID-19.

First Public Hearing

May 27th, from 1:30-3:00 pm

Call in: +1 802-552-8456,,23550108#

Phone Conference ID: 235 501 08#

Video Conference: <https://bit.ly/2QeCW4U>

Second Public Hearing

June 3rd, from 9:00-10:30 am

Call in: +1 802-552-8456,,558912170#

Phone Conference ID: 558 912 170#

Video Conference: <https://bit.ly/3bixAwS>

Upon submission to CMS, a copy of the Global Commitment demonstration renewal, including a summary of comments received during this State public comment period, will be published at the following internet address: <https://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-health-1115-waiver/1115-waiver-documents/2022>

Interested parties will also have the opportunity to officially comment on the Global Commitment demonstration renewal application during the federal public comment period; the submitted application will be available for comment on the CMS website at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

Additional Information

Summary of Current Demonstration Features to Be Continued and New Medicaid Program Features to Be Included Under the 1115 Demonstration Renewal

Goal 1: Advancing Population-Wide, Comprehensive Coverage

Continuing Features without Modifications

- **Presumptive Eligibility for Pregnant Women**

Continuing Features with Modifications

- **Moderate Needs Expansion Group for Choices for Care (CFC) Program.** Vermont seeks to revise the CFC Moderate Needs Group clinical eligibility criteria to ensure that services are targeted to at-risk Vermonters with the most acute needs. See the full Global Commitment demonstration renewal [application](#) for additional details.
- **Community Rehabilitation and Treatment (CRT) Expansion group.** Vermont seeks to transition authority for the CRT expansion group from a designated state health program (DSHP) (for individuals with incomes from 133%-185% FPL) and the expenditure authority for investments under the current demonstration (for individuals with incomes above 185% FPL) to a discrete expenditure authority under the demonstration.

- **Marketplace Subsidies** for Vermonters purchasing health insurance through the Marketplace who are not Medicaid eligible and have incomes up to 300% of the Federal Poverty Level (FPL). Vermont seeks to transition authority for these subsidies from a DSHP to a discrete expenditure authority under the demonstration.
- **VPharm.** Vermont is seeking to extend Medicaid-equivalent pharmaceutical coverage to VPharm-eligible individuals with incomes up to 225% FPL.

New Features

- **Medicaid Coverage for Inmates 90 Days Prior to Release from Prison or Jail.** Vermont seeks to provide all Medicaid-eligible inmates with Medicaid coverage 90 days prior to release to improve transitions from correctional facilities to the community.
- **Community Intervention and Treatment Eligibility Group for Low and Moderate-Income Vermonters with a Substance Use Disorder (SUD).** Vermont seeks to create a new eligibility group for Vermonters with a SUD who have incomes from 133% FPL up to and including 225% FPL. Individuals in this group will have access to a set of SUD community intervention and treatment benefits outlined in the Global Commitment demonstration renewal application.

Goal 2: Implementing Innovative Care Models Across the Continuum That Produce Value

Continuing Features without Modifications

- **Enhanced Hospice Benefit**
- **Palliative Care Program**
- **Mental Health Under 22 for Individuals with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED)**

Continuing Features with Modifications

- **CFC.** Vermont seeks to add a “life skills aide” service to the CFC service array for the Highest Needs Group and High Needs Group.
- **CRT.** Vermont seeks to add a peer supports benefit¹ to CRT. In addition, Vermont intends to remove respite from the list of CRT benefits to reflect that it is not in use today.
- **Developmental Disabilities Services.** Vermont is seeking authority to reimburse parents of a minor child, spouses, and legal guardians providing personal care and personal care-like services to individuals enrolled in the Developmental Disabilities Services program.²
- **Brain Injury Program.** Vermont is seeking authority to reimburse parents of a minor child, spouses, and legal guardians providing life skills aide services and community supports (including shared living) to individuals enrolled in the Brain Injury Program.³
- **Waivers of the Institution for Mental Disease (IMD) Exclusion for Mental Health and SUD Treatment.** Vermont is requesting that CMS align requirements for the two waivers to remove the prohibition on federal financial participation (FFP) for individuals obtaining mental health treatment in an IMD for longer than 60 days, recognizing that at times, longer lengths of stay are medically necessary. Vermont is also seeking to apply the inpatient exception to the inmate exclusion to care provided at IMDs.

¹ Provision of peer supports will be effective upon promulgation of state policy necessary to effectuate this new benefit.

² Payments to parents of a minor child, spouses, and legal guardians providing these services will be effective upon promulgation of state policy necessary to effectuate this new benefit.

³ Payments to parents of a minor child, spouses, and legal guardians providing these services will be effective upon promulgation of state policy necessary to effectuate this new benefit.

New Features

- **Access to Family-Focused Residential Mental Health and SUD Treatment.** Vermont is seeking a limited exception to the IMD exclusion for women obtaining longer-term treatment at a family-focused residential treatment program in order to obtain Medicaid reimbursement for stays at Lund Home greater than 60 days.
- **Permanent Supportive Housing Pilot.** Vermont is seeking expenditure authority for a Permanent Supportive Housing Pilot program to provide Medicaid enrollees age 18 and older who are eligible for full Medicaid State Plan benefits and meet specific health needs-based and risk-based eligibility criteria as outlined in the demonstration renewal application with pre-tenancy supports, tenancy sustaining services, and community transition services. Vermont seeks to impose an enrollment cap, prioritization criteria, and a waitlist for Pilot services.

Goal 3: Engaging Vermonters in Transforming Their Health

New Features

- **Incorporating Investments into the Risk-Bearing MCO Model.** Vermont currently has authority to obtain a capped amount of federal Medicaid funding for a diverse set of investments in public health, health care, and health-related services. With the demonstration renewal, Vermont intends to identify investments that are provided to Medicaid enrollees that can be incorporated into the DVHA capitation rate either as State Plan benefits or pre-authorized in lieu of services, care management, or quality improvement. Any savings generated under the DVHA capitation rate will be strategically invested in value-added services targeted toward the Medicaid population and population health initiatives that benefit all Vermonters. These value-added services and population health initiatives will be at risk in the event that DVHA exceeds its per-member per-month capitation rate. The State proposes gradually transitioning investments into the DVHA capitation rate over the five years of the demonstration period.
- **Covering Certain Investments Through Expenditure Authority.** Vermont is seeking to transition a subset of its current investments to being covered through expenditure authority under the demonstration.
 - **Workforce Development Investments.** Vermont is requesting \$4.75 million in expenditure authority over five years to support loan repayment programs for health care professions, geographically accessible nursing education, and educational partnerships.
 - **Public Health Infrastructure.** Vermont is requesting \$38 million in expenditure authority over five years to support preventive services and public health programs focused on areas such as immunizations and fluoride treatment, tobacco cessation, poison control/lead poisoning prevention, epidemiology, and laboratory testing.

Goal 4: Strengthening Care Coordination and Population Health Management Capabilities to Encompass the Full Spectrum of Health-Related Services and Supports

New Features

- **Advancing Integration in Care Coordination.** Vermont intends to align statewide expectations across care coordination programs through Medicaid, the All-Payer ACO, and other payers with respect to care coordination activities, composition of care teams, and processes for care coordination assignments. Vermont is requesting \$15 million (total computable) in expenditure authority over five years to fund a network of three types of staff who supervise and support the Blueprint for Health (Blueprint) initiatives: (1) program managers, who monitor practices' participation as a patient-centered medical home (PCMH), integration with the local community health team (CHT), and implementation of Vermont's care coordination models; (2) quality improvement (QI) facilitators, who assist PCMHs in identifying and implementing QI projects; and (3) self-management regional

coordinators, who administer self-management programming in each of the State’s health service areas.

- **Strengthening Providers’ Ability to Participate in Health Information Exchange (HIE), Advancing Population Health.** Vermont seeks expenditure authority under the demonstration to pursue the following initiatives:
 - **Evaluate gaps in data storage, utilization, and sharing.** Vermont is requesting \$500,000 (total computable) in expenditure authority over five years to evaluate how Medicaid providers store, access, utilize, and share information about enrollee needs and service utilization.
 - **Reduce inequities in data access and sharing capabilities to allow a cross-sector of providers to participate in VBP reforms.** Vermont is requesting \$15 million (total computable) in expenditure authority over five years to provide funding to assist providers in purchasing data systems, including electronic health records (EHRs) and care coordination tools, and connecting to the Vermont Health Information Exchange (VHIE). Vermont will also develop a targeted technical assistance program to provide support for Medicaid providers seeking to access, utilize, and share data for integrated care coordination and population health management.
 - **Leverage health data to enhance population health management and program improvement.** Vermont is requesting \$1.5 million (total computable) in expenditure authority over five years to develop analytic reports and tools using data from the VHIE and other sources to improve management of individuals with high utilization across the care continuum, support program monitoring, and analyze impacts of service or program changes.
 - **Use an electronic patient engagement platform to close health data gaps, support chronic disease prevention and management, and enable person-centric optimized care.** Vermont is requesting \$5 million (total computable) in expenditure authority over five years to assess how to embed a patient engagement platform into the State’s delivery system, and if determined to be feasible, procure a tool that will allow Medicaid enrollees to enter information or link to health monitoring applications.

Goal 5: Accelerating Groundbreaking Payment Reform

Continuing Features without Modifications

Vermont is seeking to retain the flexibility to set provider rates on an individual or class basis that departs from State Plan rates as part of its demonstration renewal.

New Features

Vermont intends to continue to refine payment models for mental health, SUD, and developmental disabilities services and will test multiple new models of risk. Ultimately, the payment reform initiatives that are tested under the demonstration renewal will guide DVHA’s strategy for transitioning additional populations and services to Health Care Payment Learning & Action Network (HCP-LAN) Category 4 arrangements.

Demonstration Eligibility, Benefits, Delivery System, and Cost Sharing

Eligibility and Benefits

Vermont’s entire Medicaid population – including both State Plan and expansion groups – falls under the purview of the Global Commitment demonstration. Table 1 below outlines the eligibility groups that will be included in the Global Commitment demonstration renewal, along with the benefits that will be covered for each group. Through the demonstration renewal, Vermont is proposing the creation of one new eligibility group – Population 9, the SUD Community Intervention and Treatment Expansion Group. In addition, Vermont is proposing minor benefits changes, as described below.

Table 1. Global Commitment Demonstration Populations

Population	Population Description	Benefits	Proposed Changes for New Demonstration Period
<i>Mandatory and Optional State Plan Groups⁴</i>			
1. Mandatory State Plan Populations	Mandatory State Plan populations, except for the ACA new adult group (included in Population 3) and Medicare Savings Program beneficiaries (included in Population 8).	State Plan benefits	State intends to cover a number of new benefits under the State Plan, including a subset of investments authorized under the current demonstration, as described in this application.
2. Optional State Plan Populations	Optional State Plan populations (including medically needy).	State Plan benefits	None
3. New Adult Group	New adult group, described in 1902(a)(10)(A)(i)(VIII) and 42 CFR 435.119, pursuant to the approved State Plan.	Benefits described in approved alternative benefit plan (ABP) State Plan Amendment (SPA)	State will update its ABP SPA to align with changes to the State Plan.
<i>Demonstration Expansion Populations</i>			
4. CFC Highest Needs Population	Individuals age 65 and older and age 18 and older with disabilities, not otherwise eligible under the State Plan, who meet the clinical criteria for the Highest Needs Group for CFC, and who would have been Medicaid-eligible under section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR §435.217, in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if the services they receive under the demonstration would have been provided under an HCBS waiver granted to the State under section 1915(c) of the Act. This includes the application of the post-eligibility rules specified at 42 CFR §435.726, and of the spousal impoverishment rules specified at 1924 of the Act. This demonstration allows for a resource standard of \$10,000 for an unmarried individual who resides in and has an ownership interest in their principal place of residence.	State Plan benefits plus HCBS covered for the CFC Highest Needs Group as described in the current demonstration STCs	State proposes minor changes to the CFC benefit package as described earlier in this notice and on pages 21-22 of the full demonstration renewal application.
5. CFC High Needs Population	Individuals age 65 and older and age 18 and older with disabilities, not otherwise eligible under the State Plan, who meet the clinical criteria for the High Need Group for CFC, and who would have been Medicaid-eligible under section 1902(a)(10)(A)(ii)(VI) of the Act	State Plan benefits plus HCBS covered for the CFC High Needs Group as described in the current demonstration STCs	State proposes minor changes to the CFC benefit package as described as described earlier in this notice and on pages 21-22 of the full demonstration renewal application.

⁴ Inmates who are within 90 days of release will receive the benefit package associated with their eligibility group.

Population	Population Description	Benefits	Proposed Changes for New Demonstration Period
	and 42 CFR §435.217, in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if the services they receive under the demonstration would have been provided under an HCBS waiver granted to the State under section 1915(c) of the Act. This includes the application of the post-eligibility rules specified at 42 CFR 435.726, and of the spousal impoverishment rules specified at 1924 of the Act. This demonstration also allows for a resource standard of \$10,000 for an unmarried individual who resides in and has an ownership interest in their principal place of residence.		
6. CFC Moderate Needs Expansion Group	Individuals who have incomes below 300% SSI FBR and would be described in Populations 4 or 5 except that they meet the clinical criteria for the CFC Moderate Needs Group and are at risk of institutionalization.	Limited HCBS including adult day services, case management, and homemaker services	State proposes minor changes to eligibility criteria described as described as described earlier in this notice and on page 13 of the full demonstration renewal application.
7. CRT Expansion Group	Individuals with SMI who have incomes above 133% FPL.	Limited community mental health services, including service coordination, flexible support, skilled therapy services, counseling, residential treatment, supported employment, environmental safety devices, and crisis and community supports	State proposes covering CRT expansion group through expenditure authority instead of as a DSHP and investment; no eligibility changes are proposed. State also proposes minor changes to CRT benefit package as described on page 22 of the full demonstration renewal application.
8. VPharm Group	Medicare beneficiaries who are 65 years or older or have a disability with income at or below 225% FPL, who may be enrolled in the Medicare Savings Program (MSP) but are not otherwise categorically eligible for full benefits.	Medicaid prescriptions, eyeglasses and related eye exams; MSP beneficiaries also receive benefits as described in the State Plan	State proposes to expand benefits available to Medicare beneficiaries with incomes from 150% to 225% FPL as described as described as described earlier in this notice and on page 14-15 of the waiver application.
9. SUD Community Intervention and Treatment Expansion Group	Individuals with a SUD as defined by the DSM-5 who have incomes from 133% FPL up to and including 225% FPL.	SUD Community Intervention and Treatment benefits as described in Table 2	New eligibility group

Delivery System

Vermont’s proposed transition of DVHA, its Medicaid delivery system, from being considered a non-risk-bearing PIHP to a risk-bearing MCO is at the core of Vermont’s vision and goals for the Global Commitment demonstration renewal. As a risk-bearing MCO, DVHA would be subject to the same regulations and protections that other states’ risk-bearing Medicaid managed care plans are under 42 CFR 438.

Premiums and Cost-Sharing

Vermont is proposing to retain premiums and cost sharing authorized through the current Global Commitment demonstration, as described below. All other cost sharing aligns with Vermont’s State Plan.

Mandatory State Plan Populations, Optional State Plan Populations, and the New Adult Group (Populations 1, 2, and 3)

Vermont may charge Populations 1, 2, and 3 premiums and cost sharing in compliance with Medicaid requirements set forth in statute, regulation, policy, and Vermont’s Medicaid State Plan. Standard Medicaid exemptions from cost-sharing set forth in 42 CFR 447(b) will apply to the demonstration. Premiums for children ages 0 through 18 who fall into the mandatory State Plan population (Population 1) will be as follows:

Table 2. Premiums for Children Ages 0 to 18 in Population 1

Group	Premiums
Children with incomes >195% through 237% FPL	\$15/month/family
Underinsured children with incomes >237% through 312% FPL	\$20/month/family
Uninsured children with incomes >237% through 312% FPL	\$60/month/family

VPharm Group (Population 8)

Premiums and co-payments for the VPharm group are outlined in the table below.

Table 3. VPharm Premiums and Co-Payments

Population	Premiums	Co-Payments
Medicare beneficiaries with income up to and including 225% FPL, who may be enrolled in the MSP but are not otherwise categorically eligible for full benefits	Premiums cannot exceed the following: <ul style="list-style-type: none"> 0-150% FPL: \$15/month/person 151-175% FPL: \$20/month/person 176-225% FPL: \$50/month/person 	Not to exceed the nominal co-payments specified in the Medicaid State Plan

Demonstration Projected Enrollment and Expenditures

Expected Enrollment

Table 4 provides historical data on Member Months for the Vermont 1115 demonstration populations from DY12 (CY2017) - DY16 (CY2021). Since 2021 is not complete, DY16 is a projection based on Vermont’s most recent state forecast.

Table 4. Historical Member Months

	Historical Member Months				
	DY12	DY13	DY14	DY15	DY16
Medicaid Eligibility Group	Jan - Dec 2017	Jan - Dec 2018	Jan - Dec 2019	Jan - Dec 2020	Jan - Dec 2021
Total Medicaid Population	1,267,680	1,232,408	1,171,121	1,185,813	1,197,680

	Historical Member Months				
	DY12	DY13	DY14	DY15	DY16
Medicaid Eligibility Group	Jan - Dec 2017	Jan - Dec 2018	Jan - Dec 2019	Jan - Dec 2020	Jan - Dec 2021
Total Hypothetical Population	715,258	697,016	658,584	723,063	720,778
Total Other Population	134,570	128,599	123,875	121,698	121,698
Total	2,117,508	2,058,023	1,953,580	2,030,574	2,040,156

Table 5 provides the estimated enrollment for the five years of the demonstration renewal from DY17 to DY21.

Table 5. Projected Member Months

	Projected Member Months				
	DY17	DY18	DY19	DY20	DY21
With Waiver Member Months	Jan - Dec 2022	Jan - Dec 2023	Jan - Dec 2024	Jan - Dec 2025	Jan - Dec 2026
Total	2,038,973	2,030,899	2,022,940	2,015,098	2,007,371

Projected Expenditures

Table 6 provides historical data on the total expenditures for the Global Commitment 1115 demonstration services and populations from DY12 to DY16.

Table 6. Historical Expenditures

	Historical Expenditures (in \$M)				
	DY 12	DY13	DY14	DY15	DY16
Historical Expenditures	Jan - Dec 2017	Jan - Dec 2018	Jan - Dec 2019	Jan - Dec 2020	Jan - Dec 2021
Total Expenditures	\$1,534.3	\$1,600.3	\$1,595.4	\$1,625.5	\$1,652.3

The projected expenditures include the impact from the new programs that are being requested to be covered under the 1115 demonstration. Table 7 provides the projected expenditures for 1115 demonstration expenditures from DY17 to DY21.

Table 7. Projected Expenditures

	Projected Expenditures (in \$M)				
	DY17	DY18	DY19	DY20	DY21
With Waiver Expenditures*	Jan - Dec 2022	Jan - Dec 2023	Jan - Dec 2024	Jan - Dec 2025	Jan - Dec 2026
Total Expenditures	\$1,982.1	\$2,041.5	\$2,102.9	\$2,166.5	\$2,232.3

*Expenditures include DVHA plan administrative expenses

Demonstration Hypotheses and Evaluation Approach

Vermont intends to contract with an independent evaluator to assess the impact of proposed new demonstration features. Vermont is proposing the following hypotheses to include as part of its evaluation design.

- **Goal 1: Advancing Toward Population-Wide, Comprehensive Coverage**
 - The demonstration will result in increased access to treatment services for Medicaid-eligible Vermonters who were previously incarcerated and released from Department of Corrections (DOC) facilities.
 - The demonstration will result in improved access to care for low- and moderate-income Vermonters with a SUD.
- **Goal 2: Implementing Innovative Care Models Across the Care Continuum That Produce Value**
 - The demonstration will result in improved access to family-focused residential services for Medicaid-eligible individuals.
 - The demonstration will reduce health care costs for Medicaid-eligible individuals who access permanent supportive housing services.
 - The demonstration will result in reducing overall health care costs for high-need individuals.
- **Goal 3: Engaging Vermonters in Transforming Their Health**
 - The demonstration will result in reduced chronic disease prevalence.
 - The demonstration will increase access to care for Medicaid-eligible individuals.
- **Goal 4: Strengthening Care Coordination and Population Health Management Capabilities to Encompass the Full Spectrum of Health-Related Services and Supports**
 - The demonstration will result in improved health information exchange capabilities for Medicaid specialty providers.
 - The demonstration will result in more integrated care coordination.
- **Goal 5: Accelerating Groundbreaking Payment Reform**
 - The demonstration will result in additional populations and services transitioning to HCP-LAN Category 4 arrangements.
 - The demonstration will result in new payment initiatives for SUD outpatient services.
 - The demonstration will result in new payment initiatives for school-based mental health services.

Requested Waiver and Expenditure Authorities

Vermont is requesting the following waivers and expenditure authorities to operate the Global Commitment renewal demonstration:

Table 8: Requested Waiver and Expenditure Authorities

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
Waiver Authorities			
1. Statewide-ness: Section 1902(a)(1)	To allow the State to operate the program differently in different geographical areas of the State.	Currently approved	✓

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
<p>2. Reasonable Promptness: Section 1902(a)(8)</p>	<p>To allow the State to maintain a waiting list for individuals applying for HCBW-like services through the CFC High Needs and Moderate Needs Groups.</p> <p>To allow the State to require applicants for nursing facility and HCBS (including HCBW-like services) to complete a person-centered assessment and options counseling process prior to receiving such services.</p> <p>To permit waiting lists for eligibility for demonstration-only (non-Medicaid State Plan) populations.</p>	<p>State requests that waiver permitting waiting lists for demonstration-only populations extend to the SUD Community Intervention and Treatment Eligibility group</p>	<p>✓</p>
<p>3. Amount, Duration, and Scope of Services: Section 1902(a)(10)(B)</p>	<p>To enable Vermont to vary the amount, duration, and scope of services offered to various mandatory and optional groups of individuals affected by or eligible under the demonstration as long as the amount, duration, and scope of covered services meets the minimum requirements under title XIX of the Act for the group (if applicable).</p> <p>To allow the State to provide nursing facility services and HCBS based on relative need as part of the person-centered and options counseling process for new applications for CFC services; to permit certain individuals, based on need, to receive demonstration services in the same eligibility group, under the Medicaid State Plan, and to limit the amount, duration, and scope of services to those including in the participants' approved care plan.</p>	<p>Currently approved</p>	<p>✓</p>
<p>4. Financial Eligibility: Section 1902(a)(10)(C)(i)(III)</p>	<p>To allow the State to use institutional income rules (up to 300% SSI FBR) for HCBW-like programs besides CRT.</p> <p>To allow the State to use institutional income and resource rules for the Highest Need and High Need groups in the same manner as it did for the terminated 1915(c) waiver programs that were subsumed under the CFC demonstration in 2005.</p> <p>To permit the State to have a resource standard of \$10,000 for Highest Need and High Need individuals who are single and own and reside in their own</p>	<p>Modified waiver language to clarify that institutional income rules are used for determining eligibility for HCBW-like programs besides CRT for both categorically and</p>	<p>✓</p>

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
	homes and who select HCBS in lieu of institutional services.	medically needy beneficiaries	
5. Payment to Providers: Sections 1902(a)(13), 1902(a)(30)	To allow the State, through DVHA, to establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.	Currently approved	✓
6. Premium Requirements: Section 1902(a)(14) In so far as it incorporates Section 1916	To permit Vermont to impose premiums in excess of statutory limits for optional populations and for children through age 18 with income above 195% FPL.	Currently approved	✓
7. Income/ Resource Comparability: Section 1902(a)(17)	To the extent necessary to enable the State to use varying income and resource standards and methods for plan groups and individuals.	Currently approved	✓
8. Spend-Down: Section 1902(a)(17)	To enable the State to offer one-month spend-downs for medically needy people receiving community-based services as an alternative to institutionalization, and non-institutionalized persons who are receiving personal care attendant services at the onset of waivers.	Currently approved	✓
9. Financial Responsibility/ Deeming: Section 1902(a)(17)(D)	To the extent necessary to exempt the State from the limits under section 1902(a)(17)(D) on whose income and resources may be used to determine eligibility unless actually made available, and so that family income and resources may be used instead. To enable the State to disregard quarterly income totaling less than \$20 from the post-eligibility income determination.	Currently approved	✓
10. Freedom of Choice: Section 1902(a)(23)(A)	To enable the State to restrict freedom of choice of provider for the demonstration participants to the extent that beneficiaries will be restricted to providers enrolled in a provider network through DVHA for the type of service at issue, but may change providers among those enrolled providers. Freedom of choice of provider may not be restricted for family planning providers. This waiver allows Vermont to restrict choice of provider in situations where the State requires an individual to receive	Currently approved	✓

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
	services through a designated provider. The individual may receive services from any willing provider within that designated provider network.		
11. Direct Payments for Providers: Section 1902(a)(32)	To permit payments for incidental purchases for CFC HCBS to be made directly to beneficiaries or their representatives.	Currently approved	✓
Expenditure Authorities			
1. Expenditures Related to Eligibility Expansion	Expenditures to provide Medical Assistance coverage, either in the form of payment for medical services under the State Plan as affected by the waivers and expenditure authorities under this Demonstration, or in the form of premium assistance, to the Demonstration expansion populations listed in Section III of this document, that are not covered under the Medicaid State Plan and are enrolled in the Vermont Global Commitment to Health Demonstration. This authority applies to Demonstration Populations 4, 5, 6, 7, 8, and 9.	State requests to modify request to include SUD Community Intervention and Treatment Expansion Group (Population 9)	✓ (for CFC Highest Needs Population (Population 4), CFC High Needs Population (Population 5), CFC Moderate Needs Group (Population 6), CRT Expansion Group (Population 7), VPharm Group (Population 8))
2. Expenditures Related to Additional Services for HCBW-Like Programs	Expenditures for additional health care related-services (i.e., HCBW-like services) for all populations affected by or eligible through the demonstration as described in STC 20(c) in the currently approved Global Commitment demonstration.	Currently approved	✓

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
3. Expenditures for Public Health Initiatives, Outreach, Infrastructure, and Services Related to State Plan, Demonstration, Uninsured and Underinsured Populations	Expenditures to reduce the rate of uninsured and/or underinsured in Vermont, increase access to quality health care for uninsured, underinsured, and Medicaid beneficiaries, provide public health approaches and other innovative programs to improve the health outcomes and quality of life for Medicaid beneficiaries; and encourage the formation and maintenance of public private partnerships in health care; use of this expenditure authority will phase down over the five years of the demonstration.	State proposes that authority will phase down over five years of demonstration	
4. Expenditures for Hospice Services that Exceed State Plan Limits	Expenditures for adults eligible under the approved State Plan for hospice services that exceed State Plan limits.	Currently approved	✓
5. Expenditures for the Marketplace Subsidy Program	Expenditures for state-funded subsidy programs that aid certain individuals who purchase health insurance through the Marketplace.	Currently approved	✓
6. Expenditures for Mental Health CRT	Expenditures for mental health CRT services, as defined by Vermont rule and policy, to individuals with serious mental illness.	State proposes to modify request to reflect CRT transitioning to an expenditure authority	✓
7. Expenditures for SUD Community Intervention and Treatment	Expenditures for SUD Community Intervention and Treatment services, as defined by Vermont rule and policy, to individuals with SUD who have incomes above 133% FPL.	New request	
8. HCBW-like Services for State Plan Eligibles Who Meet Highest Need, High Need, or Moderate Need Clinical	Expenditures for HCBW-like services for State Plan eligibles who meet all State Plan eligibility requirements, who have the indicated level of clinical need for HCBW-like services for the CFC program. The Moderate Needs Group does not meet all the CFC clinical criteria for long-term services, but are at risk of institutionalization. These individuals demonstrate a clinical need that shows they would benefit from a subset of HCBW-like services.	Currently approved	✓

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
Criteria for CFC			
9. Other HCBW- Like Expenditures	<p>a. Expenditures for CFC participants with resources exceeding current limits, who are single, own and reside in their own homes, and select home-based care rather than nursing facility care, to allow them to retain resources to remain in the community;</p> <p>b. Expenditures for personal care services provided by HCBW-like participants' parents (when participants are minor children), spouses, and legal guardians; and</p> <p>c. Expenditures for incidental purchases paid in cash allowances to participants who are self-directing their CFC services prior to service delivery.</p>	State requests to modify (b), expenditures for personal care services, to incorporate other HCBW-like programs beyond CFC	✓
10. Children's Personal Care Expenditures	Expenditures for State Plan children's personal care services provided by participants' parents and legal guardians.	Currently approved for COVID-19 public health emergency (PHE); State is seeking to extend authority beyond PHE	
11. Full Medicaid Benefits for Presumptively Eligible Pregnant Women	Expenditures to provide full Medicaid State Plan benefits to presumptively eligible pregnant women.	Currently approved	✓
12. Residential and Inpatient Treatment for Individuals with Substance Use Disorder	<p>Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an IMD.</p> <p>Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are residents of family-focused residential treatment programs that meet the definition of an IMD, regardless of length of stay.</p>	State requests waiver to reflect that stays at family-focused residential treatment programs will be covered, regardless of length of stay	

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver/ Expenditure Authority?	Waiver/ Expenditure Authority for Which Vermont Requests CMS Consider 10- Year Approval
13. Residential and Inpatient Treatment for Individuals with Serious Mental Illness	<p>Expenditures for Medicaid State Plan services furnished to eligible individuals who are primarily receiving short-term treatment for an SMI in facilities that meet the definition of an IMD.</p> <p>Expenditures for Medicaid State Plan services furnished to eligible individuals who are primarily receiving treatment for an SMI in facilities providing family-focused residential treatment that meet the definition of an IMD, regardless of length of stay.</p>	State requests waiver to reflect that stays at family-focused residential treatment programs will be covered, regardless of length of stay	
14. Retroactive Eligibility	To enable the State to waive the requirement to provide medical assistance for up to 3 months prior to the date that an application for assistance is made for expansion groups (for Populations 6 and 8 only).	Currently approved	✓
15. Permanent Supportive Housing Pilot	Expenditures for permanent supportive housing services provided to enrollees in the State’s Pilot program. The State will institute annual enrollment limits for this Pilot and will maintain a waiting list.	New request	
16. Coverage for Inmates Pre-Release	Expenditures for Medicaid services rendered to incarcerated enrollees in the 90 days pre-release from a correctional facility.	New request	
17. Health Information Exchange Activities	<p>Expenditures not to exceed \$17 million over five years to conduct activities that will strengthen providers’ ability to participate in health information exchange.</p> <p>Expenditures not to exceed \$5 million over five years to deploy an electronic patient engagement platform.</p>	New request	
18. Blueprint for Health	Expenditures not to exceed \$15 million over five years to administer the Blueprint program.	New request (currently covered as an investment)	✓
19. Workforce Development	Expenditures not to exceed \$4.75 million over five years to support health care workforce development in Vermont.	New request (currently covered as an investment)	✓
20. Public Health Infrastructure	Expenditures not to exceed \$38 million over five years to sustain and strengthen Vermont’s public health infrastructure.	New request (currently covered as an investment)	✓