



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: August 13, 2024
Subject: Grant /LSP Request – JFO #3213

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. ***The Agency of Human Services has requested an expedited review. Please respond by Monday, August 19, 2024.***

JFO #3213: \$4,000,000.00 to the Vermont Agency of Human Services, Central Office from the U.S. Department of Health and Human Services for the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model grant. The grant aims to improve the VT population health while keeping down Medicare, Medicaid and commercial insurance expenditures. In addition, participation in the AHEAD Model will allow for continued Medicare participation in the Blueprint for Health and Supports and Services at Home.

This request includes two (2) limited-service positions: Administrative Services Coordinator IV and Administrator Services Director II to oversee the AHEAD model. Positions funded through 12/31/2025 with this award and may be extended through 12/31/2029 with subsequent AHEAD awards.

NOTE: A pre-spending notice of \$175,000.00 is included on page 3 of the packet.
[Expedited review requested August 13, 2024.]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. If we do not have a response by **August 19, 2024**, members will be polled.



State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

| | | | | | |
|---|--------------|---|---|--------------|-----------------|
| Grant Summary: | | Supports Vermont's participation in the State's All-Payer Health Equity Approaches and Development (AHEAD) model. | | | |
| Date: | | 7/23/2024 | | | |
| Department: | | AHS - CO | | | |
| Legal Title of Grant: | | States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model | | | |
| Federal Catalog #: | | 93.968 | | | |
| Grant/Donor Name and Address: | | U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Office of Acquisitons and Grants Management 7500 Security Blvd, Mail Stop B3-30-03 Baltimore, MD 21244-1850 | | | |
| Grant Period: | | From: | To: | | |
| | | 7/1/2024 | 12/31/2025 | | |
| Grant/Donation | | | | | |
| | SFY 1 | SFY 2 | SFY 3 | Total | Comments |
| Grant Amount: | \$2,668,653 | \$1,331,347 | \$ | \$4,000,000 | |
| Position Information: | | # Positions | Explanation/Comments | | |
| | | 2 | 1 - Admin Serv Coordinator IV and 1 - Admin Serv Director III | | |
| Additional Comments: | | This grant packet includes an AA1-PN for \$175K in grant funds used to cover an MOU w/GMCB for related vendor services. | | | |
| Department of Finance & Management | | Adam Grekin Digitally signed by Adam Grekin DocuSigned by: | | Initial) | |
| Secretary of Administration | | Sarah Clark 04AB832CD55C438... | | Initial) | |
| Sent To Joint Fiscal Office | | Anna Reinold Digitally signed by Anna Reinold Date: 2024.08.14 14:10:34 -0400' | | Date | |





State of Vermont
Agency of Human Services
Office of the Secretary
280 State Drive
Waterbury, VT 05671

TO: Sarah Clark (or Designee), Interim Secretary, Agency of Administration
Joint Fiscal Office

FROM: Jenney Samuelson, Secretary, Agency of Human Services DS
JS

DATE: July 12, 2024

SUBJECT: Request for Grant Acceptance AA-1 Expedited Review Request
Vermont's Application to the AHEAD Model

In March 2024, the Agency of Human Services applied for funding under the Centers for Medicare & Medicaid Services (CMS) in support of Vermont's participation in the State's Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model with the aim of curbing health care cost growth, improving population health, and advancing health equity. The AHEAD Model would replace the current All-Payer Accountable Care Organization (ACO) Agreement Model in January 1, 2026.

CMS intended to issue notices of award by May 24th but were delayed until July 1st. Despite this delay, milestones and timelines associated with the AHEAD Model were not correspondingly delayed. The AHS, in collaboration with the Green Mountain Care Board, needs to utilize Cooperative Agreement funding to support further modeling and refinement of a Medicare hospital global budget methodology to inform federal negotiations that began today, July 12th. As such, AHS has limited time to complete pre-implementation period planning activities outlined in the award which will impact its ability to negotiate favorable AHEAD Model terms and conditions for the State of Vermont.

AHS is requesting expedited review and approval of the attached Request for Grant Acceptance Form AA-1 for the Vermont's Application to the AHEAD Model award. We are concurrently submitting an AA1-PN because AHS is need of immediate contractor support to meet milestone deadlines.

cc:
Tracy O'Connell, AHS
Tim Metayer, F&M

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:

*This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed **Form AA-1 Request for Grant Acceptance** must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.*

BASIC GRANT INFORMATION

| | |
|---------------------------------|---|
| 1. Agency: | Human Services |
| 2. Department: | Central Office |
| 3. Program: | Healthcare Reform |
| 4. Legal Title of Grant: | States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model |
| 5. Federal Catalog #: | 93.968 |

6. Grant/Donor Name and Address:
 U.S. Department of Health and Human Services
 Centers for Medicare and Medicaid Services
 Office of Acquisitions and Grants Management
 7500 Security Blvd, Mail Stop B3-30-03
 Baltimore, MD 21244-1850

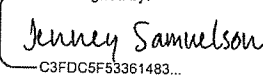
| | | |
|-------------------------|-----------------------|-----------------------|
| 7. Grant Period: | From: 7/1/2024 | To: 12/31/2025 |
|-------------------------|-----------------------|-----------------------|

8. Purpose of Grant:
 Vermont aims to improve population health, promote health equity, and curb health care cost growth and expenditures in Medicare, Medicaid, and commercial insurance through participation in the AHEAD model.

9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:

| Expenditures: | FY 25 | Required Explanation/Comments |
|--------------------|---------------------|---|
| Personal Services | \$175,000.00 | (Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) This will be a contract with Mathematica via an MOU with the Green Mountain Care Board. This vendor is needed to provide technical support on the hospital global budget methodology. |
| Operating Expenses | \$ | |
| Grants | \$ | |
| Total | \$175,000.00 | |

10. AUTHORIZATION AGENCY/DEPARTMENT

| | | | |
|---|------------------|--|-----------------|
| I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed Form AA-1 Request for Grant Acceptance will be submitted for Joint Fiscal Committee approval if a grant award is received for this program: | Signature: _____ | DocuSigned by:  C3FDC5F53361483... | |
| | Title: Secretary | | Date: 7/12/2024 |
| | Signature: _____ | | Date: _____ |
| | Title: _____ | | |

11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

DS
30 7/12/2024

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

Distribution:

Original - Joint Fiscal Office;

Copy 1 – Department Grant File;

Copy 2 – Attach to Form AA-1 (if grant is subsequently received).

(End Form AA-1PN – Grant Spending Pre-Notice – Form AA-1PN)

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

| BASIC GRANT INFORMATION | | | | |
|--|---|--------------------|--------------|-----------------|
| 1. Agency: | Agency of Human Services | | | |
| 2. Department: | Central Office | | | |
| 3. Program: | Healthcare Reform | | | |
| 4. Legal Title of Grant: | States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model | | | |
| 5. Federal Catalog #: | 93.968 | | | |
| 6. Grant/Donor Name and Address: | U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Office of Acquisitons and Grants Management 7500 Security Blvd, Mail Stop B3-30-03 Baltimore, MD 21244-1850 | | | |
| 7. Grant Period: | From: | 7/1/2024 | To: | 12/31/25 |
| 8. Purpose of Grant: | Vermont aims to improve population health, promote health equity, and curb health care cost growth and expenditures in Medicare, Medicaid, and commercial insurance through participation in the AHEAD model. Project end date of 12/31/29 if additional funding is released. | | | |
| 9. Impact on existing program if grant is not Accepted: | This grant positions Vermont to participate in the AHEAD Model. The AHEAD model will ensure that Medicare can continue to financially participate in health care reform efforts related to paying hospitals differently and in a way that enables necessary transformation activities. Without the AHEAD model, Medicare would discontinue participating in the Blueprint for Health and Supports and Services at Home (SASH) programs. | | | |
| 10. BUDGET INFORMATION | | | | |
| | SFY 1 | SFY 2 | SFY 3 | Comments |
| Expenditures: | FY 2025 | FY 2026 | FY | |
| Personal Services | \$2,641,360 | \$1,320,680 | \$ | |
| Operating Expenses | \$5,960 | \$ | \$ | |
| Grants | \$21,333 | \$10,667 | \$ | |
| Total | \$2,668,653 | \$1,331,347 | \$ | |
| Revenues: | | | | |
| State Funds: | \$ | \$ | \$ | |
| Cash | \$ | \$ | \$ | |
| In-Kind | \$ | \$ | \$ | |
| Federal Funds: | \$ | \$ | \$ | |
| (Direct Costs) | \$2,668,653 | \$1,331,347 | \$ | |
| (Statewide Indirect) | \$ | \$ | \$ | |
| (Departmental Indirect) | \$ | \$ | \$ | |
| Other Funds: | \$ | \$ | \$ | |
| Grant (source) | \$ | \$ | \$ | |
| Total | \$2,668,653 | \$1,331,347 | \$ | |

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

| | | | |
|--------------------------|------------|----------------|-------------|
| Appropriation No: | 3400001000 | Amount: | \$2,668,653 |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total | \$2668653 |

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to use low current competitive bidding process/policy.
 Appointing Authority Name: Todd Daloz Agreed by: TD (initial)

| 12. Limited Service Position Information: | # Positions | Title |
|---|-------------|--|
| | 1 | Administrative Services Coordinator IV |
| | 1 | Administrative Services Director II |
| Total Positions | 2 | |

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

| | | |
|--|---------------------------------|------------------------|
| I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable): | Signature: <u>Todd W. Daloz</u> | Date: <u>7/10/2024</u> |
| | Title: Deputy Secretary | |
| | Signature: | Date: |
| | Title: | |

SECRETARY OF ADMINISTRATION

| | | |
|-----------------|---|--------------------------------|
| SC Approved: | (Secretary or designee signature) <u>Sarah Clark</u> | Date: <u>8/29/2024</u> 2:05: |
|-----------------|---|--------------------------------|

15. ACTION BY GOVERNOR

| | | |
|-------------------------------------|----------------------------|--|
| <input checked="" type="checkbox"/> | Check One Box: Accepted | (Governor's signature) <u>[Signature]</u> |
| <input type="checkbox"/> | Rejected | Date: <u>8/12/24</u> |

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

| | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input checked="" type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

| | |
|--|---|
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input checked="" type="checkbox"/> Grant Budget | |
| End Form AA-1 | |
| (*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5). | |

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services Secretary's Office Date: 7/2/2024

Name and Phone (of the person completing this request): Tracy O'Connell 802-236-2919

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Dept. of Health & Human Services Centers for Medicare & Medicaid Services - States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested # of Positions Division/Program Grant Funding Period/Anticipated End Date

Administrative Services Coordinator IV (1) Division of Healthcare Reform 7/1/24-12/31/25 (project end date 12/31/29 if additional funding is released)

Administrative Services Director II (1) Division of Healthcare Reform 7/1/24-12/31/25 (project end date 12/31/29 if additional funding is released)

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

These positions are critical to the State's oversight of the AHEAD model. The AHEAD model seeks to improve population health, advance health equity, and curb healthcare cost growth.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available

DocuSigned by: Vonna W. Daloz sec. 5(b) Date: 7/10/2024
Signature of Agency or Department Head Date

David Fuller Digitally signed by David Fuller Date: 2024.07.22 19:25:04 -04'00'

Approved/Denied by Department of Human Resources Date

Adam Greshin Digitally signed by Adam Greshin Date: 2024.07.29 12:53:04 -04'00'

Appr. DocuSigned by: Finance and Management Date: 7/29/2024 | 2:05:13 EDT

Sarah Clark Digitally signed by Sarah Clark Date: 2024.07.29 12:53:04 -04'00'

Approved/Denied by Secretary of Administration Date

[Signature] Digitally signed by [Signature] Date: 8/12/24

Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date

Comments:

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

**Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only**

| | | |
|-----------------------------------|---------------------------|---|
| Notice of Action # _____ | | Date Received (Stamp) |
| Action Taken: _____ | | |
| New Job Title _____ | | |
| Current Class Code _____ | New Class Code _____ | |
| Current Pay Grade _____ | New Pay Grade _____ | |
| Current Mgt Level _____ B/U _____ | OT Cat. _____ | EEO Cat. _____ FLSA _____ |
| New Mgt Level _____ B/U _____ | OT Cat. _____ | EEO Cat. _____ FLSA _____ |
| Classification Analyst _____ | Date _____ | Effective Date: _____ |
| Comments: _____ | | Date Processed: _____ |
| Willis Rating/Components: | Knowledge & Skills: _____ | Mental Demands: _____ Accountability: _____ |
| | Working Conditions: _____ | Total: _____ |

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Wendy Trafton, Deputy Director of Health Care Reform

6. Who should be contacted if there are questions about this position (provide name and phone number):
Wendy Trafton, Deputy Director of Health Care Reform, 802-585-4723

7. How many other positions are allocated to the requested class title in the department: None in AHS Central Office

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

DocuSigned by:
Chris McConnell
770B7BD7018C4FA...

7/3/2024

Personnel Administrator's Signature (required)*

Date

DocuSigned by:
Brendan Krause
0C445826311A404...

7/9/2024

Supervisor's Signature (required)*

Date

DocuSigned by:
Vonda W. Dalg
8496AFD85AC04E5...

7/10/2024

Appointing Authority or Authorized Representative Signature (required)*

Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

**Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only**

| | | |
|---|---------------------------|-----------------------|
| Notice of Action # _____ | | Date Received (Stamp) |
| Action Taken: _____ | | |
| New Job Title _____ | | |
| Current Class Code _____ | New Class Code _____ | |
| Current Pay Grade _____ | New Pay Grade _____ | |
| Current Mgt Level _____ B/U _____ OT Cat. _____ | EEO Cat. _____ FLSA _____ | |
| New Mgt Level _____ B/U _____ OT Cat. _____ | EEO Cat. _____ FLSA _____ | |
| Classification Analyst _____ | Date _____ | Effective Date: _____ |
| Comments: _____ | | Date Processed: _____ |
| Willis Rating/Components: | Knowledge & Skills: _____ | Mental Demands: _____ |
| | Working Conditions: _____ | Accountability: _____ |
| | Total: _____ | |

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

complex model will entail significant efforts from the State. To support those efforts, CMS is providing states that are selected with up to \$12 million in federal cooperative agreement funding over the initial 5.5 years of the model. This critical position is included in the federal cooperative agreement budget.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Wendy Trafton, Deputy Director of Health Care Reform

6. Who should be contacted if there are questions about this position (provide name and phone number): Wendy Trafton, Deputy Director of Health Care Reform, 802-585-4723

7. How many other positions are allocated to the requested class title in the department: One

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

DocuSigned by:
Chris McInnell
77DB7BD7018C4FA...

7/3/2024

Personnel Administrator's Signature (required)*

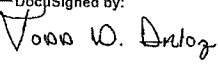
Date

DocuSigned by:
Brendan Krause
0C445826311A404...

7/9/2024

Supervisor's Signature (required)*

Date

DocuSigned by:

8496AFD85AC04E5...

*Request for Classification Action
Position Description Form C
7/10/2024 Page 4*

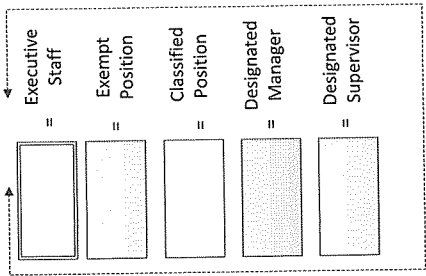
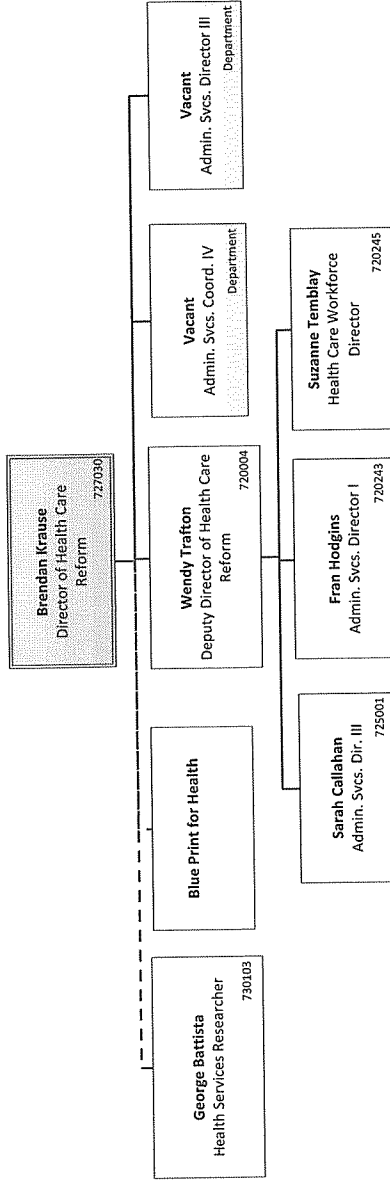
Appointing Authority or Authorized Representative Signature **(required)***

Date

* Note: Attach additional information or comments if appropriate.

Agency of Human Services Secretary's Office

Health Care Reform



Updated 6/14/24



**Vermont: AHEAD NOFO Application
BUDGET NARRATIVE V3 (5/17/24)**

A. Personnel Salaries and Wage

| Position Title | Annual Salary | % Time | Months | Amount Requested |
|--|---|---------------|---------------|-------------------------|
| AHEAD Project Director <i>Name (if known): New Position, Vacant</i> | \$130,050 in Budget Period 1 (18 months) with a 3% increase following the probationary period and annually. Starting annual salary is \$85,000. | 100% | 66 months | \$507,315 |
| Administrative Services Coordinator IV <i>Name (if known): New Position, Vacant</i> | \$91,800 in Budget Period 1 (18 months) with a 3% increase following the probationary period and annually. Starting annual salary is \$60,000. | 100% | 66 months | \$358,105 |

For job descriptions of the AHEAD Project Director and Administrative Services Coordinator IV, please refer to Appendix D.

Wendy Trafton, MPH, Deputy Director of Health Care Reform at the Vermont Agency of Human Services (AHS) will serve as the temporary AHEAD Project Director. AHS anticipates hiring a permanent AHEAD Project Director within one month of receiving a grant award.

Contact information: Email: Wendy.Trafton@vermont.gov, Phone: (802) 585-4723

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

B. Fringe Benefits

Fringe benefits are calculated based on flat fees and rates and are based on \$865,420 for two staff over 66 months as denoted in the below table:

| Fringe Benefit | Flat Fee or Rate | Amount Requested (for 2 staff over 66 months) |
|-----------------------|------------------------------|--|
| Health | Flat Fee = \$24,930 per year | \$274,230 |
| Dental | Flat Fee = \$853 per year | \$9,383 |
| Retirement | Rate = 27% | \$233,664 |
| Group Life | Rate = 0.5% | \$4,326 |

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| | | |
|------------------------------------|--------------------------|------------------|
| Employee Assistance Program | Flat Fee = \$34 per year | \$374 |
| Family and Medical Leave Insurance | Rate = 0.3711 | \$3,212 |
| Child Care | Rate = 0.33% | \$2,857 |
| Social Security & Medicare | Rate = \$7.5% | \$64,906 |
| Total | -- | \$592,952 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

C. Travel

Not applicable.

D. Equipment

Not applicable.

E. Supplies

| Items | Rate | Cost |
|---|-------------------------------------|----------------|
| Computer and monitor, software and licenses | 2 @ \$2,500 each (see detail below) | \$5,000 |
| Cell phone | 2 @ \$480 each | \$960 |
| Total | -- | \$5,960 |

The AHEAD Project Director and Administrative Services Coordinator IV are new positions and will require a computer, monitor, software, licenses, and cell phone to perform activities under this Notice of Funding Opportunity. The computers will be used solely for project-related purposes, such as preparing AHEAD contract and grant documents; disseminating AHEAD model information to the public; managing contract deliverables; and emailing with the AHEAD Model Governance Body (AMGB)¹ members, providers, other state agency partners, and the federal government. Cell phones will also be used solely for project-related purposes, such as participation in conference calls and communication with providers, AMGB members, contractors, and awardees. The prices are consistent with other Agency of Human Services (AHS) purchases. Each computer and monitor set-up is \$1,977 and the software and licenses include G3 license (Full Microsoft License) which is \$349 per person, Audio Conferencing which is \$102 per person, and Adobe DC which is \$72 per person. Since the AHEAD Project Director and Administrative Services Coordinator IV will work in a hybrid work environment (e.g., two

¹ For more information on the AMGB, refer to Section X of the Project Narrative.

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days in the office and three days remotely), they will be issued a cell phone instead of a landline phone.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$5,960 | \$0 | \$0 | \$0 | \$0 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

F. Consultant/Subrecipient/Contractual Costs

1. Contractor Supports for Model Implementation, AHEAD Model Governance Body, and Stakeholder Engagement (Contractual – Contractor #1 in Budget Workbook)

Name of Contractor: To be determined (see Method of Selection).

Method of Selection: AHS will initiate a competitive procurement process if selected to participate in the AHEAD model. The contractor will need to have appropriate expertise in Medicare, Medicaid, and Commercial insurance; project management; translating complex information into understandable formats for diverse committee members with a variety of backgrounds and skill sets; and health equity.

Period of Performance: Contractor supports for model implementation will occur during Budget Period 1 for a total of 18 months. The AMGB and Stakeholder Engagement activities will occur during all Budget Periods for a total of 66 months. Stakeholder Engagement activities will begin immediately and the AMGB will be established within six months of award.

Scope of Work:

- Convene state entities to clearly delineate and document roles and responsibilities related to the AHEAD model.
- Develop workplan, track progress, and document decisions on all AHEAD model components during the implementation period.
- Work closely with the AHEAD Project Director to define and track milestones and key performance indicators.
- Prepare materials for updates to and ongoing discussions with CMMI prior to execution of State Agreement.
- Explore potential options for establishing a public-private partnership to offer analytic supports to providers to track quality, collect and report health equity-related data, and track financial data. These supports will be made available through provider technical assistance (TA) opportunities during the Cooperative Agreement period as AHS explores additional financing models to ensure sustainability of these resources.

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- Prepare meeting materials for the AMGB and prepare for and facilitate AHEAD model-related Health Care Reform Workgroup and subgroup meetings. This will include summarizing large amounts of content to guide committee discussion and support decision-making. Types of content include quality and accountability metrics, health equity data, summaries of hospital equity plans, and implementation progress.
- Prepare meeting materials for quarterly public stakeholder meetings to increase understanding about the AHEAD model and the state’s progress in implementing the model, and to meaningfully engage the public in design decisions.

Method of Accountability: AHS will execute a contract with one or more selected contractor(s) that includes a set schedule for fixed price deliverables and/or a clear price schedule. The contract will be monitored by the AHEAD Project Director. Vendor(s) will be classified as contractors per Vermont Bulletin 5.0 Guidance Section V.C Subrecipient/Contractor Determination.

Itemized Budget and Justification: \$1,080,000. The budget anticipates \$40,000 per month for TA for model implementation support for a total of \$720,000. This is based on 115 hours x \$350 per hour per month. It also includes an estimated fixed price of \$3,000 per meeting for 24 meetings in all Budget Periods for a total of \$216,000 for 72 meetings.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$792,000 | \$72,000 | \$72,000 | \$72,000 | \$72,000 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

2. Development of Program Monitoring Framework, Statewide Quality and Equity Targets, and Statewide Health Equity Plan (Contractual Contractor #2 in Budget Workbook)

Name of Contractor: To be determined (see Method of Selection).

Method of Selection: AHS will initiate a competitive procurement process if selected to participate in the AHEAD model. The contractor will need to have expertise in total cost of care, primary care investment, quality, and health equity.

Period of Performance: Budget Period 1 for a total of 18 months.

Scope of Work:

- In collaboration with the Green Mountain Care Board (GMCB), design a statewide monitoring framework and measures for hospital global budgets to monitor access to services and other potential unintended consequences.

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- Develop Statewide Quality and Equity Targets, including review of state performance on same or similar measures and other relevant data sources, convening subject matter experts, analyzing available data, considering stratification approaches, and engaging the AMGB.
- Perform analytics to determine current benchmarks for monitoring measures and Statewide Quality and Equity measures.
- Develop Statewide Health Equity Plan with the AMGB. Consultant will leverage available state-level plans and documents, such as the State Health Improvement Plan.

Method of Accountability: AHS will execute a contract with one or more selected contractor(s) that includes a set schedule for fixed price deliverables and/or a clear price schedule. The contract will be monitored by the AHEAD Project Director. Vendor(s) will be classified as contractors per Vermont Bulletin 5.0 Guidance Section V.C Subrecipient/Contractor Determination.

Itemized Budget and Justification: \$257,250. The budget anticipates \$157,500 for stakeholder engagement and analysis needed to establish a monitoring framework and measures and Statewide Quality and Equity Targets and \$99,750 for the development of the Statewide Health Equity Plan. This estimate is based on 450 hours of work at an average rate of \$350 per hour for the development of a monitoring framework and measures and Statewide Quality and Equity Targets and 285 hours of work at an average rate of \$350 per hour for the development of the Statewide Health Equity Plan.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$257,250 | \$0 | \$0 | \$0 | \$0 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health and advance health equity.

3. Medicaid Hospital Global Budget (Contractual - Contractor #3 and #4 in Budget Workbook)

Name of Contractor: Health Management Associates (previously Wakely Consulting Group) and Manatt Health

Method of Selection: AHS has contracts with Health Management Associates and Manatt Health to provide consulting services related to the Global Commitment to Health 1115 Demonstration.

Period of Performance: Budget Period 1.

Scope of Work:

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- Provide actuarial expertise to support the development of a Medicaid Hospital Global Budget.
- Develop application to obtain authority for Medicaid Hospital Global Budget (e.g., 1115 waiver amendment or State Directed Payment).

Method of Accountability: AHS will amend current contracts or reissue procurements for consulting services, as needed, for this scope of work. The AHEAD Project Director will work closely with the Director of Operations for ACO Programs to monitor the contract deliverables and payments.

Itemized Budget and Justification: \$200,000. The budget is based on costs for similar 1115 waiver activities and anticipates 200 hours of work for the application materials and an additional 200 hours of actuarial expertise at an average rate of \$500 per hour.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$200,000 | \$0 | \$0 | \$0 | \$0 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

4. Provider Technical Assistance (TA) (Contractual - Contractor #5 and #6 in Budget Workbook)

Name of Contractor: For work related to information sessions to hospitals, the contractor is Mathematica Policy Research. For work related to Vermont-specific TA to hospitals and primary care practices, the contractor is to be determined (see Method of Selection).

Method of Selection: For work related to information sessions for hospitals, AHS will execute a Memorandum of Understanding with GMCB. The GMCB currently contracts with Mathematica Policy Research and will update its contract to include this scope of work. To select a contractor for services related to Vermont-specific TA for hospitals and primary care practices, AHS will initiate a competitive procurement process if Vermont is selected to participate in the AHEAD model. AHS anticipates selecting several contractors to offer a defined list of TA options to eligible participating providers.

Period of Performance: Information sessions for hospitals will occur in Budget Period 1. All other activities will occur over all budget periods, for a total of 66 months.

Scope of Work:

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- Provide two information sessions per hospital to present and explain hospital-specific hospital global budget modeling prior to the first implementation year to support recruitment.
- Provide VT-specific TA to hospitals and primary care practices to support transformation activities that promote AHEAD model goals. AHS will also encourage participation in TA opportunities and learning collaboratives offered by the federal government. AHS anticipates that there will be additional need for hospital and primary care participants to engage in TA projects geared to the unique circumstances of the state's health care and delivery system, such as VT-specific hospital global budget methodologies and care delivery requirements that align with the Blueprint for Health. Opportunities will be available to participating hospitals and primary care practices, as well as providers that indicate interest in participating and that can demonstrate that the TA will significantly advance their readiness to participate.
 - AHS will accept proposals from individual and cohorts of hospital providers and issue approvals to selected providers to work with a contracted TA provider(s). TA provider(s) will be available to work on focused activities such as implementing hospital global budgets, developing analytic dashboards to track quality and financial data, reducing health inequities, improving care delivery, collecting and utilizing demographic and HRSN data, and collaborating with community-based providers to support discharge planning and care transitions, as well as convening learning collaboratives and offering quality improvement facilitation.
 - AHS will accept proposals from individual and cohorts of primary care providers and issue approvals to selected providers to work with a contracted TA provider(s). TA provider(s) will be available to work on focused activities such as Merit-Based Incentive Payment System (MIPS) requirements, developing analytic dashboards to track quality and financial data, reducing health inequities, movement to capitated payment models, collecting and utilizing demographic and HRSN data, and quality reporting.

Method of Accountability: AHS will execute a contract with one or more selected contractor(s) that includes a clear price schedule and/or fixed price deliverables. The contract(s) will be monitored by the AHEAD Project Director.

Itemized Budget and Justification: \$3,723,418. The budget anticipates \$175,000 for hospital information sessions in Budget Period 1. This estimate is based on hourly rates in the current contractor's contract x 2 information sessions x 14 hospitals. It anticipates \$3,548,418 total over five Budget Periods for TA to hospitals and primary care practices to support transformation activities. Provider TA is anticipated to begin in July 2025. Although the selection of activities out of the options presented will be based on provider applications and stakeholder engagement, the budget is based on average estimated project costs as denoted in the table below.

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| Budget Period | Hospital Information Sessions | Learning Collaboratives | Larger TA Projects | Smaller TA Projects |
|-----------------|--|---|---|--|
| Budget Period 1 | Two information sessions averaging \$6,250 each per session for 14 hospitals (\$175,000 total) | | Four larger TA Projects averaging \$46,071.50 per project (\$184,286 total) | |
| Budget Period 2 | | One Learning Collaborative at \$300,000 | Nine larger TA Projects averaging \$50,068.44 per project (\$450,616 total) | Five smaller TA projects averaging \$10,000 per project (\$50,000 total) |
| Budget Period 3 | | One Learning Collaborative at \$300,000 | Nine larger TA Projects averaging \$49,372.67 per project (\$444,354 total) | Five smaller TA projects averaging \$10,000 per project (\$50,000 total) |
| Budget Period 4 | | One Learning Collaborative at \$300,000 | Eleven larger TA Projects averaging \$48,900.18 per project (\$537,902 total) | Five smaller TA projects averaging \$10,000 per project (\$50,000 total) |
| Budget Period 5 | | One Learning Collaborative at \$300,000 | Eleven larger TA Projects averaging \$48,296.36 per project (\$531,260 total) | Five smaller TA projects averaging \$10,000 per project (\$50,000 total) |

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$359,286 | \$800,616 | \$794,354 | \$887,902 | \$881,260 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

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5. Calculate All-Payer and Medicare TCOC, Quality and Equity Measures, and Monitoring Measures (Contractual - Contractor #7 in Budget Workbook)

Name of Contractor: To be determined (see Method of Selection). AHS will execute a Memorandum of Understanding with GMCB. GMCB will issue a competitive request for proposals.

Method of Selection: GMCB will initiate a competitive procurement process if Vermont is selected to participate in the AHEAD model.

Period of Performance: All budget periods for a total of 66 months. GMCB anticipates having base funding for a portion of this scope of work starting in Budget Period 4 once the VTAPM reporting requirements are completed in June 2027.

Scope of Work:

- Modify current All-Payer Total Cost of Care benchmark specifications, if needed; model and develop trend assumptions; and complete analytics and reporting for All-Payer Total Cost of Care in Performance Years 1 and 2 (Calendar Years [CYs] 2026 and 2027). GMCB base budget funds will be used once reporting is completed for the current Vermont All-Payer Accountable Care Organization Model Agreement.
- Modify current Medicare Total Cost of Care benchmark specifications, develop assumptions, and complete analytics and reporting for Medicare Total Cost of Care in Performance Years 1 and 2 (CYs 2026 and 2027). GMCB base budget funds will be used once reporting is completed for the current Vermont All-Payer Accountable Care Organization Model Agreement.
- Complete calculation of selected Core Statewide Measures utilizing defined specifications from the applicable measure steward for baseline rates and in Performance Years 1 and 2. GMCB base budget funds will be used once quality measurement is completed for the current Vermont All-Payer Accountable Care Organization Model Agreement.
- Complete calculation of monitoring measures developed in Section F.2.

Method of Accountability: GMCB will execute a contract with one or more selected contractor(s) that includes a clear price schedule, task orders and/or fixed price deliverables. The contract(s) will be monitored by the GMCB's Health Policy Project Director.

Itemized Budget and Justification: \$1,275,000. The budget anticipates \$300,000 per Budget Period 1-3 with an additional \$175,000 in Budget Period 1 for All-Payer TCOC trend development, modification to specifications for TCOC and primary care spend, and implementation of statewide quality and equity measures and monitoring. The budget anticipates \$100,000 per Budget Period 4-5 for calculation of monitoring measures. The estimate is based on current costs for similar activities under the VTAPM and assumes a reduction in reporting requirements for the VTAPM in Budget Period 2 and 3 and no reporting

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requirements for the VTAPM in Budget Period 4 and 5 which would allow GMCB to utilize base funding for a portion of the activities.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$475,000 | \$300,000 | \$300,000 | \$100,000 | \$100,000 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

6. AHEAD Health Systems Health Equity Grants (Subrecipient)

Name of Subrecipient: To be determined (see Method of Selection).

Method of Selection: AHS will release a competitive grant award process to select subrecipient grantee(s) to complete one or more capacity-building initiatives that align with priorities established by the AMGB in the Statewide Health Equity Plan which will be developed by June 2025.

Nature of Services to be Rendered:

- Provide capacity-building grants to support health systems health equity goals delineated in the Statewide Health Equity Plan. The AMGB will select one or more initiatives each year to advance health equity within health systems through high priority activities outlined in the Statewide Health Equity Plan. Focus areas will include, but not be limited to, building mental health and substance use disorder infrastructure and capacity, integration of community services referrals, and supporting population health activities that align with quality and equity measures. Grant projects will be selected through a competitive process.

Method of Accountability: AHS will execute grant agreements with selected subrecipients. A financial workbook must be submitted to and approved by AHS prior to issuing payments. The grants will be monitored by the AHEAD Project Director.

Itemized Budget and Justification: \$1,300,000. The budget anticipates providing \$250,000 in health equity grants in Budget Periods 2 - 3 and increasing amounts in Budget Periods 4 – 5 to \$400,000.

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$0 | \$250,000 | \$250,000 | \$400,000 | \$400,000 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health and advance health equity.

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7. All-Payer Hospital Global Payment/Budget Program Design and Implementation
(Contractual - Contractor #8 in Budget Workbook)

Name of Contractor: To be determined (see Method of Selection). AHS will execute a Memorandum of Understanding with GMCB. GMCB will issue a competitive request for proposals for one or more contractors to support the further development and implementation of Medicare and commercial hospital global payment specifications and an integrated all-payer hospital global budget process to ensure alignment across payer programs, with the statewide accountability targets, and with the statewide quality and equity measures.

Method of Selection: GMCB will initiate a competitive procurement process if Vermont is selected to participate in the AHEAD model. The contractor will need to have appropriate expertise in commercial payment methodologies and actuarial expertise.

Period of Performance: Most of the activities occur in Budget Period 1 (see Activities 1 – 3). Funding included for Budget Period 2 through 5 listed in Activity 4 below are for annual calculation of commercial and Medicare global payments and on-going refinements of methodologies as needed to align with hospital transformation activities and ensure payment incentives are modified if needed in response to unintended consequences.

Scope of Work:

- Activity 1: Design All-Payer Hospital Global Payments.
 - Refine Vermont-Specific Medicare Hospital Global Payment Specification – Vermont intends to submit a state-specific Medicare payment specification by July 1st. During Budget Period 1, the specification may need refining based on the outcomes of CMMI discussions.
 - Finalize Commercial Hospital Global Payment design and produce a methods paper and specification. This includes additional analyses beyond those completed to date to move from concept to specification.
 - Align global payments across payers once Medicaid Global Payment Design is approved by the Centers for Medicare and Medicaid Services. Vermont anticipates additional changes or refinements to other payer programs will be needed to avoid misaligned incentives.
 - Support GMCB’s engagement with stakeholders and the public through existing stakeholder groups and public Board meetings.
- Activity 2: Develop and implement a data strategy to support all-payer hospital global payments.
 - Produce a report that includes additional data requirements and necessary changes to support implementation and minimize administrative burden to providers.
 - Update data collection processes and definitions as necessary in preparation for reporting changes.

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- Build and/or enhance new data collection system framework to allow for new and expanded data collection and validate data.
- Design data reports that are needed for rate-setting, global payment calculation, and regulatory process.
- Support GMCB's engagement with stakeholders and the public through existing stakeholder groups and public Board meetings.
- Activity 3: Assess and develop design strategies, including a new process flow and incorporation of global payment specifications, for GMCB hospital budget review process to align with All-Payer Hospital Global Payment Programs.
 - Develop a specification for all-payer, hospital-wide budget adjustments, including how to track and build service line adjustments, and test budget specifications.
 - Support modification of current GMCB rules.
 - Educate board members on new process and payment model.
- Activity 4: Implement commercial and Medicare global payments and redesigned budget process annually.
 - Model annual adjustments.
 - Calculate commercial and Medicare specifications in alignment with design work completed in the "Design All-Payer Hospital Global Payments" scope of work.
 - Engage with hospitals and payers (including CMMI) to validate data and modeling.
 - Support continued evolution of and improvements to specifications and GMCB rules in Budget Period 2 and beyond.
 - Support presentations at public meetings and model additional information needed for decision-making.

Method of Accountability: GMCB will execute a contract with one or more selected contractor(s) that includes a clear price schedule or fixed price deliverables. The contract(s) will be monitored by the GMCB's Director of Health Systems Finance.

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Itemized Budget and Justification:

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$1,500,000 | \$300,000 | \$300,000 | \$250,000 | \$250,000 |

Budget Period 1

- Activity 1: Budget Period 1 - \$400,000, estimated at \$200 per hour for 2,000 hours of work based on existing contracts and experience.
- Activity 2: Budget Period 1 - \$350,000, estimated at \$200 per hour for 1,750 hours of work based on existing contracts and experience.
- Activity 3: Budget Period 1 - \$750,000, estimated at \$200 per hour for 3,750 hours of work based on existing contracts and experience.
 - Total Activities 1-3 for Budget Period 1 = \$1,500,000

Budget Periods 2-5

- Activity 4: Budget Periods 2-3 - \$300,000 annually, estimated at \$200 per hour for 1,500 hours of work based on existing contracts and experience. This will be reduced to \$250,000 in Budget Periods 4-5 for \$200 per hour for 1,250 hours of work. This reduction anticipates an increase in staff or state funding for this activity.

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

G. Construction

Not applicable.

H. Other

1. Accommodations, Meeting Space, and Stipends for the AHEAD Model Governance Body

Itemized Budget and Justification:

| Items | Rate | Cost |
|---|--|----------|
| Stipends for participating in meetings and meeting preparation for participants that are not paid by an employer to participate in the meetings. | \$75 per meeting and an additional \$75 for meeting preparation for 72 meetings (24 in Budget Period 1 and 12 per Budget Period each additional year) for 5 participants | \$54,000 |
| Individual-specific accommodations to ensure meaningful participation from individuals representing populations experiencing health inequities. Funding | \$500 per meeting for 72 meetings (24 in Budget Period 1 and 12 per Budget Period each additional year) | \$36,000 |

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| Items | Rate | Cost |
|---|--|------------------|
| could be used for language interpreters, personal care attendant support, and communication assistants. | | |
| Meeting Space, if needed, for quarterly public meetings. Meeting spaces will be informed by the AMGB to ensure spaces are welcoming and accessible to populations impacted by health disparities. | \$500 per meeting for 20 meetings (4 in-person meetings per Budget Period) | \$10,000 |
| Total | | \$100,000 |

The State of Vermont is requesting funding for participation in AMGB meetings and meeting preparation for participants that are not paid by an employer to participate in the meetings. These participants will likely be from populations experiencing health disparities in Vermont and will be providing information about how to advance health equity from the perspective of impacted communities. Stipend amounts may vary depending on the length of the meeting and amount of pre-meeting work required. For meetings up to 2 hours, the State will provide a stipend of \$50. For longer meetings, the State will provide a stipend of \$75. The State will provide a stipend of \$25 per hour with a maximum of \$75 for meeting preparation when AMGB members are expected to prepare for meetings. The rate is consistent with the minimum living wage for a single adult with no children in the Burlington-South Burlington VT area.² While the rate is higher than the amount paid for some other advisory structures, the rate is necessary to ensure that the AMGB can effectively maintain participation from communities and individuals affected by health inequities. Vermont’s Health Equity Advisory Commission recently reported challenges with attendance due to limitations with a \$50 per meeting rate structure which is in effect for a number of Vermont advisory structures.³ If the AMGB were to adopt the same rate structure and struggle with participation from impacted communities, it would negatively impact the State’s ability to meet one of the primary AHEAD goals – advancing health equity.

The Americans with Disabilities Act requires state governments to make reasonable accommodations to make sure a person with a disability can access government activities. Individuals with disabilities experience health disparities in Vermont. The State of Vermont will seek to include individuals with disabilities as members of the AMGB to support the AHEAD goal of advancing health equity. Once individuals are selected for the AMGB, the State will use a person-centered approach to determine what necessary meeting modifications or accommodations will be provided to selected individuals to enable full participation at meetings. The State of Vermont will pay reasonable rates for services that are identified as necessary for AMGB duties. Budgeted costs are based on accommodations or supports that are

² See: [Living Wage Calculator - Living Wage Calculation for Burlington-South Burlington, VT \(mit.edu\)](#).

³ See [HEAC-Annual-Report 02152023 2100-.pdf \(vermont.gov\)](#) (page 5)

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identified in white papers and briefs as best practices.⁴ Anticipated accommodations include American Sign Language or other language interpreters, personal care attendants and communication assistants.

Some individuals with disabilities often have difficulty getting around in the community and performing self-care and everyday tasks independently. Individuals with these needs are able to participate in community activities, such as the AMGB, with the support of personal care attendants. Personal care attendants provide assistance that is responsive to the unique needs of the individual. For example, they may assist an individual to transfer from a car/van to a wheelchair, use the toilet, eat, or take medications. If an AMGB member requires the service of a personal care attendant to participate in AMGB meetings and meeting preparation, funding would be provided to pay the labor costs of these services specific to AMGB duties only.

Individuals with disabilities may need a support person or device to communicate. Funding could be used for labor costs for the support person for tasks related to AMGB duties such as assisting with a communication device or assisting an individual to express themselves during a meeting. Funding could also be used for a Communication Access Realtime Translation (CART) reporter if a AMGB member needed this accommodation to understand spoken words during the meeting.

The \$500 per meeting cost is an estimated average cost of rental space at community-based locations. This is inclusive of costs that may be charged by the location for use of space during non-traditional hours, AV, room set-up, and cleaning. This line item is included to allow the AMGB to utilize meeting space that is welcoming to individuals from populations experiencing health inequities. Final locations will be informed by the members of the AMGB. The inclusion of this cost is responsive to recommendations made by the Health Equity Advisory Commission (see page 7, recommendation 4).

| Budget Period 1 (7/24 – 12/25) | Budget Period 2 (CY26) | Budget Period 3 (CY27) | Budget Period 4 (CY28) | Budget Period 5 (CY29) |
|-----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| \$32,000 | \$17,000 | \$17,000 | \$17,000 | \$17,000 |

Funding in this area seeks to advance the following AHEAD model goals: improve population health, advance health equity, and curb healthcare cost growth.

⁴ See Engaging People Who Receive Services: A Best Practice Guide (page 7- 9) which indicates strategies for ensuring full participation and effective communication supports, including offering interpretation, translation, captioning services, pre-meetings, meeting materials for review in advance, personal care attendants, and accessible physical space.

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I. Total Direct Costs

| Category | Total Amount |
|--|---------------------|
| A. Personnel | \$865,420 |
| B. Fringe | \$592,952 |
| C. Travel | \$0 |
| D. Equipment | \$0 |
| E. Supplies | \$5,960 |
| F. Consultant/Subrecipient/Contractual Costs | \$10,435,668 |
| G. Construction | \$0 |
| H. Other | \$100,000 |
| Total | \$12,000,000 |

J. Indirect Costs

The State of Vermont is not requesting indirect costs.

Sustainability Plan

Many of the activities included in the Cooperative Agreement budget are one-time expenditures. The table below denotes which items or activities are intended to be one-time costs and which activities are intended to be ongoing costs. Ongoing costs will be incorporated into AHS and GMCB budget requests to the Governor and Vermont Legislature. The timeline to develop state budget requests for additional ongoing costs not funded by the Cooperative Agreement will begin in September 2025 for state fiscal year (SFY) 2026, effective July 2026. Starting in September 2028, AHS and GMCB will develop SFY 2030 budgets. The Governor will present the Governor’s budget to the Legislature in January 2029. Once the budget passes both the Vermont House and Senate, it will go back to the Governor for signature for enactment effective July 2029. If funding is not secured for the SFY30 budget, responsibilities of the AHEAD Project Director, Administrative Services Coordinator, and GMCB contractors will be assumed by other state staff. The Director of Health Care Reform and Executive Director of the GMCB will be responsible for ensuring necessary activities are continued.

Expected Timeframe for Cooperative Agreement Funding

| Budget Category | Funding Type | Ongoing Activity Approach |
|---------------------------------|----------------------------------|---|
| Personnel, Fringe, and Supplies | Potential ongoing funding needed | AHS will evaluate if ongoing functions of the AHEAD Project Director or Administrative Services Coordinator can be incorporated into the job responsibilities of other AHS employees. If necessary, AHS will request extension of one or both of the limited service positions through the budget process. Fringe costs and supplies would be included. |

**Vermont: AHEAD NOFO Application
BUDGET NARRATIVE V3 (5/17/24)**

| Budget Category | Funding Type | Ongoing Activity Approach |
|--|----------------------------------|--|
| Contractor Supports for Model Implementation | One-Time | N/A |
| Contractor Supports for the AMGB and Stakeholder Engagement | Potential ongoing funding needed | AHS will evaluate if contractor support can be incorporated into the job responsibilities of AHS employees. If necessary, AHS will request ongoing funding through the budget process. |
| Statewide Quality and Equity Targets and Statewide Health Equity Plan | One-time | N/A |
| Medicaid Hospital Global Budget | One-time | N/A |
| Provider TA | One-time | TA opportunities are intended to be time-limited and will end after Budget Period 5. Analytic supports will be covered by fees paid by data and analytic report users. |
| Calculate All-Payer and Medicare TCOC, Quality and Equity Measures, and monitoring measures. | One-time | GMCB base budget funds are available following the conclusion of VTAPM reporting in June 2027. GMCB will seek funding through the budget process for ongoing calculation of monitoring measures. |
| Health Systems Health Equity Grants | One-time | Grants are intended to be time-limited and will end after Budget Period 5. |
| All-Payer Hospital Global Payment/Budget Program Design and Implementation | One-time, with one exception | GMCB will seek funding through the budget process for implementation of commercial and Medicare global payments including contractor support to model annual adjustments, calculate commercial and Medicare specifications, validate data and modeling with hospitals and payers (including CMMI), support continued evolution of and improvements to specifications and GMCB rules, and support presentations at public meetings. Additional staff or state funding will likely be included in the budget process to supplement Budget Periods 4 and 5 Cooperative Agreement funding. |
| Other | Ongoing | AHS will seek ongoing funding for the AMGB stipends, accommodations, and meeting space through the budget process. |

Vermont: AHEAD NOFO Application
BUDGET NARRATIVE V3 (5/17/24)

Acknowledgement

If selected for award, the State of Vermont will notify CMS of the contractors or subrecipients selected, once those decisions have been determined. The State will also update any of the budget information previously provided, if it changes as a result of the selection of the contractor or subrecipient. The State acknowledges and assures that costs will be itemized before funds are released to support contractors.



Recipient Information

- 1. Recipient Name**
HUMAN SERVICES VERMONT AGENCY OF
280 State Dr
Waterbury, VT 05671-9501
[NO DATA]
- 2. Congressional District of Recipient**
00
- 3. Payment System Identifier (ID)**
1036000264D4
- 4. Employer Identification Number (EIN)**
036000264
- 5. Data Universal Numbering System (DUNS)**
809376155
- 6. Recipient's Unique Entity Identifier (UEI)**
YLQARK22FMQ1
- 7. Project Director or Principal Investigator**

Wendy Trafton
Deputy Director of Health Care Reform
wendy.trafton@vermont.gov
802-585-4723
- 8. Authorized Official**

Ms. Judith Morse
Financial Manager
judith.morse@vermont.gov
802-241-0445

Federal Agency Information

- Office of Acquisitions and Grants Management
- 9. Awarding Agency Contact Information**
Ms. Courtney Whitten
Grants Management Specialist
courtney.whitten@cms.hhs.gov
410-786-0362
- 10. Program Official Contact Information**
Ms. Kathy Chaney
Management Analyst
mary.chaney1@cms.hhs.gov
667-290-9931

Federal Award Information

- 11. Award Number**
4S4CMS331906-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
4S4CMS331906
- 13. Statutory Authority**
Section 1115A of the Social Security Act
- 14. Federal Award Project Title**
Vermont's Application to the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model
- 15. Assistance Listing Number**
93.968
- 16. Assistance Listing Program Title**
States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

| | | | |
|---|------------|-------------------|----------------|
| 19. Budget Period Start Date | 07/01/2024 | - End Date | 12/31/2025 |
| 20. Total Amount of Federal Funds Obligated by this Action | | | |
| 20a. Direct Cost Amount | | | \$4,000,000.00 |
| 20b. Indirect Cost Amount | | | \$4,000,000.00 |
| 21. Authorized Carryover | | | \$0.00 |
| 22. Offset | | | \$0.00 |
| 23. Total Amount of Federal Funds Obligated this budget period | | | \$0.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | | | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | | | \$4,000,000.00 |
| 26. Period of Performance Start Date | 07/01/2024 | - End Date | 12/31/2029 |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance | | | \$4,000,000.00 |

- 28. Authorized Treatment of Program Income**
ADDITIONAL COSTS
- 29. Grants Management Officer - Signature**
Jamic Atwood
Sr. Grants Policy Specialist

30. Remarks

Funds have been authorized in accordance with the final negotiated budget dated May 17, 2024, conditional upon the restrictions noted in the Recipient Specific Terms and Conditions.

Please see the attached Recipient Specific, Program, and Standard Terms and Conditions.



| |
|---|
| <p>Recipient Information</p> <p>Recipient Name HUMAN SERVICES VERMONT AGENCY OF 280 State Dr Waterbury, VT 05671-9501 [NO DATA]</p> <p>Congressional District of Recipient 00</p> <p>Payment Account Number and Type 1036000264D4</p> <p>Employer Identification Number (EIN) Data 036000264</p> <p>Universal Numbering System (DUNS) 809376155</p> <p>Recipient's Unique Entity Identifier (UEI) YLQARK22FMQ1</p> |
|---|

| |
|---|
| <p>31. Assistance Type Cooperative Agreement</p> <p>32. Type of Award Other</p> |
|---|

| | |
|---|-----------------------|
| 33. Approved Budget (Excludes Direct Assistance) | |
| I. Financial Assistance from the Federal Awarding Agency Only | |
| II. Total project costs including grant funds and all other financial participation | |
| a. Salaries and Wages | \$221,850.00 |
| b. Fringe Benefits | \$156,654.00 |
| c. Total Personnel Costs | \$378,504.00 |
| d. Equipment | \$0.00 |
| e. Supplies | \$5,960.00 |
| f. Travel | \$0.00 |
| g. Construction | \$0.00 |
| h. Other | \$32,000.00 |
| i. Contractual | \$3,583,536.00 |
| j. TOTAL DIRECT COSTS | \$4,000,000.00 |
| k. INDIRECT COSTS | \$0.00 |
| l. TOTAL APPROVED BUDGET | \$4,000,000.00 |
| m. Federal Share | \$4,000,000.00 |
| n. Non-Federal Share | \$0.00 |

| 34. Accounting Classification Codes | | | | | | | |
|--|--------------|---------------------|--------------|----------|---------------------------------|---------------|--|
| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION | |
| 4-5991951 | 4S4331906A | 4S4 | 4158 | 93.968 | \$4,000,000.00 | 75-X-0522 | |