

Vermont's Proposal to Enhance, Expand, and Strengthen HCBS under the Medicaid Program: Q3 FY 2023 Update

HCBS SPENDING PLAN PROJECTION AND HCBS SPENDING NARRATIVE IN RESPONSE TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT OF 2021



SUBMITTED BY THE AGENCY OF HUMAN SERVICES ON NOVEMBER 9, 2023

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Executive Summary

Section 9817 of the American Rescue Plan Act of 2021 offers states an unprecedented opportunity to enhance, expand and strengthen home and community-based services (HCBS) under the Medicaid program. Estimated projections indicate that the State of Vermont will claim \$71,829,866 in funds attributable to the increase in Federal Medical Assistance Percentage (FMAP) between April 1, 2021 and March 31, 2022. This funding will be employed as the state share required to implement approved activities valued at \$161,910,329 between April 1, 2021 and March 31, 2025.

The State of Vermont is submitting this initial spending plan and proposal, which will be updated during quarterly submission of the plan and following a more robust stakeholder engagement process. The State intends to closely collaborate with individuals with HCBS needs and their families and caregivers, providers, community-based organizations, and advocates to refine and implement the spending plan to best optimize this opportunity. Vermont will place a strong emphasis on one-time, transformational investments to minimize ongoing sustainability concerns while achieving the goals of this funding opportunity.

Vermont has had success in rebalancing long-term services and supports through innovative programs and population health investments authorized within its Medicaid Section 1115 waiver. This opportunity will allow Vermont to continue system transformation by supporting the availability of high-performing providers, furthering care integration across the care continuum including services for health-related social needs, promoting value-based purchasing within HCBS programs, and developing infrastructure and systems to support program improvement and population health management. The initial spending plan is aligned with example activities included in [Appendix C and D of the SMDL #21-003](#) federal guidance and includes activities to:

- 1. Improve Services,**
 - a. New and/or Additional Services – \$17,642,730
 - b. Increase Payment Rates – \$48,906,923
 - c. Strengthen Assessment and Person-Centered Planning Processes – \$7,438,571
 - d. Address Covid-related Concerns – \$0
- 2. Promote a High-Performing and Stable Workforce, and**
 - a. Training – \$1,877,500
 - b. Recruitment and Retention – \$31,506,000
- 3. Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight**
 - a. Quality Improvement – \$18,494,483
 - b. Use of Technology and Cross-system Data Integration Efforts – \$19,832,084
 - c. Improve Care Coordination and Care Management – \$1,822,733
 - d. Address Social Determinants of Health – \$1,500,000
 - e. Administration of Activities – \$4,885,305

f. Capital Investments – \$8,004,000

Spending Plan Narrative

Note: In response to a request from CMS, Vermont has added details about HCBS Provider alignment with Appendix B of the State Medicaid Director Letter #21-003 for each activity.

1. Improve Services

a. New and/or Additional Services

Vermont plans to use \$17,642,730 to pursue new and additional HCBS for Medicaid members. Initially, the State will use funding from this opportunity to secure contractor support to define service requirements, analyze fiscal impacts including for sustainability planning, and develop operational plans. Applicable services may include Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, Permanent Supportive Housing, Certified Community Behavioral Health Clinics, and HCBS residential alternatives. In addition, the State may utilize contractor support for implementation of a new Substance Use Disorder (SUD) Community Intervention and Treatment Eligibility Group for Vermonters with a SUD as defined by the DSM-5 who have incomes from 133% FPL up to and including 225% FPL within the State's Global Commitment to Health Section 1115 Demonstration waiver. The State has requested federal approval for Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, Permanent Supportive Housing, and a SUD Community Intervention and Treatment Eligibility Group within the Global Commitment to Health Section 1115 waiver renewal application and anticipates submitting a State Plan Amendment to add Peer Supports. If approved, the Permanent Supportive Housing program would cover services typically covered in 1915(i) programs including pre-tenancy supports, tenancy sustaining services, and community transition services and would not cover room and board. Medicaid enrollees who are age 18 and older, eligible for full Medicaid State Plan benefits and meet defined health needs-based and risk-based criteria would be eligible for the program. The State will also engage a contractor to explore HCBS residential alternative options prior to seeking federal approval for a change to an HCBS program.

Additionally, Vermont plans to develop an innovation grant opportunity to support provider start-up costs to develop and implement programming to provide alternatives to emergency room mental health crisis care. There is an urgent need to serve individuals who are presenting to emergency departments in a psychiatric crisis who can be served more effectively and promptly in settings specifically designed to offer mental health crisis care. The opportunity will enable the development and expansion of five models of crisis care that could be covered under the rehabilitative services benefit and are intended to be less than 24 hour outpatient stays including Psychiatric Urgent Care

(PUC) programs, Psychiatric Urgent Care for Kids (PUCK) programs, emPATH (emergency Psychiatric Assessment, Treatment & Healing unit), The Living Room Model, and CAHOOTS (Crisis Assistance Helping Out On The Streets). The PUC and PUCK programs are initiatives where a designated mental health agency and a hospital provide a safe alternative crisis intervention site for Vermonters and their family members who need an urgent level of response instead of directing them to a hospital emergency department. The PUC and PUCK programs will have mental health clinical staff on site at their urgent care location, where clients can receive crisis de-escalation, safety planning, clinical assessment, psychiatric consultation, and sensory tools as well as potentially peer and respite supports. The PUC program provides services across the lifespan or for adults only. The PUCK program is specific to elementary-aged children who are in mental or psychological distress at school. The emPATH model is a hospital-based outpatient program that can accept all medically appropriate individuals experiencing a psychiatric crisis. The Living Room Model is a peer run community crisis center that provides a safe space for someone in crisis to connect with peers as an alternative to the emergency room. Lastly, CAHOOTS is a mobile crisis intervention program that operates with a team composed of a crisis intervention worker and a medic. These programs will be designed to serve Vermont Medicaid members in need of crisis care and may also serve Non-Medicaid members in order to prevent health deterioration to the point of requiring residential or inpatient psychiatric care, while also preventing individuals from needing full Medicaid benefits in the future. Outcomes from this grant opportunity will further inform the State's efforts to develop a community-based mobile crisis benefit. Vermont anticipates seeking federal approval for a community-based mobile crisis benefit effective 7/1/22 and has received a planning grant to further develop the program. The State anticipates that the services could be covered under the rehabilitative services benefit. If services are approved, the State would use funding from this opportunity for these services through the end of the funding period and then would seek an appropriation to continue providing community-based mobile crisis when funding from this opportunity is no longer available.

The State is also seeking to temporarily increase current limits or caps on assistive devices and home modifications, related specialized treatment plan services, and environmental and assistive technology within the Choices for Care, Developmental Disability Services and Brain Injury Programs, respectively, to support aging in place and independence and reduce reliance on staff supports. These programs are authorized in the Global Commitment to Health Section 1115 waiver and limitations are defined by Vermont rules and policies. While the temporary increases are not intended to be sustained past the funding period, the State will monitor outcomes to inform future policy development.

The State is also seeking to offer housing and residential service regional pilot planning grants. The grants will support local planning for new service-supported housing models

that comply with federal home- and community-based services regulations and reflect the diversity of needs of Vermont Medicaid members with developmental disabilities including individuals with high support needs who require 24-hour care and individuals with specific communication needs. One-time grant funding will be for planning and program development and will not be used for capital investments.

Through its Choices for Care program authorized in the Global Commitment to Health Section 1115 waiver, Vermont offers a limited HCBS package through the Moderate Needs Group which is available to individuals who do not meet all the Choices for Care clinical criteria but are at risk of institutionalization and need HCBS. Vermont intends to use funding to secure contractor support to identify options for extending Moderate Needs Group services and supports under the Choices for Care program.

Activity Updates: 1(a) New and/or Additional Services

Activity Name: Contractor support for the Supportive Housing Assistance Pilot

Target Population: Medicaid enrollees age 18 and older who are eligible for full Medicaid state plan benefits and meet certain health needs-based and risk-based criteria, as indicated in the State's Global Commitment to Health 1115 Demonstration waiver.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: The Agency of Human Services is currently in the policy development phase of this program. Providers will deliver HCBS under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Impact on Equity and/or SDOH: Studies have shown that supportive housing programs are effective not only in reducing homelessness, but also in 1) preventing emergency department use and hospitalization and 2) reducing overall health care costs for high-needs individuals. When conducting further design of the Supportive Housing Assistance Program, Vermont will seek stakeholder input to refine the Pilot's eligibility criteria to ensure that it pursues equity and targets groups disproportionately impacted by homelessness, including Black Vermonters. In addition, Vermont will ensure that selected providers are experienced in or receive training on conducting outreach and delivering services to these groups.

Q1 FY 2024 Update (Approved 10/17/23): Vermont's Agency of Human Services selected a contractor to assist with the design of the Supportive Housing Assistance program. Currently, the contractor and the Vermont team are conducting stakeholder engagement. There will be a combination of surveys, town hall meetings, targeted interviews, and information gathering focused on housing-related support services. Once the initial stakeholder engagement activities are completed, the project will move into the operational planning phase.

Q3 FY 2023 Update (Approved 4/10/23): The Agency of Human Services (AHS or Agency) anticipates releasing a Request for Proposals for a Technical Assistance

Contractor in January 2023 to facilitate stakeholder engagement, develop the operational plan and policy documents, and design a housing policy alignment strategy.

Q1 FY 2023 Update (Approved 10/13/22): Vermont received approval for the Supportive Housing Assistance Pilot under the State's Global Commitment to Health 1115 Demonstration waiver effective July 1, 2022. Vermont operates its Medicaid program through a publicly administered state-wide non-accredited public pre-paid inpatient health plan (PIHP). Vermont will be engaging with a contractor to develop an operational plan in order to implement the Supportive Housing Assistance Pilot in 2024.

Activity Name: Policy, Planning, and Project Management Support for Long-Term Services and Supports (LTSS) and HCBS Delivery System Reform

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Activities are focused on HCBS under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver. Visioning sessions may explore services and supports available under additional Medicaid Authorities such as State Plan Rehabilitative Services.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Vermont is in the midst of strengthening, designing, and implementing a variety of innovative HCBS programs. Through the Global Commitment 1115 Waiver demonstration, the State is pursuing new HCBS initiatives, such as a Supportive Housing Assistance program and new HCBS-related investments. The State is also implementing far-reaching HCBS reforms, including but not limited to conflict-free case management and improved quality assurance and compliance programs; payment reforms; and Section 9817-funded projects such as the Medicaid Data Aggregation and Access Program (an HIE incentive program for HCBS providers). In addition, the State is actively working to address HCBS provider stability issues exacerbated by the COVID-19 public health emergency. Sequencing and aligning activities and reforms and establishing priorities is essential for achieving success.

As the State is at a critical mid-point for utilizing Section 9817 funding, it seeks contractor support to facilitate visioning sessions within the Agency of Human Services to generate high-level principles and core tenets to guide LTSS reforms including activities funded by Section 9817 and beyond when the program sunsets. Contractor support will also include developing and maintaining a workplan for major HCBS workstreams that include dependencies; facilitating discussions and decision making; providing HCBS policy support such as updating policies and procedures related to conflict free case management and quality and compliance measurement and opportunities for expanding and strengthening HCBS; and conducting project management and communication support.

Activity Name: Start-up costs for Community-Based Mobile Crisis Intervention Services

Target Population: Individuals experiencing a mental health or substance use crisis.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Providers will deliver services that could be covered under the State Plan Rehabilitative Services Medicaid Authority.

Sustainability Plan: Section 9817 will be used to fund one-time start-up costs. Concurrently, Vermont is seeking federal approval for a community-based mobile crisis benefit.

Q2 FY2024 Update: Due to new guidance from CMS received in October 2023, Vermont is assessing the additional scope of work needed in its MMIS to ensure proper claiming of enhanced community-based mobile crisis services. Vermont has asked CMS to reconsider this guidance, though should the guidance remain, Vermont will utilize funding to make necessary updates to its MMIS to ensure proper billing and claiming for enhanced community-based mobile crisis services. Staff are currently working to understand the estimated costs of different solutions.

Q1 FY 2024 Update (Approved 10/17/23): The Department of Mental Health will be issuing a Phase 1 Mobile Crisis contract in the beginning of Q3 CY 2023 to provide program implementation and startup costs. Examples of start-up costs include marketing and education about the new service; recruitment-related costs such as salaries, bonuses, and advertisement; supplies and materials such as personal protective equipment, safety planning lockboxes, and harm reduction materials; technology and equipment such as computers, iPads, and cell phones; and software enhancements. As part of start-up costs, the Department of Mental Health is also funding contracted technical assistance for the mobile crisis provider for implementation planning.

Q3 FY 2023 Update (Approved 4/10/23): In the fall of 2022, Vermont issued a Request for Proposals for the regional mobile crisis network. The Agency is currently reviewing proposals, which include program start-up costs. The Agency anticipates that start-up funding will be used to support ramp up costs from 4/1/2023 – 10/1/2023 to assist with implementation of the mobile crisis benefit on 9/1/2023. Examples of start-up costs include marketing and education about the new service; recruitment-related costs such as bonuses and advertisement; supplies and materials such as personal protective equipment, safety planning lockboxes, and harm reduction materials; technology and equipment such as computers, iPads, and cell phones; and software enhancements.

Q1 FY 2023 Update (Approved 10/13/22): Vermont anticipates seeking federal approval for a community-based mobile crisis benefit and may use HCBS FMAP funds to support start-up costs for these new services. Use of funding for new service costs will be further determined in conjunction with the State's legislative appropriation process to ensure service sustainability.

Activity Name: Start-up costs for the Sustained Home Visiting Program

Target Population: Medicaid eligible pregnant and parenting people, infants, and children. Risk factors of the target population include families with pregnant individuals who have not yet attained age 21; Low income families; Families experiencing homelessness; Families living in rural areas; Families/children who have witnessed crime; Wards of the State; Families with a history of child abuse and neglect or have had interactions with child protection services; Immigrant, Migrant, and New American families; Indigenous families; Families at-risk due to prenatal, maternal, newborn or child health conditions (e.g., maternal mental health and substance misuse); Children, and their families, experiencing health needs and/or delayed development; Families that have users of tobacco products in the home; Families that are or have children with low student achievement; and, eligible families that include individuals who are serving or formerly served in the Armed Forces.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Providers will deliver services under the State Plan Case Management Medicaid Authority.

Sustainability Plan: Section 9817 will be used to fund one-time expansion and start-up costs for two models under the Sustained Home Visiting Program: the Sustained Nurse Home Visiting model and the Sustained Family Support Home Visiting model. Concurrently, Vermont is finalizing two State Plan Amendments to add these models as Medicaid Targeted Case Management services.

Q1 FY 2024 Update (Approved 10/17/23): Start-up grants are being issued to eight providers to implement the Family Support Home Visiting Model. The Department continues to plan for implementation of start-up grants for the Nurse Home Visiting model.

Q3 FY 2023 Update (Approved 4/10/23): In December 2022, Vermont requested and received approval for Medicaid match for the Sustained Home Visiting start-up costs per the state's Global Commitment to Health Section 1115 waiver STC 11. The Vermont Department of Health's Maternal Child Health planning team is meeting regularly to coordinate and collaborate on both the programmatic and funding timelines for the state-wide implementation of the Sustained Home Visiting Program. The Department is developing start-up grants, which will be issued to providers to allow them to hire and train home visitors and develop their programs to begin providing sustained home visiting services later in 2023.

Q2 FY 2023 Update (Approved 1/18/23): The Sustained Home Visiting Program provides participants with long-term home visiting services designed to improve maternal and child health, improve family economic self-sufficiency, coordinate referrals to community resources, build social connections, and promote optimal child development and school readiness. The Program has two models: the Sustained Nurse Home Visiting model and the Sustained Family Support Home Visiting model. Vermont

will use Section 9817 funding to support one-time startup costs related to the expansion of the Sustained Nurse Home Visiting model and the development of the Sustained Family Support Home Visiting model. Examples of startup and expansion costs include provider personnel, training, equipment, curriculum, and data reporting infrastructure.

Activity Name: Medicaid coverage for a Comprehensive Pain Management Program Pilot

Target Population: Medicaid members with chronic pain; preference will be given to members who utilize HCBS or are prescribed opioids for pain management.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Providers will pilot services that could be covered under the State Plan Rehabilitative Services Medicaid Authority.

Sustainability Plan: Section 9817 funding will be used for one-time costs related to the pilot. Ongoing funding for this program will need to be identified following the Section 9817 funding period. Preliminary findings from a commercial insurer's Comprehensive Pain Management Program suggest potential for improvements in patient satisfaction and well-being and a reduction in costs and ED visits following program enrollment. If it appears that Medicaid members are experiencing utilization reductions, the savings could support program funding and sustainability.

Q1 FY 2024 Update (Approved 10/17/23): The Department of Vermont Health Access is in contract negotiations with an Academic Medical Center to pilot Medicaid coverage for an existing Comprehensive Pain Management Program. The setting is not an IMD or other institution, and the program will provide services that could be listed in Appendix B of SMDL 21-003 under the Rehabilitative Services benefit.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Vermont Health Access continues to meet regularly to develop the pilot program design and payment methodology.

Q2 FY 2023 Update (Approved 1/18/23): The Department of Vermont Health Access will pilot an extension of Medicaid coverage for a Comprehensive Pain Management Program currently covered by a large commercial insurer in one geographic area of the state. This potential multi-payer initiative provides access to a team of providers and an array of both traditional and non-traditional health care therapies to help patients with chronic pain learn to self-manage their conditions to achieve optimal comfort and functionality and prevent or reduce opioid dependence. Participation is voluntary and preference will be given to Medicaid members with chronic pain who utilize HCBS or are prescribed opioids for pain management to prevent functional decline and opioid dependency and addiction. Services in this 16-week program include: primary care, physical and occupational therapy, acupuncture, massage therapy, craniosacral therapy, yoga, hypnosis, nutrition, health coaching, psychological therapy, and mindfulness.

Activity Name: Contractor to support Vermont's application to the Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Notice of Funding Opportunity

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding will support program planning to support entities to become CCBHCs and deliver services under the State Plan Rehabilitative Services and Case Management Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Vermont was one of 15 states awarded a federal CCBHC planning grant in late March, giving the state funding to plan for potential participation in the CCHBC demonstration beginning in July 2024.

Q3 FY 2023 Update (Approved 4/10/23): Vermont utilized contractor support to enable the State to respond to the CCBHC Planning Grant Notice of Funding Opportunity released on October 18 and due on December 19, 2022. If granted an award under this opportunity, Vermont would obtain up to \$1 million to plan to participate in the CCBHC demonstration beginning in July 2024.

Activity Name: Contractor support to enhance Vermont's substance use disorder system of care

Target Population: Vermonters with a substance use disorder.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Providers will deliver Rehabilitative Services under State Plan Rehabilitative Services and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Department of Health, Division of Substance Use Programs is engaging a contractor to provide strategy, project management, subject matter expertise and administrative support services to the Division as it enhances the system of care for people with substance use disorder (SUD). Contractor support includes assessing and documenting the current and future state of selected components of Vermont's Medicaid Section 1115 Global Commitment to Health Demonstration Waiver, specifically the SUD Community Intervention and Treatment (CIT) expanded eligibility and the related services (peer recovery supports and withdrawal management) to be provided to the SUD CIT population and State Plan participants, as well as the Hub and Spoke Model Expansion Pilot. The Hub and Spoke Expansion Pilot looks to enhance the capacity of the Hubs and Spokes to identify and address co-occurring disorders and other needs, including social determinants of health,

as well as provide navigation to specialty and other community providers when appropriate. Contractor support will also include implementation planning to define these activities and support, monitoring and tracking of implementation activities including performing project status reporting, identifying risks and interdependencies, and proposing mitigation strategies to address emerging issues. Additionally, contractor support will include project management support for facilitating communications between stakeholders through templates, plans, Key Performance Indicators (KPI's), dashboards, and other project management artifacts.

Q3 FY 2023 Update (Approved 4/10/23): Vermont received approval for the SUD Community Intervention and Treatment Eligibility group under the State's Global Commitment to Health 1115 Demonstration waiver effective July 1, 2022. The Vermont Department of Health, Division of Substance Use Programs has engaged a contractor and is working on the design of this new benefit.

Activity Name: Increase Access to Assistive Technologies and Home Modifications

Target Population: Older adults, adults with physical disabilities and individuals with developmental disabilities.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

HCBS are authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: Temporary through 3/31/25

Q1 FY 2024 Update (Approved 10/17/23): Vermont has determined that the original approach to implementing temporary increases to current limits or caps is not feasible. The State has developed an alternative approach to increase support for assistive technologies and home modifications (AT/HM) in order to support aging in place and independence and reduce reliance on staff supports. The Department of Disabilities, Aging and Independent Living will hire a contractor to work with individuals who meet eligibility criteria to increase offerings of AT/HM. The contractor's work may include determining eligibility for AT/HM assistance, coordinating evaluations for AT/HM needs, assisting with identification of AT/HM vendors, tracking budgets and invoices, and coordinating support to participants. Funding provided to participants will supplement, not supplant, existing funding for AT/HM.

Q3 FY 2023 Update (Approved 4/10/23): Vermont is determining the feasibility of utilizing Section 9817 HCBS enhanced FMAP funding for this purpose. Expenses are not included in this report at this time.

Q1 FY 2023 Update (Approved 10/13/22): The temporary increase to current limits or caps was implemented effective July 1, 2022. Authority for these programs is within the

State's Global Commitment to Health 1115 Demonstration waiver which was renewed effective July 1, 2022. Service definitions are included in Attachment E and F. Vermont operates its Medicaid program through a publicly administered state-wide non-accredited public pre-paid inpatient health plan (PIHP).

Activity Name: Disability Services Residential Alternative Regional Pilot Planning Grants

Target Population: Vermonters with developmental disabilities and their families, including individuals with high support needs who require 24-hour care and those with specific communication needs.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Not applicable; the study may identify a need for new HCBS service or provider types or additional capacity needs for services authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: HCBS FMAP will be used to support one-time startup costs; ongoing costs, if applicable, may be included under the Department of Disabilities, Aging and Independent Living budget.

Q1 FY 2024 Update (Approved 10/17/23): To inform the Regional Pilot Planning Grants, the Vermont Developmental Disabilities Council, in partnership with a statewide self-advocacy group Green Mountain Self Advocates, issued a research brief titled, [Service Supported Housing for Vermonters with Intellectual and Developmental Disabilities](#). The report explores the current status of housing for adults with intellectual and developmental disabilities in Vermont and identifies promising housing models in other states.

In June 2023, the Department of Disabilities, Aging and Independent Living posted a Request for Proposals for pilot planning funding for housing and residential supports for individuals with developmental disabilities. The Vermont team is awaiting questions and proposals from vendors.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Disabilities, Aging and Independent Living convened a Steering Committee and hired a staff member to advance this work. The Department and Steering Committee are working to develop a Request for Response for the regional pilot planning grants, which they anticipate releasing in Quarter 1 of CY2023. To inform this work, the Vermont Developmental Disabilities Council also hired a contractor to identify gaps in the current housing system as well as potential housing models to explore.

Q1 FY 2023 Update (Approved 10/13/22): In July 2022, the Department of Disabilities, Aging, and Independent Living initiated processes to hire a limited-service position to support this work. The Department will convene a steering committee in August 2022 to inform program design.

Activity Name: HCBS Residential Alternatives Options Study

Target Population: Participants in the Vermont Choices for Care Program, Developmental Disabilities Program, Brain Injury Program, and Deaf, Blind and DeafBlind individuals.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Not applicable; the study may identify a need for new HCBS service or provider types or additional capacity needs for services authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Department of Disabilities, Aging and Independent Living posted a Request for Proposals for a contractor to explore residential alternatives for individuals participating in the Choices for Care, the Brain Injury Program, and Developmental Disabilities Services. Responses to the Request for Proposals are due in mid-July 2023. This project has a more expansive population focus than the Disability Services Residential Alternative Regional Pilot Planning Grants and is intended to identify policy and program solutions whereas the pilot planning grants are focused on implementation planning for residential alternatives for individuals with developmental disabilities.

Activity Name: Innovation grant to provide alternatives to emergency room mental health crisis care

Target Population: Vermonters in need of a crisis response regardless of age, diagnosis, or insurance coverage.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Providers will pilot services that could be covered under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: Grantees are required to have a sustainability plan, which may include transitioning to Medicaid-billable services or other sources if they intend on continuing beyond the initial pilot and the program operates successfully.

Q1 FY 2024 Update (Approved 10/17/23): As a result of the RFP released in October 2022, the Department of Mental Health has selected several contractors to bring new mental health urgent care programming across the State of Vermont. Contracts are either executed or near-execution for eight sites that will offer the Crisis Assistance Helping Out on The Streets (CAHOOTS) model, the Psychiatric Urgent Care for Kids (PUCK) Program, the Living Room Model, and the Psychiatric Urgent Care (PUC) Program.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Mental Health issued a Request for Proposals (RFP) in October of 2022 for provider start-up costs to develop and implement programming to provide alternatives to emergency room mental health crisis care. The RFP closed in mid-November. Since that time, the Department has been reviewing proposals, with consideration of program integrity, population served, location, and sustainability. Once the bidders are selected, the Department will begin contracting with selected bidders in early 2023.

Q1 FY 2023 Update (Approved 10/13/22): Planning efforts for the HCBS FMAP funded grants to provide alternatives to emergency room mental health crisis care are underway. In parallel, AHS, using CMS state planning grant funding, continues to prepare for rolling out an enhanced mobile crisis benefit. The timeline for implementation has been pushed back, and Vermont now anticipates seeking federal approval for a community-based mobile crisis benefit effective summer 2023. This is based on findings and recommendations from the mobile crisis needs assessment and stakeholder engagement that was completed in June 2022. Currently, AHS is working with its technical assistance contractor to develop a Request for Proposals for the regional mobile crisis provider network that will be established over the next state fiscal year. This work will continue to inform the design of the HCBS FMAP grants.

Q3 FY 2022 Update (Approved 5/3/22): Vermont anticipates seeking federal approval for a community-based mobile crisis benefit effective July 1, 2022 and has secured a contractor funded through a planning grant to further develop the program with the Agency of Human Services and its departments. More information about when the State will request the change is forthcoming.

Activity Name: Contractor to facilitate a working group to consider options for extending Home and Community-Based Services to a broader cohort of Vermonters

Target Population: Vermonters age 18 or older with a functional limitation resulting from a physical condition or associated with aging and family caregivers.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Not applicable; the study may identify a need for new HCBS service or provider types or additional capacity needs for services authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Act 167 Working Group has been meeting monthly since January 2023. The meetings have covered a range of topics as outlined in Act 167 and have included a diverse range of stakeholders. The final meeting will be in August 2023. The contractor will then develop a report to submit to the Department in the fall of 2023.

Q3 FY 2023 Update (Approved 4/10/23): In Act 167 of 2022, the Vermont legislature directed the Department of Disabilities, Aging and Independent Living to coordinate a working group to consider and identify options for extending home and community-based services and support to a broader cohort of Vermonters and family caregivers. The Department secured a contractor in November 2022 to coordinate the working group, and department staff are meeting with the contractor to prepare for the launch of the first working group meeting in January 2023. The working group will be comprised of representatives of older Vermonters, home and community-based services providers, the Office of the Long-Term Care Ombudsman, the Agency of Human Services, and other interested stakeholders.

Activity Name: Contractor support to Enhance, Expand, and Strengthen HCBS for Justice-Involved Populations

Target Population: Justice-involved populations with mental health, substance use disorder, and functional needs.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding will support policy development and program planning with the goal of obtaining CMS authority to provide justice-involved populations with services pre-release by providers of State Plan Rehabilitative Services and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The majority of individuals in Vermont's correctional facilities have a need for HCBS, as defined in Appendix B of State Medicaid Director (SMD) Letter 21-003 on Section 9817 of the American Rescue Plan Act (ARPA). Specifically, in State Fiscal Year [2022](#), at least three-quarters of individuals in Vermont's Department of Corrections (DOC) facilities had a mental health, substance use disorder (SUD), or functional-related need:

- 76% of Vermont's average daily incarcerated population was on the mental health caseload
- 59% of Vermont's average daily incarcerated population received medication-assisted treatment
- 4% of Vermont's average monthly total incarcerated population had a serious functional impairment

To address the intensive needs of the State's justice-involved population, in 2021, Vermont submitted a request to the Centers for Medicare and Medicaid Services (CMS) for Section 1115 authority to obtain federal Medicaid match to provide services pre-release to individuals in Vermont's DOC facilities. With the release of the April 2023 SMD 23-003 on reentry demonstrations, Vermont is seeking to reopen discussions with CMS on this request and embark on more intensive planning to obtain this authority.

In line with Appendix D of SMD 21-003, Section 9817 funding will enable Vermont to build HCBS capacity by:

- **Strengthening community transitions and developing cross-system partnerships** so that prior to reentry into the community, justice-involved individuals are connected to the services and supports they need in the community to obtain critical health care and HCBS, **address social determinants of health**, and avoid recidivism.
 - Research indicates that the first several weeks post-release are particularly crucial to justice-involved individuals' health and safety. For example, a small [study](#) in Vermont found that of the 109 Vermonters who died of a drug overdose in 2017, 17% had a history of incarceration in the three years prior to their death, and 58% of overdoses among individuals with a recent history of incarceration occurred within the first three months after release from DOC custody.
 - **Adopting enhanced care coordination for individuals in DOC facilities and employing cross-system data integration efforts.** The 2023 SMD on reentry demonstrations requires states to provide whole-person pre-release case management for individuals in correctional facilities. Vermont will use the enhanced HCBS FMAP to design the care coordination and case management approach for individuals in the pre-release period, including identifying health information technology enhancements required to connect DOC to HCBS providers and other state agencies.
 - **Strengthening assessment and person-centered planning processes.** To meet the requirements for reentry demonstrations, case management at correctional facilities will need to include completion of a comprehensive needs assessment and development of a care plan. Vermont intends to leverage the HCBS enhanced FMAP to develop assessment and person-centered planning processes for DOC facilities.
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b. Increase Payment Rates

Vermont plans to use \$48,906,923 to provide a three percent rate increase to mental health, developmental disabilities, Brain Injury Program, Choices for Care, and the substance use treatment preferred provider network providers and a \$1.50 per day increase to Assistive Community Care Services (ACCS) rates to address increased wage and operating costs and complete rate studies. The mental health rate increase includes providers of services included in [Appendix B of the SMDL #21-003](#) in the following categories: Rehabilitative Services and Section 1115 which includes HCBW-like special programs for children and adults with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Also included are independent psychologists covered in the State Plan section on "other licensed providers" but that could be covered under the rehabilitative services benefit. Substance use treatment preferred providers deliver services within the rehabilitative services benefit. Rate increases for mental health, developmental disabilities, Brain Injury Program, Choices for Care, substance use treatment providers in the ADAP Preferred Provider network and ACCS will strengthen

these essential HCBS providers by supporting employee recruitment and retention and are intended to be sustained through payment rates past the funding period.

The state will also use funding to hire a contractor to perform rate studies and develop methodology updates for HCBS.

Activity Updates: 1(b) Increase Payment Rates

Activity Name: Rate increases for Mental Health, Developmental Disabilities, Brain Injury Program, Choices for Care, Assistive Community Care Services (ACCS), and substance use treatment providers

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

HCBS are authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: Rate increases for mental health, developmental disabilities, Brain Injury Program, Choices for Care, and ACCS were approved by the legislature effective July 1, 2021 and are intended to be sustained. Payment rates for substance use treatment providers were implemented effective January 1, 2022 and are intended to be in effect through June 30, 2024.

Q1 FY 2024 Update (Approved 10/17/23): Vermont continues to utilize Section 9817 funding for this purpose.

Q3 FY 2023 Update (Approved 4/10/23): Vermont continues to utilize Section 9817 funding for this purpose.

Q1 FY 2023 Update (Approved 10/13/22): The three percent rate increase for substance use treatment providers was implemented in May 2022 and made retroactive to January 1, 2022. The Vermont Department of Health Division of Substance Use Programs (formerly ADAP) encountered issues with adjusting retroactive claims. The team is actively working with the Medicaid fiscal agent to work directly with the impacted providers to ensure the claims adjustments are completed accurately. The challenge noted in the Q3 FY 2022 Update is persistent.

[Edited] Q3 FY 2022 Update (Approved 5/3/22): The State has provided three percent rate increases to mental health, developmental disabilities, Brain Injury Program, Choices for Care and a \$1.50 per date rate increase to Assistive Community Care Services (ACCS) providers to address increased wage and operating costs. The State made these rate changes with authority established in the Global Commitment to Health Section 1115 Demonstration waiver, STC 29. [...] Additionally, the Department of Health Alcohol and Drug Abuse Programs (ADAP) has prepared specifications to update MMIS in anticipation of a three percent rate increase for their Preferred Provider

network. [...] Vermont has experienced challenges in isolating the value of the rate increases to report on the CMS-64 HCBS Reinvestment lines. For example, it is difficult to identify the actual costs of a 3% rate increase due to the various timing of when the rate increases went into effect and the various provider types who receive bundled payments. To date, Vermont has only reported a portion of the 3% rate increase as a Reinvestment activity. Vermont welcomes any technical assistance or a methodology on how to best calculate the value of provider rate increases given the noted challenges.

Activity Name: Contractor support for rate studies

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Rate studies are for HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority, State Plan Case Management Medicaid Authority, and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Rate studies for Adult Day Services, Choices for Care, Sustained Home Visiting, Residential Substance Use Disorder Treatment, and Adult and Children's Mental Health Services have been completed. The State plans to initiate a rate study for Developmental Disabilities Services later this year.

Q3 FY 2023 Update (Approved 4/10/23): Rate studies for Adult Day Services, Choices for Care Services, and Sustained Home Visiting Services are near completion. In early 2023, the State plans to initiate a rate study for Residential Substance Use Disorder Treatment.

Q1 FY 2023 Update (Approved 10/13/22): The State procured a contractor to perform rate studies and develop methodology updates for HCBS. The Adult and Children's Mental Health Services rate study is nearly completed. The Adult Day Services and Choices for Care Services rate studies are expected to begin in September 2022 and be completed by February 2023. If resources permit, additional rate studies may be initiated in 2023 and 2024.

Activity Name: School-Based Services Policy Design and Rate-Setting Support

Target Population: Children receiving school-based services.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-

003: Activities are focused on Medicaid State Plan School-Based Services.

Sustainability Plan: One-time

Q2 FY 2024 Update: The State is seeking to procure technical assistance support to guide in the development of the policy approach and payment methodology development for school-based services (SBS). This would include: conducting an analysis documenting the current state of Medicaid SBS reimbursement in Vermont; developing a national landscape scan of best practices related to Medicaid/CHIP reimbursement and non-federal share financing of SBS; developing possible options related to SBS payment and non-federal share financing redesign for the State's consideration, developing a detailed description of the new Medicaid/CHIP SBS reimbursement methodology and non-federal share financing approach, which would be used to establish new SBS rates; developing rates; and providing CMS engagement support, as needed.

c. Strengthen Assessment and Person-Centered Planning Processes

Vermont plans to use \$7,438,571 to strengthen assessment and person-centered planning processes through activities that ensure case management services are conflict-free. The purchase of technology and systems to collect and store assessment and care plan data are described in other sections of this initial spending plan.

Vermont submitted a plan to achieve compliance with HCBS conflict of interest requirements to CMS on 12/17/21 after receiving notification that its proposal to expand case management choice within its HCBS programs is not compliant. The State will use funding from this opportunity to implement activities in the plan including procuring a technical assistance contractor to facilitate assessment of HCBS system functioning and develop options for program changes that will comply with conflict of interest requirements. Vermont will then use funding from this opportunity for the initial start-up and eligible ongoing costs for an independent assessor and independent case management entity for applicable HCBS programs, as well as independent options counselors or peer navigators, and an expanded ombudsman role in HCBS programs. These activities will be informed by a stakeholder engagement process prior to implementation. The State will also use funding to secure contractor support to engage stakeholders, improve its HCBS monitoring requirements, provide technical assistance and training to providers seeking to make programmatic and policy changes to further reduce conflict of interest and/or improve operations and workflows because of new structural changes, and develop training for provider staff, individuals, and families about person-centered planning requirements and the rights of individuals receiving services.

Vermont will also use funding to improve person-centeredness and promote health equity by expanding the availability of published materials in accessible and "plain English" formats and other languages.

Vermont will work to minimize ongoing costs but to the extent they present, the State will develop a sustainability plan for the end of the funding period.

Activity Updates: 1(c) Strengthen Assessment and Person-Centered Planning Process

Activity Name: Contractor support to develop a Conflict of Interest Plan

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve compliance and quality for HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The technical assistance contractor delivered a Needs Assessment Report of the HCBS system in VT to identify gaps in compliance with conflict of interest regulations. The State is now working with the contractor to develop solutions across the five HCBS programs to share with the public and collect feedback, and will provide policy support to enable the state to come into compliance with federal conflict of interest regulations.

Q3 FY 2023 Update (Approved 4/10/23): Work under the technical assistance contract began in November 2022. Project and stakeholder engagement planning are underway along with an assessment of Vermont's current HCBS system. Applications for an Advisory Committee were released in January 2023.

Q1 FY 2023 Update (Approved 10/13/22): AHS is on track to issue a Request for Proposals by late July and expects to contract with a technical assistance vendor by November. The Agency revised its timeline of activities and milestones based on conversations with CMS and anticipates having a final approved HCBS Conflict of Interest Corrective Action Plan added as an attachment to the Global Commitment to Health Section 1115 Demonstration waiver shortly. An HCBS system assessment will begin in Q4 of calendar year 2022, along with stakeholder engagement to lay the groundwork for making decisions regarding program changes.

Q3 FY 2022 Update (Approved 5/3/22): The Agency received notification from CMS that its proposal to expand case management choice within its HCBS program is not compliant with conflict of interest requirements. In response, the State of Vermont submitted a timeline of activities and milestones to CMS that will serve as its roadmap for compliance with HCBS conflict of interest requirements. AHS will release a Request for Proposals in February for a technical assistance contractor to facilitate assessment of HCBS system functioning and develop options for program changes that will comply with conflict of interest requirements. This activity was added to the attached HCBS Spending Plan.

Activity Name: Brain Injury and Developmental Disabilities Advocacy Program

Target Population: Individuals enrolled in the Developmental Disabilities Services and Brain Injury Program.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve quality of HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: Time-limited until 3/31/25

Q1 FY 2024 Update (Approved 10/17/23): The Department of Disabilities, Aging and Independent Living is piloting an ombuds program, called the Brain Injury and Developmental Disabilities Advocacy Program, in one region of the state. The ombuds office will develop and implement rights trainings for individuals and guardians, provide monitoring visits, and respond to complaints. The Department is in the process of finalizing a Statement of Work with a contractor to launch the pilot program in the summer 2023.

Activity Name: Assessment of Vermont's Information, Referral and Assistance (I/R/A) Systems to Support Access to Services

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve access to HCBS authorized under State Plan Home Health Care Medicaid Authority, State Plan Personal Care Services Medicaid Authority, State Plan Rehabilitative Services Medicaid Authority, and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): There are several I/R/A resources, such as Vermont 2-1-1 and Senior Helpline, that are intended to help Vermonters find the right service, educate themselves about important issues, and understand various eligibility requirements. In many cases, contacting an I/R/A resource is the first step for individuals who need assistance and wish to maintain and/or increase their independence. However, the Agency of Human Services has received feedback that many Vermonters find accessing services via the current I/R/A systems difficult. The Agency will hire a contractor to conduct an assessment to identify strengths, gaps, and opportunities for improvement to better serve Vermonters, especially those currently most underserved.

Activity Name: Contractor support to improve HCBS monitoring

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to measure and improve compliance and quality for HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Vermont and CMS are engaging in ongoing planning discussions to support implementation of compliance, quality, and experience of care measures. Vermont continues to work on implementation strategies related to the new reporting requirements. The state will submit the list of performance measures and specifications to CMS for approval in July 2023.

Q3 FY 2023 Update (Approved 4/10/23): CMS extended the due date to January 31, 2023 for Vermont to determine which performance measures the State will report on to meet the requirements in the 1115 waiver. Vermont met with CMS following the release of State Medicaid Director Letter 22-003 to discuss anticipated new requirements for states that operate Home and Community-Based Services programs through an 1115 waiver. The Center provided an alternative option for meeting current 1115 waiver requirements that is focused on critical incidents, reassessment and service plan updates, and the national Home and Community-Based Services Quality Measure Set. Staff continue to meet internally and work with federal partners to better understand the options. Vermont continues to engage with the contractor to assist AHS and its departments as they develop a plan in advance of the January 31st deadline, including implementation strategies and ongoing resource needs to strengthen HCBS quality and meet the 1115 waiver assurances.

Q1 FY 2023 Update (Approved 10/13/22): To meet State Quality Strategy requirements in the State's Global Commitment to Health 1115 Demonstration waiver, Vermont has secured contractor support to update and develop performance measures. Vermont will submit these measures to CMS on September 26, 2022 for approval.

Activity Name: "It's Your Right!" Training Series

Target Population: Public guardians, family members, self-advocates, and individuals enrolled in the Developmental Disabilities Services, Choices for Care, and Brain Injury programs.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Training will improve the quality of HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time; webinars will be recorded and booklets will be made available online.

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Developmental Disabilities Council continues to plan for the implementation of these trainings.

Q3 FY 2023 Update (Approved 4/10/23): The Vermont Developmental Disabilities Council is coordinating a series of trainings about beneficiary rights and procedures that impact the delivery of HCBS. The first four modules of the training series will be focused on: 1) the CMS Settings Rule for provider-owned residences, 2) person-centered planning, 3) how to file an appeal or grievance, and 4) recognizing and responding to abuse, neglect, and exploitation, and the ways that agencies reduce the risk of mistreatment. Trainings will be offered through a mix of on-line trainings, recorded webinars, in-person sessions, plain-language materials, and mini-grants to fund projects that share key information with peers. The Developmental Disabilities Council has identified partner organizations and plans to offer trainings throughout 2023.

d. Address COVID-19-related Concerns

Vermont plans to use \$0 to address COVID-19-related concerns. Providers and community-based organizations have indicated a need for continued COVID-19-related support to purchase PPE and isolation kits to protect the individuals they serve and their staff who are both at-risk. Funding will support HCBS providers to purchase these supplies. Additionally, stakeholders have identified a need to support community integration for people with HCBS needs following the end of the public health emergency. To meet these needs, Vermont will issue grants to providers and community-based organizations for programming that addresses the safety concerns of individuals and families and provides opportunities for individuals with HCBS needs to participate in community activities.

The state intends to fund the purchase of PPE and offer programming during the funding period, as needed. It is not anticipated that sustained funding will be needed following the end of the funding period in 2024.

Activity Updates: 1(d) Address COVID-19-related Concerns

Q1 FY 2024 Update (Approved 10/17/23): Vermont no longer intends to use HCBS FMAP funding to address COVID-19-related Concerns.

Q3 FY 2023 Update (Approved 4/10/23): Given the availability of other funding to support COVID-19-related concerns, Vermont no longer intends to use HCBS FMAP funding to purchase PPE. The State continues to evaluate the need for COVID-19-related programming.

2. Promote a High-Performing and Stable Workforce

a. Training

A strong HCBS system is reliant on a well-trained workforce as well as individuals, families and caregivers that have the tools and training to manage self-directed supports. Vermont plans to use \$1,877,500 for the development of training content and platforms as well as the delivery of trainings.

Specifically, the State will evaluate training needs across the HCBS system and effective modalities for reaching each intended audience. Illustrative examples of trainings include cross-training for co-occurring intellectual and development disabilities and mental health needs, culturally competent care for Deaf individuals and black, Indigenous and people of color (BIPOC) communities including new Americans, trauma-informed care, and racial disparities and bias trainings. Audiences will likely include:

- HCBS providers,
- Independent direct support providers,
- Other providers across the care continuum serving individuals with HCBS needs, and
- Individuals, families, and caregivers.

The State will contract with experts to develop and/or deliver identified trainings. Vermont will also make funding available to provider and community-based organizations to offer specialized training opportunities, as needed. Additionally, Vermont will identify the need for training-related platforms for expanding the reach and availability of trainings and improving the delivery of trainings. Vermont intends to fund one or more platforms to meet the needs of the multiple intended audiences.

These will be one-time costs that are not anticipated to require sustained funding at the end of the funding period in 2025.

Activity Updates: 2(a) Training

Activity Name: Contractor support to evaluate training needs and develop and/or deliver trainings

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Training will improve the quality of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority, State Plan Case Management Medicaid Authority, and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q2 FY 2024 Update: Suicide prevention and Psychological First Aid Trainings: The Department of Mental Health is offering two trainings to providers. The ASIST Suicide

Prevention Education Workshop will equip clinician participants with suicide intervention skills. The training will be offered to Designated Mental Health Agency clinicians working with individuals with Serious Mental Illness (SMI) and clinicians working with under-resourced populations as part of the Department's Mental Health Equity Focus. The Psychological First Aid Training will be offered to Designated Mental Health Agency providers to increase use of this evidence-informed approach to help individuals of all ages in the immediate aftermath of a traumatic event by reducing distress caused by the event and assisting with coping to decrease Post Traumatic Stress Disorder and related symptoms.

Q1 FY 2024 Update (Approved 10/17/23):

Complex Care Management: The Agency of Human Services engaged with a vendor in Q1 CY 2023 to assess and enhance Vermont's model for coordinating care for people with complex needs served across the Agency. A work plan has been developed and model assessment is currently underway.

CANS and ANSA Trainings: The Department of Mental Health has identified an organization that will provide trainings on the CANS and ANSA assessment tools and is working on executing a contract. Trainings will be delivered in a train-the-trainer format to additional regions across Vermont. This will support the successful utilization of these assessment tools in Vermont and have a lasting effect with certified trainers available in the state.

Customized Employment Training Demonstration Project: The Vermont Developmental Disabilities Council continues to plan for the implementation of this project.

Regional Cultural and Linguistic Competence (CLC) Training: The Vermont Developmental Disabilities Council has convened a planning work group and has hired a consultant to coordinate the project. The Council is engaging in a process to select participating providers.

Q3 FY 2023 Update (Approved 4/10/23): The Agency and its departments have convened an internal workgroup to discuss cross-departmental training needs. The group will continue to meet in 2023 to identify additional training needs, solicit stakeholder input, and develop strategies for implementation. Training activities underway include:

Complex Care Management: In December 2022, the Agency of Human Services issued a Request for Proposals for a contractor to assess and enhance Vermont's model for coordinating care for people with complex needs served across the Agency. A key component of this technical assistance will include recommendations for how to enhance and fully and effectively implement the State's model, including recommendations related to education and training.

CANS and ANSA Trainings: The Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) are required

assessment tools and support treatment planning. Aggregate data from these tools also helps guide policy, measure outcomes, and inform planning at the systems level. The Vermont Department of Mental will expand access to trainings on the CANS and ANSA tools in 2023.

Customized Employment Training Demonstration Project: The Vermont Developmental Disabilities Council is coordinating a pilot program to train providers in a Customized Employment process for people with intellectual and developmental disabilities. Customized Employment is a process through which the relationship between the employer and the employee is negotiated and personalized in a way that meets the needs of both. The process is centered on the preferred interests, skills, and environmental and support needs of the worker. Providers will complete a web-based training as well as receive coaching from a specialist contracted by the Vermont Developmental Disabilities Council for this purpose.

Regional Cultural and Linguistic Competence (CLC) Training: The Vermont Developmental Disabilities Council, in partnership with a consortium of disability organizations, is coordinating a regionally focused training project to increase CLC in Vermont's Developmental Disabilities Services. Regional teams, centered at Designated and/or Specialized Services Agencies that provide developmental services, will receive awards to plan and implement training and other strategies to increase CLC. This approach reflects the insight that to shift organizational culture, work must take place at the community level and reflect the expressed needs of that local community.

Q1 FY 2023 Update (Approved 10/13/22): AHS plans to procure a contractor to conduct a training needs assessment across Vermont's HCBS system. Concurrently, the State is seeking to enhance its approach to complex care management to support individuals with disabilities, mental health needs, substance use treatment needs and multiple chronic conditions who have co-occurring psychosocial needs and benefit from regional complex care ecosystems. Funding will be used to engage national expert faculty to determine if additional complex care model refinement is needed based on current best-practice and state policy; to develop educational materials about the model for individuals, families, providers, and community-based organizations; and to develop curriculum. The curriculum will be designed to:

- Advance widespread support for, adoption, and use of the model;
- Support implementation of key interventions; supportive structures, characteristics, roles, and tools; and
- Provide training on core skills and competencies that support a cohesive complex care ecosystem.

A training plan will be developed that builds on the existing foundation within the state for complex care management, care coordination, and team-based care, while also identifying gaps and opportunities for improvement and success.

b. Recruitment and Retention

Workforce challenges impacting Vermont's HCBS providers have been significantly amplified by the COVID-19 pandemic. To ensure an accessible and high-quality workforce for Vermonters with HCBS needs, the State plans to use \$31,506,000 to implement effective recruitment and retention initiatives that bolster the availability of HCBS staff, tenure of employment, and pathways to career advancement and certification. In allocating funding, the state will consider the impact of initiatives on the overall HCBS system to ensure efforts do not have unintended consequences, such as bolstering staffing in certain areas at the detriment of others.

Funding will be used by the State and made available to providers to implement recruitment and retention initiatives, such as awareness campaigns designed to educate potential workers about job opportunities and sign-on and retention bonuses.

The State also proposes to use funding for technical assistance pertaining to credentialing for peer specialists, and opportunities to develop additional certification pathways and career ladders for staff providing HCBS.

These recruitment and retention activities are intended to be one-time costs.

Activity Updates: 2(b) Recruitment and Retention

Activity Name: Provider grants for the Premium Pay for Workforce Recruitment and Retention Program

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): AHS awarded an additional \$1.5 million in Premium Pay for Workforce Recruitment and Retention Program grants to Home Health Agencies to support recruitment and retention efforts through December 2023. AHS also launched a Premium Pay program for High-Tech Nursing providers. Attestation forms and service obligation commitments for High-Tech Nursing providers will be due in Fall 2023.

Q3 FY 2023 Update (Approved 4/10/23): The Agency of Human Services awarded over \$23 million in grants to fifty HCBS providers and the fiscal agent for independent direct support providers through Round 1 of the Premium Pay for Workforce Recruitment and Retention Program. This includes \$5 million that was disbursed to independent direct support providers. \$10 million in funding was awarded to an additional ninety health care and social service providers using State Fiscal Recovery (SFR) Funds. Nearly half of all Round 1 grant awards were taken under a quarterly disbursement option that allows grantees to issue premium pay through June 2023. AHS is collecting data to evaluate the program in January and July. AHS anticipates releasing a second funding round in February 2023 which will allow any eligible HCBS employers that did not receive funding in Round 1 to apply for funds to disburse premium pay to eligible employees.

Q1 FY 2023 Update (Approved 10/13/22): The Premium Pay for Workforce Recruitment and Retention program utilizes three funding sources: 1) HCBS FMAP funds from Section 9817 of the American Rescue Plan Act, 2) State Fiscal Recovery (SFR) funds and 3) State general funds. HCBS FMAP funding will only be provided to HCBS providers and not to other providers eligible for this program as established by the legislature.

Over the last several months, AHS has developed program guidance, operational procedures, and an application process that is compliant with allowable uses of funding. AHS also submitted a request to CMS and received approval for this program to receive federal match under the State's Global Commitment to Health Section 1115 Demonstration waiver. In addition, the State's legislative appropriation of \$25 million from HCBS FMAP funds was greater than the funding allocated in the approved HCBS Spending Plan. As part of the Q4 FY2022 Update, AHS submitted a revised HCBS Spending Plan to reflect the increased allocation of funds for recruitment and retention to \$25 million.

AHS held town hall meetings and met with health care providers to prepare potential applicants for the application process and to educate providers about the program. AHS developed an application portal, which was opened on May 18, 2022 and accepted applications through June 1, 2022.

Ultimately, 151 organizations applied for grants. Preliminary analysis of these applicants and their subsidiary companies indicates that over 80% of Vermont's eligible employers applied for grants. AHS has confirmed the completeness, accuracy, and appropriateness of most applications and is working with a subset of applicants on required modifications to the submitted materials. While the exact figures will shift once vetting and corrections are complete, the amounts requested in the first round of applications total \$33.8 million (or \$2,000 per each of the 16,905 full-time equivalent positions, including vacancies). Approximately \$22 million was requested by HCBS providers for funding with HCBS FMAP funds.

As of June 30, 2022, AHS has issued grant payments using HCBS FMAP funds to 19 HCBS providers. Seven of the initial HCBS provider awardees had selected a lump sum payment to be disbursed over the next 90 days while 12 HCBS provider awardees chose a quarterly payment option to be disbursed over the next 12 months. The first round of awards to HCBS providers totaled \$1.65 million, with \$1.02 million issued to providers in late June. Additional quarterly distributions to the 12 awardees that elected to receive quarterly payments will total \$627,000. AHS has also notified an additional 11 HCBS providers that they have been approved for awards worth \$7.2 million and is finalizing determinations on the remaining applications. Initial payments to these providers will be issued in July.

Q4 FY 2022 Update (Approved 7/15/22): The State is planning to implement a \$25 million Premium Pay for Workforce Recruitment and Retention program for HCBS providers. Eligible HCBS providers will apply for a grant to distribute premium pay to their current and new employees who make a service commitment to the organization. This program will be accepting applications in May and grant awards will be announced and initial payments disbursed to organizations by the end of June 2022.

Q3 FY 2022 Update (Approved 5/3/22): The Agency is developing a recruitment and retention implementation strategy in alignment with the State's Health Care Workforce Development Strategic Plan.

Activity Name: Bonus payments for independent direct support providers

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports providers of HCBS authorized under the State Plan Personal Care Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The final round of bonus payments for independent direct support providers will be issued in July 2023.

Q3 FY 2023 Update (Approved 4/10/23): Over 1,500 bonus payments totaling \$2.9 million were issued to independent direct support providers between July and September of 2022.

Q1 FY 2023 Update (Approved 10/13/22): In July 2022, bonus payments are being made to eligible part-time and full-time independent direct support providers who commit to a service agreement of one calendar quarter. Bonus payments are either \$1,500 or \$2,500 and are based on hours worked between July 2020 and December 2021. An additional bonus payment of \$500 or \$1,000 based on hours worked in 2022

will be made in July 2023. Independent direct support providers are also eligible to receive a Premium Pay for Workforce Recruitment and Retention Program disbursement in January 2023.

Q4 FY 2022 Update (Approved 7/15/22): The State of Vermont will use \$5.75 million in funding for bonus payments for independent direct support professionals.

Activity Name: Marketing and Recruitment Campaign for Direct Care Workers

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve access to HCBS authorized under the State Plan Personal Care Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Department of Disabilities, Aging and Independent Living, Department of Mental Health, and Department of Health are collaborating to develop a marketing and recruitment campaign for direct care workers. The Departments have worked collaboratively to outline project goals and objectives, and the team is awaiting proposals from potential vendors due at the end of July.

Activity Name: Contractor support for technical assistance to support credentialing for peer specialists

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Policy design is still under development. However, it is anticipated that providers will deliver services under the State Plan Rehabilitative Services Medicaid Authority and as authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Peer Workforce Development Initiative developed a report outlining stakeholders' recommendations and next steps for the Department of Mental Health regarding the development of a peer specialist certification model. The Department is continuing to develop policies and processes to implement a certification model.

Q3 FY 2023 Update (Approved 4/10/23): The Peer Workforce Development Initiative implemented a process for incorporating stakeholder input in the development and implementation of a statewide peer support specialist certification program in Vermont.

The working group is convening to draft a work plan and recommendations for next steps.

Q1 FY 2023 Update (Approved 10/13/22): The State has awarded \$30,000 to the Peer Workforce Development Initiative to incorporate stakeholder input in the development of a model for peer credentialing in Vermont. This activity will inform the next steps in implementing peer certification.

Q3 FY 2022 Update (Approved 5/3/22): The Department of Mental Health is preparing to issue a grant to support peer specialist credentialing.

3. Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight

a. Quality Improvement

Through its Global Commitment to Health Section 1115 Medicaid Waiver, Vermont has advanced value-based payment (VBP) reform across Medicaid provider types, including Medicaid providers historically excluded from most VBP arrangements, such as providers offering developmental disabilities services, mental health services, and substance use disorder treatment. Vermont plans to use \$18,494,483 to further advance these reforms and support additional providers in achieving readiness for reform. Funding will allow Vermont Medicaid to design and implement a performance-based payment program for current reforms such as a one percent bonus payment tied to high performance. It will also allow the State to support transition to new payment models by offering provider trainings and technical assistance on topics such as incorporating performance measures into payment models and engaging in improvement activities.

The State plans to issue a grant opportunity to support the development of innovative solutions that enhance and strengthen HCBS through a one-time investment. In addition, the State will pilot a program to identify the need for appropriate assistive technology and home modification changes through inspections at Adult Family Care and Shared Living Provider sites. Identified changes could be supported through the capital improvement grant opportunity included in Section 3.f.

Vermont will enhance quality of care and improve child, family, and provider experiences by purchasing pediatric palliative care supply carts for nine designated Home Health Agencies that offer Pediatric Palliative Care Program services. They will be used to support the physical, emotional, and spiritual wellness of each child and family.

Vermont will also enhance and strengthen the HCBS system by improving opportunities for stakeholder engagement. The state plans to obtain contractor support to design and implement meaningful stakeholder engagement opportunities for individuals with disabilities related to activities within this plan. This also includes interviewing and/or surveying individuals with HCBS needs and their families to understand the unmet needs and experiences of care across the care continuum and opportunities for system improvements. The contractor will also support the State in establishing accessible opportunities to update the public on HCBS Spending Plan activities and to engage with the broader stakeholder community on implementation strategies.

These quality improvement activities are intended to be one-time costs.

Activity Updates: 3(a) Quality Improvement

Activity Name: Provider Performance Incentive for the Department of Mental Health HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Funding supports providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Vermont is determining the feasibility of implementing these provider performance incentives as initially designed. HCBS Spending Plan funding has not been used for this purpose at this time.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Mental Health finalized the measures and means for providers to earn up to a one percent incentive payment. The payment structure was made available for public comment through the Global Commitment Register in December 2022. The performance period began on January 1, 2023.

Q1 FY 2023 Update (Approved 10/13/22): In July 2022, the Department of Mental Health communicated the opportunity for a 1% performance-based bonus payment tied to mental health crisis assessments. The Department has designed a process for data reporting and review and will be working with providers on implementation, including improving data quality.

Activity Name: Provider Performance Incentive for Applied Behavior Analysis (ABA) services and High-Technology Nursing (HTN) services

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): A value-based payment framework was implemented for performance year 2023 (1/1/23-12/31/23).

Q3 FY 2023 Update (Approved 4/10/23): Public comment was solicited through the Global Commitment Register, and Preprints for the proposed value-based payment performance frameworks and payment methodologies for both programs were submitted to CMS for approval.

Q1 FY 2023 Update (Approved 10/13/22): A proposed performance framework for the ABA program has been developed and presented to affected providers in detailed written documents and at three public meetings. The program is planned for implementation on January 1, 2023, with performance assessment and payments anticipated to occur in September 2024. A proposed performance framework for the HTN program is currently being developed and will follow similar steps to the ABA program. The goal is to implement in January 2023 and assess performance and make payments in September 2024. This timeline might be challenging given the timeframes for CMS approval of value-based payment arrangements.

Activity Name: Provider Performance Incentive for Residential Substance Use Disorder (SUD) Treatment Providers

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): A value-based payment framework was implemented for performance year 2023 (1/1/23-12/31/23).

Q3 FY 2023 Update (Approved 4/10/23): A Preprint for the proposed value-based payment performance framework and payment methodology was submitted to CMS for approval.

Q2 FY 2023 Update (Approved 1/18/23): The Department of Vermont Health Access has developed performance measures to incorporate value-based payments into Residential SUD episodic payment models.

Activity Name: Provider Performance Incentive for Developmental Disabilities Services HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Funding supports providers of HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): A value-based payment framework was implemented for performance year 2023 (1/1/23-12/31/23).

Q3 FY 2023 Update (Approved 4/10/23): A Preprint for the proposed value-based payment performance framework and payment methodology was submitted to CMS for approval. A Global Commitment Register notice is expected to be posted by the end of January 2023 for public comment.

Activity Name: Provider Performance Incentive for Children's Integrated Services HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: Funding supports providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Agency is conducting stakeholder engagement regarding value-based payment model design and is preparing for implementation on 1/1/2024.

Activity Name: Pilot program for inspections at Adult Family Care and Shared Living Provider sites

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve compliance and quality for HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Target Population: Older adults, adults with physical disabilities, individuals with developmental disabilities, and individuals 16 years of age and older with brain injuries.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The contractor is continuing to conduct accessibility assessments. Funding will also be used by authorized agencies for appropriate accessibility-related assistive technology and home modifications based on the findings from the accessibility assessments.

Q3 FY 2023 Update (Approved 4/10/23): A contract has been executed and accessibility assessments have begun.

Q1 FY 2023 Update (Approved 10/13/22): The Department anticipates executing a contract with an expected start date of September 1, 2022.

Q3 FY 2022 Update (Approved 5/3/22): The Department of Disabilities, Aging, and Independent Living is drafting an RFP for a contractor to identify the need for appropriate assistive technology and home modification changes through inspections at Adult Family Care and Shared Living Provider sites.

Activity Name: Pediatric Palliative Care Program supply carts

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve the quality of HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Target Population: Children with serious life-limiting or life-threatening illnesses or conditions.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): Vermont continues to utilize Section 9817 funding for this purpose. To date, 4 of 9 eligible Home Health Agencies have accessed funding to purchase supplies.

Q3 FY 2023 Update (Approved 4/10/23): Home Health Agencies are participating in the program and are purchasing approved supplies and submitting invoices for reimbursement.

Q1 FY 2023 Update (Approved 10/13/22): The Department of Health is finalizing program requirements related to disbursement of funds, purchase, and distribution of supplies intended to enhance the quality and child, family, and provider experiences of home-based pediatric palliative care across the State of Vermont.

Activity Name: Home Health Access Study

Target Population: Individuals with HCBS needs and families.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve access to HCBS authorized as State Plan Home Health Care and under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): In June 2023, the Department of Disabilities, Aging and Independent Living hired a contractor to advance this work.

Q3 FY 2023 Update (Approved 4/10/23): No update.

Q2 FY 2023 Update (Approved 1/18/23): Home health agencies (HHAs) in Vermont are facing unprecedented workforce challenges that may limit access to needed skilled and unskilled care for individuals who utilize HCBS. The Department of Disabilities, Aging and Independent Living will hire a contractor to study access to HHA services by HCBS participants and evaluate policy options to improve access.

Activity Name: Vermont HCBS Grants Opportunity

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports activities to enhance, expand, and strengthen Medicaid HCBS and is focused on activities to improve current services or pilot new services and supports that could be covered as HCBS authorized under State Plan Home Health Care, Personal Care Services, Case Management, School Based Services and Rehabilitative Services Medicaid Authorities, and the Section 1115 HCBS Medicaid Authority.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Agency of Human Services is planning to launch a competitive grant opportunity to support the development of innovative solutions that enhance, expand, and strengthen HCBS through a one-time investment. In April 2023, the Agency hired a contractor to help design and implement the grant opportunity. The Agency held two public stakeholder sessions in June 2023 and July 2023 to solicit feedback on the draft grant design. The Agency is currently working to refine program guidance and define eligibility criteria in advance of releasing an application. The Agency anticipates offering funding opportunities across multiple tracks to support infrastructure improvements, workforce development, care model innovation, and business process improvement. The anticipated primary audience will be HCBS providers and community-based organizations that serve Medicaid members who utilize HCBS.

Vermont's Spending Plan Narrative currently includes a description of these grant activities throughout this document. The original descriptions and approval for these activities can be found in sections 2(a) Training, 3(a) Quality Improvement, 3(b) Use of Technology and Cross-system Data Integration Efforts, 3(c) Improve Care Coordination and Care Management, 3(d) Address Social Determinants of Health, and 3(f) Capital Investments. Updates related to these grant opportunities will be combined under this section in subsequent versions of the HCBS Spending Plan Narrative. Once the grant program design is finalized, Vermont will update the budget to reflect this change in the Spending Plan.

b. Use of Technology and Cross-system Data Integration Efforts

Through this opportunity, the State plans to use \$19,832,084 to fund the purchase of technology infrastructure, provide financial support to HCBS providers to support encounter data submission requirements pertaining to value-based payment reform, purchase equipment to allow direct service staff to enter data at the point of care, and create an electronic patient engagement platform.

The availability of technology infrastructure to support HCBS programs and care integration is varied across state programs and providers. This funding opportunity will allow the state to purchase platforms and databases to support case management activities and oversight within the Agency of Human Services and its departments. Illustrative examples include funding a data warehouse to store CANS and ANSA assessment data, a database to enable AHS system-wide coordination for children referred to residential treatment, and improvements to the state's critical incident report management system. It will also allow for the expansion of a statewide database that supports access to mental health services by providing care coordinators and primary care providers information about the availability of mental health providers and the types of services they deliver. In addition, Vermont will improve the current Preadmission Screening and Resident Review (PASRR) process by developing an electronic platform and transitioning away from a paper-based process. These advances will further support the goals of PASRR to ensure that individuals have opportunities to choose home and community-based services and are not inappropriately placed in nursing homes for long term care.

The State will evaluate how Medicaid providers currently store, access, utilize, and share information about the full range of enrollee needs and associated service utilization. Based on the findings, Vermont will determine how to close gaps that are identified. Vermont seeks to learn how providers access and share demographic, eligibility, assessment, care plan, and treatment data to better understand readiness of targeted providers to participate in VBP reforms or transition to higher levels or more integrated VBP arrangements.

After evaluating data collection and exchange needs, Vermont will assist HCBS providers in purchasing data systems, including electronic health records (EHRs) and care coordination tools, and connecting to the Vermont Health Information Exchange (VHIE). Concurrently, the state will develop a targeted technical assistance program to provide support for Medicaid providers seeking to access, utilize, and share data to support integrated care coordination and population health management. Vermont anticipates that by enhancing providers' abilities to capture data and use it meaningfully in care

coordination and population health management, providers will be better prepared to participate in more sophisticated VBP arrangements. Technical assistance will address:

- HCBS providers' selection, procurement, and modification of care coordination and EHR data systems to meet care coordination, quality improvement, and reporting needs, and help providers connect to the VHIE;
- Efforts to standardize data collection to improve efficiency of data collection processes;
- Efforts to capture SDOH data and communication with and referrals to social service providers and state and local human services agencies that have historically not been connected to health data and health systems; and
- Training needs associated with performance measurement and predictive analytics.

As HCBS providers transition to VBP arrangements, they need support to revise business practices. Vermont will offer data sharing incentives and provide financial support to HCBS providers related to payment reform encounter data submission requirements such as remapping care coordination systems and EMRs to capture new data elements, supporting increased data entry, and trainings. The state will also fund the purchase of equipment (e.g. tablets or laptops) and technology (e.g. applications and licenses) that will allow direct staff of HCBS providers to collect and enter data at the point of care.

To further promote self-determination and individual and family engagement in health, wellness and care delivery, Vermont will assess the feasibility of embedding a patient engagement platform into the State's delivery system. If determined to be feasible, Vermont will procure a tool to enhance care delivery and patient engagement with optimized health data, including care plan information with details on services across the care continuum that the enrollee has obtained. Medicaid enrollees with HCBS needs will be able to add to their care records by entering information or linking to health monitoring, self-management, or wellness applications.

These technology and cross-system data integration efforts are intended to be one-time costs and costs that will be sustained through value-based payment models. State system enhancements will be sustained on an ongoing basis, where applicable.

Activity Updates: 3(b) Use of Technology and Cross-system Data Integration Efforts

Activity Name: Data reporting and analytics for CANS and ANSA assessment data
HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports activities to improve the quality of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time start-up costs

Impact on Equity and/or SDOH: Data from the assessment tools can be used to identify and communicate about patients' health-related social needs such as housing, transportation, employment, and financial needs.

Q1 FY 2024 Update (Approved 10/17/23): The Department of Mental Health is working to execute a contract with a vendor to develop CANS and ANSA data reports and provide consultation services to improve processes for data collection and standardization, address quality and compliance issues, and build a process for future transfer of the data to the Vermont Health Information Exchange. The vendor will facilitate conversations between the State and the Designated and Specialized Service Agencies regarding the utility of system data use. In addition, the Department will work with a vendor to develop a data solution for more real-time data collection and analysis that will give the state ongoing insight into system performance and serve as a tool for continuous process improvement.

Q3 FY 2023 Update (Approved 4/10/23): After refining the project scope, the Department of Mental Health posted a Request for Proposals for Technical Assistance with Mental Health Assessment Data and is soliciting responses through 1/27/23. The selected bidder will develop a set of robust reports to effectively inform and continue to improve the service delivery process, provide technical support to build efficiencies in data collection, and provide consultation services related to continuous quality monitoring processes. The need for a data warehouse is still under consideration.

Q1 FY 2023 Update (Approved 10/13/22): The Department of Mental Health has identified a consultant to support this data reporting and analytics effort and is working to develop a more detailed budget estimate for the data warehouse.

Activity Name: Database to enable Agency of Human Services system-wide coordination for children referred to residential treatment

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve quality for HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Agency of Digital Services worked with Case Review Committee leads from Department of Mental Health, Department for Children and Families-Family Services Division, and Department of Disabilities, Aging and Independent Living to develop requirements for a database solution to collect and track information related to residential referrals, admissions, and

discharges. The workgroup revised their approach and is developing a Request for Information.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Mental Health, Department of Children Youth and Families, and Department of Disabilities, Aging and Independent Living are coordinating with the Agency of Digital Services to design the project specifications, including gathering requirements for the database. The team is working to develop a Request for Proposals.

Activity Name: Purchase of Care Management and/or Critical Incident Reporting Platform(s) HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

This supports activities to improve quality for HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time start-up costs; ongoing costs are being evaluated and will be sustained by the State.

Q1 FY 2024 Update (Approved 10/17/23): The Agency and its Departments are planning to purchase one or more care management platforms and/or critical incident reporting systems to support case management activities and oversight within the Agency. The Agency anticipates securing contractor support to further define policy objectives across the Agency and Departments and business requirements.

Activity Name: Medicaid Data Aggregation and Access Program (MDAAP) (provider grants for assistance to purchase data systems and connect to the Vermont Health Information Exchange)

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: The program is still in the design phase. Funding may support providers of HCBS authorized under State Plan Home Health Care, State Plan Case Management, State Plan Rehabilitative Services and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): A survey and focus groups were conducted to evaluate how Medicaid HCBS providers store, access, utilize, and share information, and a report was developed summarizing key findings and recommendations. The Health Information Exchange team is using these findings to inform the design of the MDAAP program, which will be submitted to CMS per the terms of Vermont's 1115 Demonstration Waiver. Vermont also identified a vendor to provide targeted technical

assistance to providers that participate in the MDAAP program once launched; additional vendors may be selected in the future.

Q3 FY 2023 Update (Approved 4/10/23): The Agency of Human Services' Health Information Exchange team issued a Request for Proposals for consulting services to aid the State in developing the MDAAP program. A vendor was selected, and the team held a kickoff meeting on January 11, 2023. The Health Information Exchange team also worked with the Health Information Exchange Steering Committee to form a subcommittee to inform development and implementation of the MDAAP.

Q1 FY 2023 Update (Approved 10/13/22): As the HITECH Act ends and the Medicaid Provider Incentive Program expires, there remain Medicaid providers who lack the ability to electronically collect and exchange health data and connect to the State's health information exchange to bolster care delivery, enhance care management efforts, as well as improve measurement of the Medicaid population in service of delivery system enhancements. To remedy this gap, Vermont aims to establish the Medicaid Data Aggregation and Access Program (MDAAP), an incentive program targeting Medicaid HCBS, mental health, and substance use disorder treatment providers that require electronic data record technology to inform the State's management of the Medicaid program, serve Medicaid enrollees, and participate in Medicaid-driven value-based payment models. Program updates include:

- Vermont received expenditure authority for the \$14.9 million (total computable) MDAAP under the State's Global Commitment to Health 1115 Demonstration waiver effective July 1, 2022.
 - A Program Administrator will begin onboarding in July 2022.
 - The State is working on a Request for Proposals for consulting services to aid the State in developing the MDAAP program by (1) evaluating how Medicaid providers currently store, access, utilize, and share information and (2) using the findings from the evaluation to design a program to increase electronic data collection and exchange amongst the Medicaid provider community. This will result in the development of the MDAAP Incentive Payment Protocol for submission to and approval by CMS. Vermont's recently approved Final State Medicaid Health Information Technology Plan with Landscape Analysis will be provided to consultants for review as part of their research and market analysis.
 - Major milestones and a schedule for program development were developed.
- **c. Improve Care Coordination and Care Management**
The State plans to use \$1,822,733 in funding to enhance care coordination activities. Provider innovation grants will be issued to support efforts to improve care integration of HCBS with other services. These grants will support a range of proposed activities such as co-location of staff, program model design and implementation, and data-sharing initiatives.

Vermont will also develop a series of analytic reports and tools using data from the VHIE and other sources to improve care management of individuals with high utilization of HCBS and across the care continuum, support program monitoring, and analyze impacts of service or program changes. Other efforts to improve care coordination, program operations, and analytics will include:

- Developing reports to support effective risk stratification across the Medicaid population, which will supplement risk stratification reports from the state's Accountable Care Organization by focusing on a broader set of services;
- Aligning measures and reporting requirements across programs to reduce reporting burden and encourage provider participation in quality improvement and VBP arrangements;
- Using electronic clinical quality measure (eCQM) data to optimize providers' ability to assess quality and outcomes;
- Implementing a reporting and analytics platform to standardize and extract reports, for both patient- and population-level measures, through an application programming interface (API) connected to the VHIE;
- Leveraging patient and aggregated population-level data to support rapid sharing of disease surveillance data, inform and monitor public health activities, and improve quality of life; and
- Expanding use of new reporting and analytic technologies to harness the power of integrated data for improving outcomes, reducing cost, and enabling informed decision making.

Vermont has made reducing the number of deaths by suicide and drug overdose foremost population health goals and a key component of the [State Health Improvement Plan](#). The State plans to use funds to implement 988, the nationwide mental health crisis and suicide prevention number, in Vermont. This includes funding operations development and technology that will support a mobile response hub. It also includes the development and implementation of a pilot program to follow-up with individuals that were identified as suicidal through 988 or other recognized avenues.

VTHelplink is a centralized resource website and call center for Vermonters in need of substance use disorder treatment and/or information. The State plans to use funds to expand the use of this resource and support providers to integrate into the centralized scheduling feature of the VTHelplink system.

These care coordination and care management investments are intended to be one-time costs and analytic improvements that can be sustained by staff following implementation and training. The State will seek funding opportunities to sustain 988 and VTHelplink where possible at the end of this funding period.

Activity Updates: 3(c) Improve Care Coordination and Care Management

Activity Name: Contractor support for further development of 988 Crisis Care System HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports access to HCBS that could be authorized under the State Plan Rehabilitative Services Medicaid Authority.

Target Population: Vermonters with suicidal ideation or in need of crisis care regardless of age, diagnosis, or insurance coverage.

Sustainability Plan: One-time

Q2 FY 2024 Update: The Department of Mental Health will utilize contractor support for further development of the 988 crisis care system in Vermont. This support will include work plan and budget development, assessing delivery of services, drafting reports to federal partners, stakeholder engagement, development of public materials including marketing and communication efforts, and quality assurance.

Activity Name: Expand use of VTHelplink

Target Population: Individuals with substance use disorders.

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This supports activities to improve access to HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority and the Section 1115 Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: The State will seek funding opportunities to sustain VTHelplink where possible at the end of this funding period.

Q1 FY 2024 Update (Approved 10/17/23): The majority of provider agreements have been executed, and there was significant uptick in providers engagement with VTHelplink, with 21 providers engaged.

Q3 FY 2023 Update (Approved 4/10/23): The Division of Substance Use Programs staff are developing provider agreements to support this initiative. In advance of these changes, providers have met with DSU staff, participated in webinars about the initiative, and utilized "walk-in" hours for technical support for using the VTHelplink provider portal.

Q1 FY 2023 Update (Approved 10/13/22): This activity has been on hold. Following the June 28, 2022 approval of the State's Global Commitment to Health 1115 Demonstration waiver, the Division of Substance Use Programs (formerly ADAP) will begin work to operationalize this program and amend provider agreements with updated funding, scope of work, and reporting and monitoring requirements.

Q3 FY 2022 Update (Approved 5/3/22): ADAP has developed a methodology for offering provider incentives and support for integrating with VTHelpink, a centralized resource website and call center for Vermonters in need of substance use disorder treatment and/or information.

c. Address Social Determinants of Health (SDOH)

Vermont plans to use \$1,500,000 for initiatives that promote health equity and reduce health disparities experienced by people with HCBS needs. The State will award grants to providers seeking to test the use of flexible funding to address health-related social needs. These opportunities will allow providers to address issues identified in their communities and develop partnerships with community-based organizations.

As identified in the [Behavioral Risk Factor Surveillance System](#) 2018 report, Vermont adults with a disability are eight times more likely to report fair or poor health than adults with no disability, a statistically significant difference. Vermont will reduce this health disparity by awarding grants to providers and community-based organizations to develop and provide health and wellness programs for individuals with HCBS needs.

Vermont recognizes that VBP reform provides significant opportunities to address SDOH through greater flexibility and accountability for population health improvements. The state will use funding for contractor support to design VBP options that specifically address SDOH for implementation during the funding period. Funding will also be used to support policy development and implementation costs to advance adoption of SDOH screening tools across HCBS providers.

Data standards and data governance are needed to recognize the potential of SDOH data to improve care and reduce health disparities for people with HCBS needs. The state will use funding to develop a strategic road map for incorporating SDOH data into the VHIE and claims data as well as to support the development of standards, consent policies and data sharing agreements to facilitate aggregation and exchange of SDOH data. It will also design and support implementation of a data governance council which would govern use of SDOH data and could be modeled after the [Green Mountain Care Board data governance council](#).

The State seeks to advance VBP models that can sustain effective programs identified through this opportunity.

Activity Updates: 3(d) Social Determinants of Health (SDOH)

Activity Name: Provider implementation costs to advance adoption of SDOH screening tools HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Program design is under development. HCBS providers could include providers of HCBS authorized under the State Plan Home Health Care Medicaid Authority, State Plan Personal Care Services Medicaid Authority, State Plan Rehabilitative Services Medicaid Authority, State Plan Case Management Medicaid Authority, and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver. The program would also include Patient-Centered Medical Home providers that provide care coordination services and coordinate care with these HCBS providers.

Sustainability Plan: One-time

Impact on Equity and/or SDOH: Screenings will be used to identify SDOH needs and coordinate care related to health-related social needs that drive health inequities such as housing, food insecurity, transportation, employment, and financial needs.

Q2 FY 2024 Update: The Vermont Agency of Human services is developing a program that will provide grant funding or an incentive opportunity to eligible HCBS providers and Patient-Centered Medical Homes that offer coordinated care approaches with HCBS providers to select, implement, and/or integrate SDOH screening tools or available SDOH data into their intake and assessment processes. The AHS will provide technical assistance to eligible applicants seeking funding on topics such as widely adopted SDOH screening tools and data standards that support the use and exchange of SDOH data. Requests for funding will include a review of the evidence-basis for the selected tool and alignment with the work of the HIE Steering Committee's Population Health Subcommittee which is engaged in efforts to support aggregation and exchange of SDOH data through the Vermont Health Information Exchange.

Activity Name: Data Governance for incorporating SDOH into the Vermont Health Information Exchange (VHIE)

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003: This activity is a precursor step towards improving data sharing and quality of care and is intended to enable the exchange of data between State partners operating HCBS programs and providers, such as providers of HCBS authorized under State Plan Rehabilitative Services and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Health Information Exchange Team has identified a vendor to help design and support implementation of a Data Governance Council subcommittee which would govern use of SDOH data under the Agency of Human Services Data Governance Council. Work is anticipated to begin in summer 2023. This will include supporting the development of standards, consent policies and data sharing agreements to facilitate aggregation and exchange of SDOH data.

Activity Name: Strategic Roadmap for incorporating SDOH into the Vermont Health Information Exchange (VHIE)

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

This activity is a precursor step towards improving data sharing and quality of care and is intended to enable the exchange of data between State partners operating HCBS programs and Medicaid providers, such as providers of HCBS authorized under State Plan Rehabilitative Services and the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Vermont Health Information Exchange Team is developing a Request for Proposals for consulting services to develop a strategic SDOH roadmap. The roadmap will serve as a multi-year plan for collecting and standardizing SDOH data from various sources such as providers, community partners, and internal departments/agencies. The strategy also focuses on utilizing SDOH data to inform policy, facilitate care coordination, and support risk stratification. Additionally, the team anticipates that this work will include recommendations for handling the diverse SDOH ecosystem, addressing education and consent for data use, and conducting a literature review to identify the most influential predictors of social and medical risk.

d. Administration of Activities

Vermont plans to use \$4,885,305 for three or more staff positions and related operating costs and/or contractors to implement and administer programs associated with this opportunity and provide overall program oversight and reporting. These staff positions will support the Agency of Human Services (AHS) in managing the programmatic and financial activities required to fulfill the requirements of this program and staff to implement activities to enhance, expand, and strengthen HCBS within AHS departments. Staff will also support ongoing stakeholder engagement activities as the spending plan is implemented and refined over time.

These positions will be limited-service through the end of the funding period.

Activity Updates: 3(e) Administration of Activities

Activity Name: Staffing

Sustainability Plan: Temporary through 3/31/25

Q1 FY 2024 Update (Approved 10/17/23): The Department of Disabilities, Aging and Independent Living filled the two positions described below; the Department of Mental Health has hired two of the four positions initially posted. The Agency is continuing to assess the need for additional policy and business office support and anticipates posting

additional positions this quarter due to the significant number of active Section 9817-funded projects and HCBS policy and program improvements underway.

Q3 FY 2023 Update (Approved 4/10/23): The Agency continued to onboard staff in limited-service positions to support the implementation of HCBS FMAP activities. An HCBS Policy Analyst was hired in the Department of Vermont Health Access; the Department also brought on a contractor to provide HCBS additional policy support. The Department of Disabilities, Aging and Independent Living hired one staff to support the Residential Alternative Regional Pilot Planning Grants [see Section 1 (a)] and is in the process of hiring two additional staff to advance other HCBS FMAP work. The Department of Mental Health is in the process of posting four positions to support HCBS FMAP projects. Lastly, the Agency's business office hired one staff to support HCBS FMAP contracting activities.

Q1 FY 2023 Update (Approved 10/13/22): In June 2022, AHS onboarded an Administrative Services Director position to oversee Vermont's HCBS FMAP activities. Also in June, AHS awarded a contract to ARIS Solutions to administer Premium Pay grants to independent direct support providers on behalf of their employers (Medicaid members self-directing HCBS). In addition, the Department of Vermont Health Access anticipates posting a position for a HCBS policy analyst to support HCBS FMAP activities in July. The Department of Disabilities, Aging, and Independent Living is developing a Residential Program Developer position to support the Residential Services Pilot Planning Grants. Additional staffing needs are being identified.

f. Capital Investments

The State plans to use \$8,004,000 in funding for a grant opportunity to support HCBS providers with necessary capital improvements that enhance and strengthen HCBS through a one-time investment that can be used for purposes such as increasing accessibility, promoting safety, improving services, promoting provider sustainability, and increasing energy efficiency. This grant opportunity will only be available to HCBS providers that are delivering services that are listed in Appendix B of SMDL #21-003 or could be listed in Appendix B of SMDL #21-003 (e.g. mental health and substance use disorder services that are covered under another benefit but could be covered under the rehabilitative services benefit). Funding related to the delivery of 1915(c) or 1915(i) services will only be available to providers for settings that are fully compliant with the home and community-based services settings criteria or for settings that will become compliant with the home and community-based services settings criteria due to improvements funded through this grant opportunity. Funding related to the delivery of HCBS State Plan services will only be available to HCBS providers of community-based non-residential services and will not include providers of inpatient services.

Activity Updates: 3(f) Capital Investments

Activity Name: Grant opportunity to support HCBS providers with necessary capital improvements

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Program design is under development; however, funding is anticipated to support providers of HCBS authorized under the Section 1115 HCBS Medicaid Authority per the terms of the Global Commitment to Health Section 1115 Demonstration Waiver that are fully compliant with the HCBS settings criteria or will become compliant due to improvements funded through this grant opportunity. It is also anticipated to support community-based non-residential services providers of HCBS authorized under the State Plan Rehabilitative Services Medicaid Authority.

Target Population: To be determined.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Agency anticipates that these grants will be offered under the Vermont HCBS Grants Opportunity. See section 3(a) page 35 for an update on the Vermont HCBS Grants Opportunity.

Q3 FY 2023 Update (Approved 4/10/23): No update.

Q1 FY 2023 Update (Approved 10/13/22): No update.

Q3 FY 2022 Update (Approved 5/3/22): The Agency is drafting an application and selection criteria for HCBS providers in need of capital improvements for purposes such as increasing accessibility, promoting safety, improving services, promoting provider sustainability, and increasing energy efficiency. The State has clarified within this HCBS plan that grants for capital improvements will only be made to providers delivering services that are listed in Appendix B or could be listed in Appendix B of SMDL #21-003.

Activity Name: Capital investment funding to purchase and/or upgrade buildings to provide alternatives to emergency room mental health crisis care

HCBS Provider Alignment with Appendix B of the State Medicaid Director Letter #21-003:

Funding supports providers to implement HCBS that could be authorized under the State Plan Rehabilitative Services Medicaid Authority.

Target Population: This capital investment will serve Vermonters in need of crisis care regardless of age, diagnosis, or insurance coverage in the Northeast Kingdom of Vermont which includes Orleans, Caledonia, and Essex counties. The percent of county population covered by

Medicaid is 43.1%, 37.3%, and 40.5%, respectively. There are a total of 25,754 Medicaid members in these three counties who are eligible to receive Medicaid State Plan HCBS.

Sustainability Plan: One-time

Q1 FY 2024 Update (Approved 10/17/23): The Department of Mental Health selected one proposal to receive capital funding through Section 9817 to support an alternatives to emergency room mental health crisis care project. This awardee was selected to operate a Living Room Model program, which is a peer-supported community crisis center that provides a safe space for someone experiencing mental health crisis to connect with clinical staff and peers as an alternative to the emergency department. The awardee has other funding available to support the programmatic costs of operating the Living Room model but requires Section 9817 funding to purchase a space to operate the program. While the State initially anticipated that buildings for this program may need to be located on hospital property (see Q2 FY 2023 Update below), this proposal is for a building that is not located on hospital property and will not offer any inpatient services.

While the primary space and function for the building is for the Living Room Model program, the organization also plans to co-locate additional HCBS services and administrative functions in the building. In addition to the Living Room Model, the building would also be used to provide community-based short-term crisis stabilization beds, available under the State Plan Rehabilitative Services Medicaid Authority. Co-locating the services is a means of improving the existing services and efficiency, particularly in this rural setting. For example, if someone comes in for Living Room Model program services and it is determined that a crisis bed would be a more beneficial safety plan for them, they would be referred to a crisis bed rather than require transportation elsewhere. The other service intended to be co-located is the Mobile Crisis Team staff office space. Mobile Crisis services could be authorized under the State Plan Rehabilitative Services Medicaid Authority. The Mobile Crisis Team is usually comprised of two individuals at a time that deploy into the community and, if needed, could bring someone to this facility if the location they are called to is not conducive to address the active crisis.

The Department of Mental Health is working on executing an agreement with the selected provider.

Q3 FY 2023 Update (Approved 4/10/23): The Department of Mental Health's Request for Proposals for programming to provide alternatives to emergency room mental health crisis care closed in mid-November [see Section 1(a)], and the Department is currently reviewing proposals.

Q2 FY 2023 Update (Approved 1/18/23): As described in Section 1(a), Vermont is launching a funding opportunity to support provider start-up costs to develop and implement programming to provide alternatives to emergency room mental health crisis care. These programs will provide outpatient, community mental health services that could be covered under the rehabilitative services benefit and are intended to be less than 24-hour outpatient stays. These programs are fully outpatient and do not provide hospital inpatient services or room and board. Goals of the funding opportunity include expanding the crisis care continuum, connecting people in psychiatric crisis to ongoing care, and avoiding unnecessary emergency room utilization.

In addition to the start-up costs described in Section 1(a), there may be a need for one or more program budgets to include capital investment to purchase and/or upgrade buildings to offer these mental health crisis services. Given the rural nature of Vermont, some of the most ideal sites for new programming are in buildings on hospital properties. If the State of Vermont approves a request from a HCBS provider to develop programming in buildings on hospital properties, it will ensure the funding will go directly to the HCBS provider, not to hospitals or health systems. Vermont also plans to use performance measures, such as reduction in emergency department utilization, to ensure that these funds increase access to urgent care and support hospital diversion.

Assumptions

The spending plan is based on projected HCBS costs eligible for the additional 10% FMAP. Actual FMAP savings available for reinvestment into new programs will not be fully known until March 31, 2022. Vermont assumes that the spending plan will be revised, and spending areas refined when actual savings are known and additional stakeholder engagement occurs. Vermont already has Legislative approval to implement the three percent rate increase (Item 1b). This rate increase will go into effect July 1, 2021. Therefore, Vermont is assuming that the 10% FMAP savings can be applied for the period July 1, 2021-March 31, 2022; those savings will be eligible for reinvestment in future years.

Vermont has applied current and future estimated FMAP percentages to the spending plan. Similar to the FMAP rates used in the SMDL, Vermont is assuming the 6.2% Families First Coronavirus Relief Act (FFCRA) FMAP increase will be in effect thru March 31, 2022. Any changes in FMAP will affect total computable spending projections over the life of this special funding opportunity.

Considerations

Budget Neutrality and Section 1115 Medicaid Waiver Renewal

The State of Vermont operates almost the entirety of its Medicaid program under the purview of a Section 1115 Medicaid Waiver. While the State recognizes the significant opportunity available because of Section 9817 of the American Rescue Plan Act of 2021, it also recognizes that the types of activities in the spending plan will ultimately be impacted by CMS decisions regarding how this program effects Vermont's budget neutrality under its Section 1115 Medicaid Waiver. Vermont requests an opportunity to work with CMS to eliminate any negative impact from this opportunity on the State's Section 1115 Medicaid Waiver. The State also expects to have further discussions with CMS about how this opportunity will interact with its Section 1115 Medicaid Waiver renewal which is anticipated to be effective January 1, 2022.¹

Ongoing Stakeholder Engagement

While Vermont's initial spending plan was improved by stakeholder input received from an online survey specific to this funding opportunity, the level of stakeholder input required to ensure the plan is responsive to the needs of individuals, families, caregivers, providers, and other stakeholders has not yet been achieved. The State is committed to working with stakeholders to refine the initial spending plan for the first quarterly narrative submission on July 18th, and quarterly thereafter through the end of the funding period.

Appendix

- A. Spending Plan Projection Spreadsheet
- B. Letter from Medicaid Director

¹ The Global Commitment to Health Section 1115 Demonstration Waiver was renewed effective July 1, 2022.