



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: November 23, 2022
Subject: Limited-Service Position(s) Request – JFO #3127

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO Request #3127: Four (4) limited-service positions to the Vermont Agency of Human Services, Department of Mental Health to help manage the influx of additional funding for the Home and Community-Based Services Initiative. Business Project Manager, to coordinate all efforts; Mental Health Analyst III to meet data compilation, analysis and reporting requirements; and DMH Care Manager, and Mental Health Children's Care Manager needed to implement conflict-free case management. Positions are funded under the Medicaid HCBS FMAP Spending Plan and covered through March 31, 2025.

[Received November 14, 2022]

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. Unless we hear from you to the contrary by December 9, 2022, we will assume that you agree to consider as final the Governor's acceptance of this request.



State of Vermont

Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

MEMORANDUM

TO: Joint Fiscal Committee members
FROM: Emily Hawes, Commissioner, Department of Mental Health (DMH)
CC: Agency of Human Services (AHS) Secretary's Office
DATE: September 16, 2022
RE: Request for Limited-Service Positions

Dear JFO Committee members:

Please review this request packet for the creations of four limited-service positions for DMH. All positions have been allocated funds from the Home- and Community-Based Services (HCBS) enhanced Federal Medical Assistance Percentage (FMAP) to support activities that are supported by this same funding source. The position term lengths align with the allowable expenditure period of these funds, 3/31/2025. We have included all supporting documentation with the intent to ease an expedited review. Please do not hesitate to contact me with any questions or need for further clarification.

DMH is requesting the following four (4) positions:

1. **Job Title:** Business Project Manager
Existing Class: 085250
Pay Grade: 26
Funding Source: Medicaid; HCBS-FMAP
2. **Job Title:** MH Analyst III
Existing Class: 488600
Pay Grade: 25
Funding Source: Medicaid; HCBS-FMAP
3. **Job Title:** DMH Care Manager [Adult]
Existing Class: 512900
Pay Grade: 26
Funding Source: Medicaid; HCBS-FMAP
4. **Job Title:** Children's MH Care Manager
Existing Class: 511900
Pay Grade: 25
Funding Source: Medicaid; HCBS-FMAP

Respectfully submitted,

DocuSigned by:
Emily Hawes
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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 / Department of Mental Health Date: 09/12/2022

Name and Phone (of the person completing this request): Lee Dorf; 802-585-0885

Request is for:

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

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

Centers for Medicare & Medicaid Services (CMS); Medicaid Home and Community Based (HCBS) opportunity from Section 9817 of the American Rescue Plan Act of 2021; enhanced federal medical assistance percentage (FMAP). Attached is the latest approval letter.

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
Business Project Manager	1	Operations	3/31/2025
MH Analyst III	1	Research & Statistics	3/31/2025
DMH Care Manager	1	Adult Care Management	3/31/2025
MH Children's Care Manager	1	Child/Adol/Family Unit	3/31/2025

Staffing activities are covered under Section 3(e) of the HCBS FMAP Spending Plan

*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:

Given the influx of additional funding for additional home- and community-based services (HCBS) initiatives, additional positions are needed to support and coordinate the work. The Project Manager will be necessary to coordinate all efforts, facilitate progress, and ensure all items are tracked and reported on effectively. The MH Analyst is needed in order to be able to meet the added data compilation, analysis, and reporting requirements for HCBS projects. The care managers are needed to initiate the implementation of the conflict-free case management. The State will be required to review all HCBS program admissions for eligibility.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Signature of Agency or Department Head: Vera W. Dwyer Date: 9/27/2022
 DocuSigned by: Emily Hawes Date: 9/16/2022
CS0275615A02462

Approved/Denied by Department of Human Resources: Aimee Pope Date: 2022.09.29 07:37:08 -04'00'

Approved/Denied by Department of Human Resources: Adam Greshin Date: 2022.10.20 14:19:10 -04'00'

Approved/Denied by Department of Administration: Douglas Farnham Date: 10/24/2022
41948B1C0A36415...

Approved/Denied by Secretary of Administration: [Signature] Date: 11/10/22

Approved/Denied by Governor (required as amended by 2019 Leg. Session): [Signature] Date: 11/10/22

Comments:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Disabled and Elderly Health Programs Group

July 15, 2022

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

Dear Commissioner DeLaBruere:

We are pleased to inform you that Vermont's federal fiscal year 2022 quarter 4 spending plan and narrative continue to meet the requirements set forth in the May 13, 2021, Centers for Medicare & Medicaid Services (CMS) State Medicaid Director Letter (SMDL) # 21-003 and SMDL # 22-002. Vermont can begin implementing all of the activities in the spending plan and narrative and qualifies for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP). We have approved the temporary 10 percentage point increase to the state's FMAP for certain Medicaid HCBS listed in Appendix B of SMDL #21-003. The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022.

Full approval of the spending plan and narrative is conditioned upon the state's continued compliance with program requirements as stated in SMDL #21-003 and SMDL # 22-002. These requirements are in effect as of April 1, 2021, and continue until March 31, 2025, or until the state has fully expended the funds attributable to the increased FMAP, whichever comes first.

It is important to note that CMS approval of the spending plan and narrative solely addresses the state's compliance with the applicable requirements set forth under section 9817 and fulfillment of the requirements as stated in SMDL # 21-003 and SMDL # 22-002. This spending plan approval does not constitute approval for purposes of claiming federal financial participation (FFP). Approval of any activity in your state's spending plan does not provide approval to claim FFP for any expenditures that are not eligible for FFP. States must continue to comply with all existing federal requirements for allowable claims, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37 Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

States should follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including state plan amendments and section 1115 demonstrations, and other managed care authorities (as applicable), if they are making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP

to pay the state share of the costs associated with those changes. CMS is available to provide continued technical assistance to states when implementing changes to HCBS programs under this provision. Furthermore, states should follow the applicable rules and processes for claiming FFP for Medicaid administrative costs, including, if necessary, updating the state's Public Assistance Cost Allocation Plan to reference methodologies, claiming mechanisms, interagency agreements, and other relevant issues that will be used when claiming and appropriately allocating costs.

General Considerations

As part of this approval, CMS is noting the following:

- CMS expects your state to notify CMS as soon as possible if your state's activities to enhance, expand, or strengthen HCBS under ARP section 9817:
 - Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;
 - Are focused on services delivered in Institutions for Mental Diseases (IMD) or other institutional settings, providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional settings (which CMS would not find to be a permissible use of funds, unless the state can demonstrate that the activity supports institutional diversion or community transition or otherwise supports the intent of ARP section 9817);
 - Include room and board (which CMS would not find to be a permissible use of funds); and/or
 - Include activities other than those listed in Appendices C and D.

CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.

- HCBS provider pay increases funded through the 10 percent temporary increased FMAP will require an updated rate methodology. For section 1915(c) waiver programs, states are required to submit a waiver amendment for any rate methodology change. If retrospective approval will be required, the state should make the change in the Appendix K application.
- Consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. The state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors.
- States providing HCBS through a managed care delivery system must comply with applicable federal requirements, including 42 C.F.R. part 438. States must also ensure that appropriate authority is granted for the services and activities to be covered as well as to deliver such services and activities through a managed care delivery system. Additionally, states will need to assess implications for its managed care plan contracts and actuarially

sound capitation rates in order to operationalize any programmatic changes. States that seek to contractually require their managed care plans to increase HCBS provider payments must adhere to federal requirements for state directed payments in accordance with 42 C.F.R. § 438.6(c), including prior approval as required. CMS is available to provide technical assistance to states related to these requirements.

- If your state is reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, your state should be clear with stakeholders in your state's stakeholder engagement activities, as well as in submissions to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.
- Please note that, if your state is reducing or eliminating a waiting list for a section 1915(c) waiver program as part of the state's activities to enhance, expand, or strengthen HCBS under ARP section 9817, the state cannot use the funds attributable to the increased FMAP to pay for approved capacity as of April 1, 2021. The state must increase the Factor C to establish additional waiver slots and can only use the funds attributable to the increased FMAP to pay for services for individuals who are newly enrolled in the waiver program directly as a result of the increase in Factor C.

CMS is also clarifying that, if your state increases the number of section 1915(c) waiver slots and enrolls additional individuals who are not already Medicaid eligible into the waiver program as a result, the state will have an increase in non-HCBS Medicaid expenditures as a result of the increase in waiver program enrollment. In this situation, the state can use the funds attributable to the increased FMAP to pay for community-based Medicaid expenditures, including community-based state plan services not listed in Appendix B, for individuals who become Medicaid eligible because of the state increase in the number of waiver slots as part of a state's activities to expand, enhance, or strengthen HCBS under ARP section 9817. However, your state cannot use the funds attributable to the increased FMAP to pay for institutional services for those individuals, as this would be inconsistent with the intent of ARP section 9817. Your state should clearly indicate in the spending plan and narrative if the state is using the funds attributable to the increased FMAP to pay for community-based state plan services not listed in Appendix B for individuals who become Medicaid eligible because of the increase in the number of waiver slots.

Other Information Related to the State's Spending Plan and Narrative Submissions

Effective June 3, 2022, states are only required to submit an HCBS spending narrative semi-annually (every other quarter), rather than quarterly; HCBS spending narratives are due 75 days before the start of every other federal fiscal quarter until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended. The next HCBS spending narrative is due 75 days before the quarter beginning October 1, 2022 (federal fiscal year 2023 quarter 1). Please note the frequency for submitting the HCBS spending plan is not changing. States must continue to submit an HCBS spending plan 75 days prior to the beginning

Page 4 – Andrea DeLaBruere

of each federal fiscal quarter until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended.

Vermont's next spending plan and narrative are due July 18, 2022. Please refer to SMDL # 21-003 and SMDL # 22-002 for information on the reporting process.

Your state's spending narrative submissions should:

- Describe how the state intends to sustain the activities it is implementing to enhance, expand, or strengthen HCBS under the Medicaid program including how the state intends to sustain its planned provider payment increases;
- Provide information on the amount or percentage of any rate increase or additional payment per provider and the specific Medicaid authorities under which the state will be making those rate changes or payments, if applicable;
- Clearly indicate if your state has or will be requesting approval for a change to an HCBS program and be specific about which HCBS program, which authority it operates under, and when you plan to request the change;
- Clearly indicate whether your state plans to pay for capital investments or ongoing internet connectivity costs as part of any activity to enhance, expand, or strengthen HCBS. Capital investments and ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments and ongoing internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP;
- Provide updated information (as appropriate) on the status and details of the state's proposed activities to enhance, expand, or strengthen HCBS; and
- Make other revisions needed to: update or modify the state's planned activities to enhance, expand, or strengthen HCBS; and report on the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS.

Your state's spending plan submissions should:

- Provide projected and actual spending amounts for each of the state's planned activities to enhance, expand, or strengthen HCBS. In those projections, clearly identify if the state intends to draw down FFP for any activities, as well as the amount of state and federal share for any activities for which the state plans to claim FFP and whether those activities will be eligible for the HCBS increased FMAP under ARP section 9817;
- Update the amount of funds attributable to the increase in FMAP that the state has claimed and/or anticipates claiming between April 1, 2021, and March 31, 2022; and
- Update anticipated and/or actual expenditures for the state's activities to enhance, expand, or strengthen HCBS under the state Medicaid program between April 1, 2021, and March 31, 2025.

We extend our congratulations on this approval and look forward to working with you further throughout the implementation of ARP section 9817. Programmatic and financial questions and

Page 5 – Andrea DeLaBruere

spending plan and narrative questions for section 9817 of the ARP can be submitted to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Bowdoin', with a long, sweeping horizontal stroke extending to the right.

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Wendy Trafton

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 # _____ 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 _____ Comments: _____ Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	Date Received (Stamp) Effective Date: _____ Date Processed: _____
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Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: Children's MH Care Manager

Agency/Department/Unit: AHS/DMH/CAFU GUC:

Pay Group: Work Station: WSOC - NOB 2 North Zip Code: 05671

Position Type: Permanent Limited Service (end date) 3/31/2025

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

Supervisor's Name, Title and Phone Number: Dana Robson, CAFU Operations Chief, 802-585-4115

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code 511900 Existing Job/Class Title: Children's MH Care Manager

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: Conflict-free case management (CFCM) requires that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a care manager or agency may have, and ultimately promote the individual's choice and independence. The different regulations surrounding CFCM and conflicts of interest require the restructuring of long term services and supports (LTSS) delivery so that a single agency is not both assessing what services an individual needs and then providing those services to them. The job duties of this position will closely align with the current duties of the DMH Care Managers in this, but with a focus on providing conflict-free services, which is an HCBS requirement. This position will need to review all HCBS Children's program admissions for eligibility. This position will help the Department establish protocols and procedures.

2. Provide a brief justification/explanation of this request: Conflict-free case management and conflict of interest definitions are codified in four federal policy initiatives: The Balancing Incentive Program within The Affordable Care Act (ACA); Community First Choice (CFC) within the ACA; Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249F) and The Older Americans Act Reauthorization Act. This limited-service position will be able to assist with implementation and establishment of CFCM at the Department, which will need to be expanded on a permanent basis in the future once established. This position will work in collaboration with the DMH [Adult] Care Manager working on CFCM.

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). N/A

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: Lee Dorf, DMH Director of Operations, Planning & Development.

6. Who should be contacted if there are questions about this position (provide name and phone number): Lee Dorf, 802-585-0885

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

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.)

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:
Tammie Ellison
846D99E865DE4A5...

9/19/2022

Personnel Administrator's Signature (**required**)*

Date

DocuSigned by:
Dana Robson
AE64B926DD504E3...

9/16/2022

Supervisor's Signature (**required**)*

Date

DocuSigned by:
Emily Hawes
C50275815A62462...

9/16/2022

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.
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- 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 _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Total: _____
	Accountability: _____

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: Conflict-free case management (CFCM) requires that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a care manager or agency may have, and ultimately promote the individual's choice and independence. The different regulations surrounding CFCM and conflicts of interest require the restructuring of long term services and supports (LTSS) delivery so that a single agency is not both assessing what services an individual needs and then providing those services to them.

The job duties of this position will closely align with the current duties of the DMH Care Managers in this, but with a focus on providing conflict-free services, which is an HCBS requirement. This position will need to review all HCBS Adult program admissions for eligibility. This position will help the Department establish protocols and procedures.

2. Provide a brief justification/explanation of this request: Conflict-free case management and conflict of interest definitions are codified in four federal policy initiatives: The Balancing Incentive Program within The Affordable Care Act (ACA); Community First Choice (CFC) within the ACA; Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249F) and The Older Americans Act Reauthorization Act.

This limited-service position will be able to assist with implementation and establishment of CFCM at the Department, which will need to be expanded on a permanent basis in the future once established. This position will work in collaboration with the Children's Mental Health Care Manager working on CFCM.

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). N/A

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: Lee Dorf, DMH Director of Operations, Planning & Development.

6. Who should be contacted if there are questions about this position (provide name and phone number): Lee Dorf, 802-585-0885

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

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.)

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:
Tammie Ellison
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9/19/2022

Personnel Administrator's Signature (**required**)*

Date

DocuSigned by:
Samantha Sweet
0B97B098C2F24B1...

9/16/2022

Supervisor's Signature (**required**)*

Date

DocuSigned by:
Emily Hawes
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9/16/2022

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

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New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
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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: Research, statistical and program evaluation work at a professional level for the Department of Mental Health involving complex statistical analyses and service systems research. Duties include selection of advanced statistical methodology and database development. Work is performed at both the systems and policy levels, under the general supervision of an administrative superior. Monitors effectiveness of intervention in terms short and long term treatment outcomes and costs. Selects statistical methods for analysis of data. Develops and implements program evaluation criteria, techniques, and data needs. Prepares formal reports on program performance across regions and over time. Prepares clear and concise reports, report cards, policy briefs, and other assessment documents. Provides consultation to program managers, service providers, stakeholders and other interested parties on presentation and interpretation of data. Translates data into information to guide policy and program decisions. Represents the department on critical strategic and policy issues related to mental health data systems.

2. Provide a brief justification/explanation of this request: The additional workload of the HCBS programs and initiatives will require an increased capacity in the Research & Statistic team to track and report on related data elements as well as maintain compliance with CMS reporting needs.

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). N/A

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: Lee Dorf, DMH Director of Operations, Planning & Development.

6. Who should be contacted if there are questions about this position (provide name and phone number):

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

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.)

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:
Tammie Ellison
646D99E865DE4A5...

9/19/2022

Personnel Administrator's Signature (required)*

Date

DocuSigned by:
Sheila Lens
CE172EF4554147D...

9/16/2022

Supervisor's Signature (required)*

Date

DocuSigned by:
Emily Hawes
C50275815A82482...

9/16/2022

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: _____ 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: Professional work serving as a business project manager to the Department of Mental Health on business process coordination. Identifies specific business process related to the Home- and Community-Based Services (HCBS) initiatives that arise from the addition enhanced Medicaid match funding. Activities are part of a mid-term plan to utilize one-time funding to increase HCBS supports and expand services. This position will keep the projects organized and all teams informed of progress, blockers, and deadlines to achieve successful project implementation and execution. Project manager support to restructure division processes, eliminating backlogs of departments operations and train team on new processes. Document and analyze current state, assist in requirements gathering and design session, provide future state modeling and proposed future state proceeds and documentation. Oversee project and process improvement teams and manage key staff involved. Encourage collaboration and feedback, motivate staff to actively participate in. Use project management skills for multi-tasking and management of deadlines. Monitor progress of projects once complete holding staff accountable on identified tasks and observe recognized timeliness. Duties are performed with independence under the general supervision of the Director of Operations, Planning & Development.

2. Provide a brief justification/explanation of this request: HCBS-FMAP funding is an additional funding source that is intended to expand programs, services, and technology to make system improvements. The additional work load requires significant coordination and collaboration. This position will be dedicated to that work to ensure there is consistent forward progress and minimize confusion or inconsistency with overlapping projects. This position will be integral to the department's successful utilization of this funding and implementation of the associated activities.

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). N/A

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: Lee Dorf, DMH Director of Operations, Planning & Development.

6. Who should be contacted if there are questions about this position (provide name and phone number): Lee Dorf, 802-585-0885

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

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.)

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:
Tammie Ellison
646D99E865DE4A5...

9/19/2022

Personnel Administrator's Signature (required)*

Date

DocuSigned by:
Lee Dorf
168704C5C5874EF...

9/16/2022

Supervisor's Signature (required)*

Date

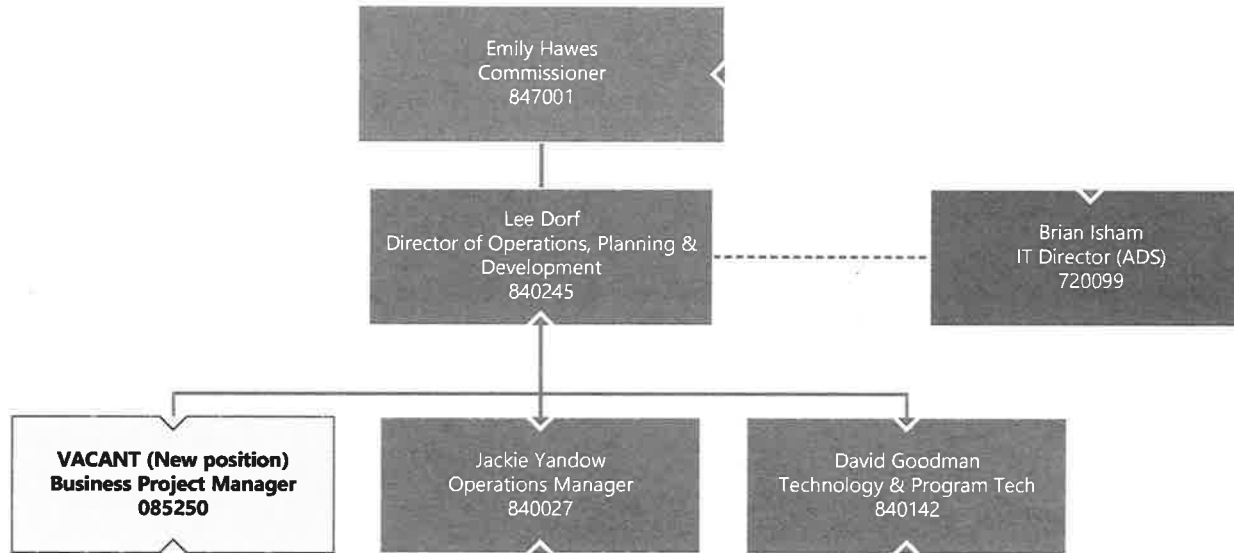
DocuSigned by:
Emily Hawes
C50275615A82462...

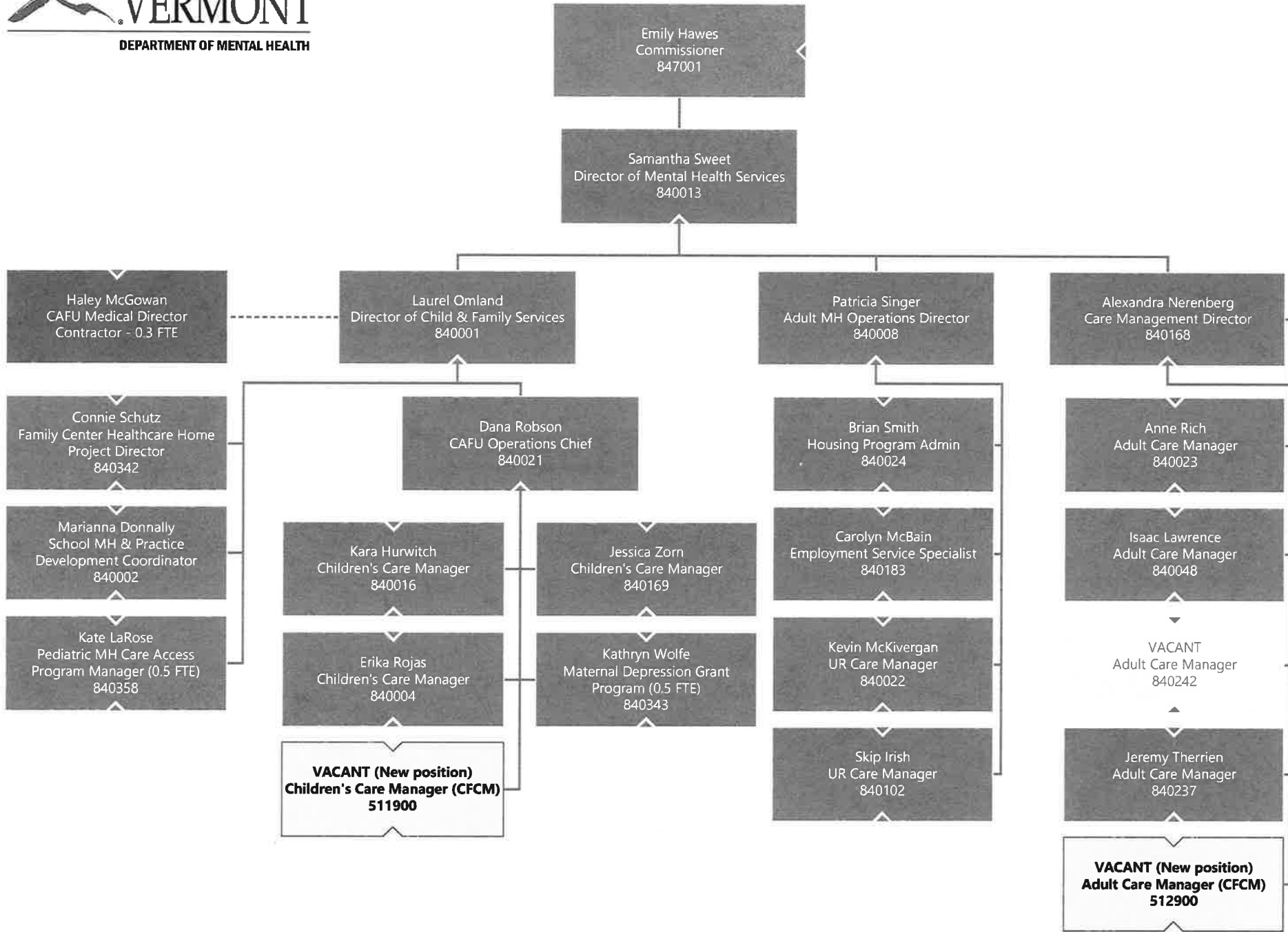
9/16/2022

Appointing Authority or Authorized Representative Signature (required)*

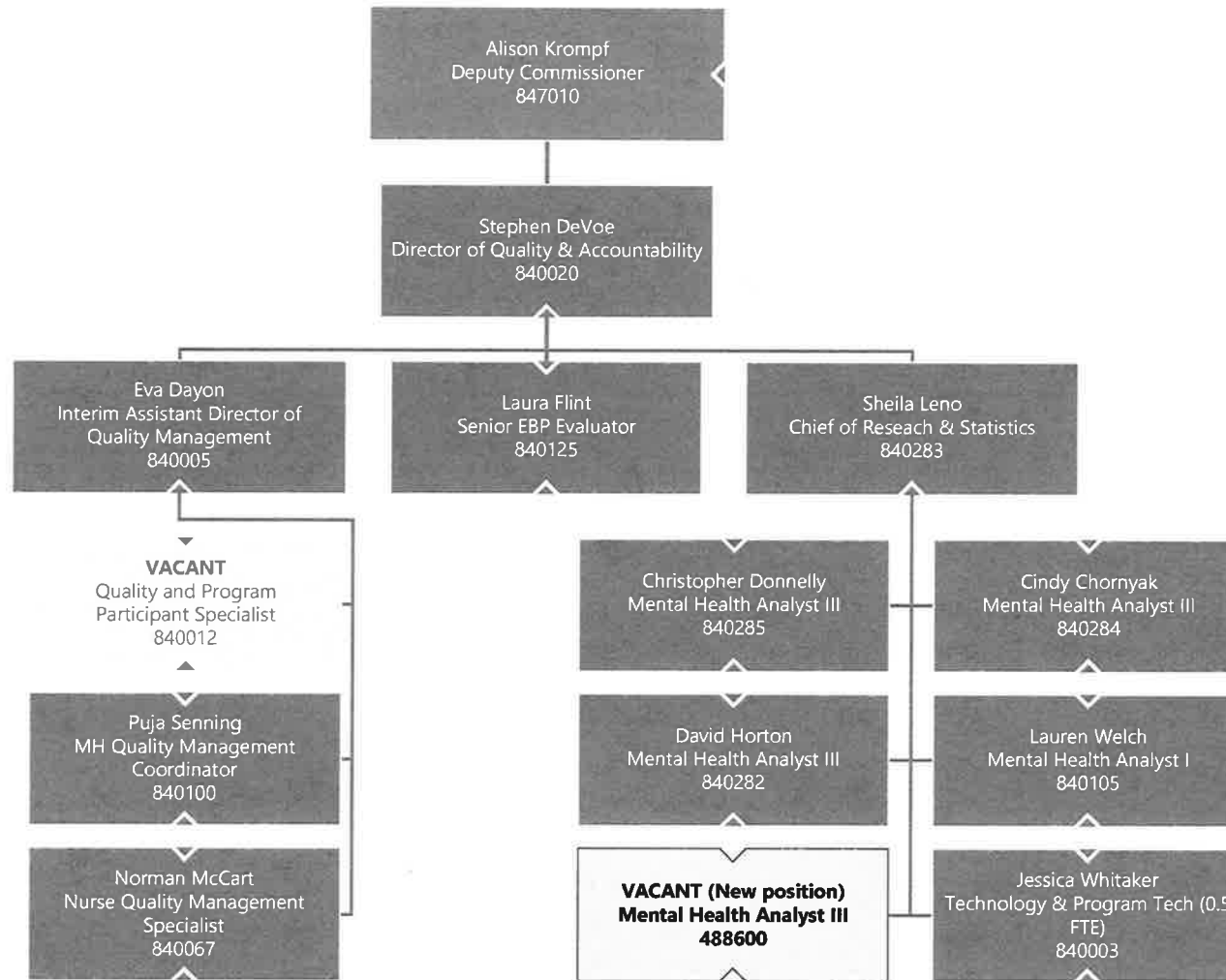
Date

* Note: Attach additional information or comments if appropriate.





Updated September 2022



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Disabled and Elderly Health Programs Group

October 13, 2022

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

Dear Commissioner DeLaBruere:

We are pleased to inform you that Vermont's federal fiscal year 2023 quarter 1 spending plan and narrative continue to meet the requirements set forth in the May 13, 2021, Centers for Medicare & Medicaid Services (CMS) State Medicaid Director Letter (SMDL) # 21-003 and SMDL # 22-002. Vermont can begin implementing all of the activities in the spending plan and narrative and qualifies for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP). We have approved the temporary 10 percentage point increase to the state's FMAP for certain Medicaid HCBS listed in Appendix B of SMDL # 21-003. The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022.

Full approval of the spending plan and narrative is conditioned upon the state's continued compliance with program requirements as stated in SMDL # 21-003 and SMDL # 22-002. These requirements are in effect as of April 1, 2021, and continue until March 31, 2025, or until the state has fully expended the funds attributable to the increased FMAP, whichever comes first.

It is important to note that CMS approval of the spending plan and narrative solely addresses the state's compliance with the applicable requirements set forth under section 9817 and fulfillment of the requirements as stated in SMDL # 21-003 and SMDL # 22-002. This spending plan approval does not constitute approval for purposes of claiming federal financial participation (FFP). Approval of any activity in your state's spending plan does not provide approval to claim FFP for any expenditures that are not eligible for FFP. States must continue to comply with all existing federal requirements for allowable claims, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37 Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

States should follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including state plan amendments and section 1115 demonstrations, and other managed care authorities (as applicable), if they are making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP

to pay the state share of the costs associated with those changes. CMS is available to provide continued technical assistance to states when implementing changes to HCBS programs under this provision. Furthermore, states should follow the applicable rules and processes for claiming FFP for Medicaid administrative costs, including, if necessary, updating the state's Public Assistance Cost Allocation Plan to reference methodologies, claiming mechanisms, interagency agreements, and other relevant issues that will be used when claiming and appropriately allocating costs.

General Considerations

As part of this approval, CMS is noting the following:

- CMS expects your state to notify CMS as soon as possible if your state's activities to enhance, expand, or strengthen HCBS under ARP section 9817:
 - Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;
 - Are focused on services delivered in Institutions for Mental Diseases (IMD) or other institutional settings, providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional settings (which CMS would not find to be a permissible use of funds, unless the state can demonstrate that the activity supports institutional diversion or community transition or otherwise supports the intent of ARP section 9817);
 - Include room and board (which CMS would not find to be a permissible use of funds); and/or
 - Include activities other than those listed in Appendices C and D.
- CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.***
- HCBS provider pay increases funded through the 10 percent temporary increased FMAP will require an updated rate methodology. For section 1915(c) waiver programs, states are required to submit a waiver amendment for any rate methodology change. If retrospective approval will be required, the state should make the change in the Appendix K application.
 - Consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. The state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors.
 - States providing HCBS through a managed care delivery system must comply with applicable federal requirements, including 42 C.F.R. part 438. States must also ensure that appropriate authority is granted for the services and activities to be covered as well as to deliver such services and activities through a managed care delivery system. Additionally, states will need to assess implications for its managed care plan contracts and actuarially

sound capitation rates in order to operationalize any programmatic changes. States that seek to contractually require their managed care plans to increase HCBS provider payments must adhere to federal requirements for state directed payments in accordance with 42 C.F.R. § 438.6(c), including prior approval as required. CMS is available to provide technical assistance to states related to these requirements.

- If your state is reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, your state should be clear with stakeholders in your state's stakeholder engagement activities, as well as in submissions to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.
- Please note that, if your state is reducing or eliminating a waiting list for a section 1915(c) waiver program as part of the state's activities to enhance, expand, or strengthen HCBS under ARP section 9817, the state cannot use the funds attributable to the increased FMAP to pay for approved capacity as of April 1, 2021. The state must increase the Factor C to establish additional waiver slots and can only use the funds attributable to the increased FMAP to pay for services for individuals who are newly enrolled in the waiver program directly as a result of the increase in Factor C. However, under certain conditions, CMS may make an exception and approve the use of the funds attributable to the increased FMAP to increase waiver capacity in order to reduce waiting lists in states that can document that they had a state limit on waiver slots that was below the number of slots approved by CMS. States should contact HCBSincreasedFMAP@cms.hhs.gov if they have questions related to this.

CMS is also clarifying that, if your state increases the number of section 1915(c) waiver slots and enrolls additional individuals who are not already Medicaid eligible into the waiver program as a result, the state will have an increase in non-HCBS Medicaid expenditures as a result of the increase in waiver program enrollment. In this situation, the state can use the funds attributable to the increased FMAP to pay for community-based Medicaid expenditures, including community-based state plan services not listed in Appendix B, for individuals who become Medicaid eligible because of the state increase in the number of waiver slots as part of a state's activities to expand, enhance, or strengthen HCBS under ARP section 9817. However, your state cannot use the funds attributable to the increased FMAP to pay for institutional services for those individuals, as this would be inconsistent with the intent of ARP section 9817. Your state should clearly indicate in the spending plan and narrative if the state is using the funds attributable to the increased FMAP to pay for community-based state plan services not listed in Appendix B for individuals who become Medicaid eligible because of the increase in the number of waiver slots.

Other Information Related to the State's Spending Plan and Narrative Submissions

Effective June 3, 2022, states are only required to submit an HCBS spending narrative semi-annually (every other quarter), rather than quarterly; HCBS spending narratives are due 75 days before the start of every other federal fiscal quarter until the state's funds in an amount

Page 4 – Andrea DeLaBruere

equivalent to the enhanced FMAP received by the state have been expended. Please note the frequency for submitting the HCBS spending plan is not changing. States must continue to submit an HCBS spending plan 75 days prior to the beginning of each federal fiscal quarter until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended.

Vermont's next spending plan is due October 18, 2022. Please refer to SMDL # 21-003 and SMDL # 22-002 for information on the reporting process.

Your state's spending narrative submissions should:

- Describe how the state intends to sustain the activities it is implementing to enhance, expand, or strengthen HCBS under the Medicaid program including how the state intends to sustain its planned provider payment increases;
- Provide information on the amount or percentage of any rate increase or additional payment per provider and the specific Medicaid authorities under which the state will be making those rate changes or payments, if applicable;
- Clearly indicate if your state has or will be requesting approval for a change to an HCBS program and be specific about which HCBS program, which authority it operates under, and when you plan to request the change;
- Clearly indicate whether your state plans to pay for capital investments or ongoing internet connectivity costs as part of any activity to enhance, expand, or strengthen HCBS. Capital investments and ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments and ongoing internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP;
- Provide updated information (as appropriate) on the status and details of the state's proposed activities to enhance, expand, or strengthen HCBS; and
- Make other revisions needed to: update or modify the state's planned activities to enhance, expand, or strengthen HCBS; and report on the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS.

Your state's spending plan submissions should:

- Provide projected and actual spending amounts for each of the state's planned activities to enhance, expand, or strengthen HCBS. In those projections, clearly identify if the state intends to draw down FFP for any activities, as well as the amount of state and federal share for any activities for which the state plans to claim FFP and whether those activities will be eligible for the HCBS increased FMAP under ARP section 9817;
- Update the amount of funds attributable to the increase in FMAP that the state has claimed and/or anticipates claiming between April 1, 2021, and March 31, 2022; and
- Update anticipated and/or actual expenditures for the state's activities to enhance, expand, or strengthen HCBS under the state Medicaid program between April 1, 2021, and March 31, 2025.

Page 5 – Andrea DeLaBruere

We extend our congratulations on this approval and look forward to working with you further throughout the implementation of ARP section 9817. Programmatic and financial questions and spending plan and narrative questions for section 9817 of the ARP can be submitted to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Bowdoin', with a long, sweeping horizontal stroke extending to the right.

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Wendy Trafton
Fran Hodgins