



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: June 28, 2023
Subject: Limited-Service Position Request – JFO #3153

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

JFO #3153: One (1) limited-service position, Health Care Assistant Administrator II, to the Agency of Human Services, Department of Vermont Health Access, to help manage contracts, community grants and partnerships and federal compliance to carry out the Home and Community Based Medicaid (HCBS) program initiatives. Position funded through ongoing Medicaid initiatives through March 31, 2025.

[Received June 22, 2023]

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 July 15, 2023, we will assume that you agree to consider as final the Governor's acceptance of this request.

**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: AHS/DVHA Date: 4/10/23

Name and Phone (of the person completing this request): Ashley Berliner 802-578-9305

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

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:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Health Care Assistant Administrator II	1;	DVHA Policy	March 31, 2025

*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:

This unique opportunity from CMS will bring an estimated \$162M to Vermont that will need to be reinvested into Home and Community Based Medicaid programs. The funding has a quick turnaround of less than three years. AHS/DVHA anticipates administering many contracts and grants to community partners for this program and will be designing and implementing required federal HCBS compliance activities that will dramatically impact the HCBS system of care by 2026. Successfully addressing the HCBS compliance work and optimizing the federal HCBS opportunity provided by the American Rescue Act of 2021 will require a dedicated and significant HCBS policy effort.

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)).

Adaline Strumolo Digitally signed by Adaline Strumolo
Date: 2023.05.02 10:34:43 -04'00'

Signature of Agency or Department Head **Aimee Pope** Digitally signed by Aimee Pope
Date: 2023.05.15 15:20:37 -04'00'

Approved/Denied by Department of Human Resources **Adam Greshin** Digitally signed by Adam Greshin
Date: 2023.05.25 17:06:53 -04'00'

Approved/Denied by Finance and Management **Douglas Farnham** Date: 5/30/2023

Approved/Denied by Secretary of Administration **[Signature]** Date: 6/22/23

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

Comments:

VERMONT DEPARTMENT OF PERSONNEL
**Request for Classification Review
Position Description Form A**

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- 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.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- 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 might 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.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

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

Employee Name: Employee Number:
 Position Number: Current Job/Class Title:
 Agency/Department/Unit: Work Station: Zip Code:
 Supervisor's Name, Title, and Phone Number:
 How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:
 Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
 Vacant Position Number: Current Job/Class Title:
 Agency/Department/Unit: Work Station: Zip Code:
 Supervisor's Name, Title and Phone Number:

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review.** Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

WHAT: Monitor and analyze broad range of State and federal laws, regulations, and sub regulatory policy documents related to Medicaid Home and Community-Based Services.

HOW: Monitor and be responsive to health care-related guidance, laws, and regulations on the State and federal level, and analyze their impact on the Medicaid program. Ensure any necessary policy and compliance actions are taken as a result of federal guidance. Raise new guidance or regulations to the attention of AHS leadership, alerting them to any impact of the change on Medicaid resources and potential risks associated with new requirements. This requires broad and deep knowledge of the Medicaid program across all departments and close relationships with department commissioners' offices and departmental staff to ensure new guidance and/or regulations are acted on. Provide expert advice on how to approach implementation and/or lead workgroups to facilitate implementation. This role is more Agency-focused as opposed to DVHA-focused. The revised tracking process better coordinates AHS staff when new federal policies are issued, and it serves as an effective tool for AHS leadership to receive a snapshot of new federal changes and their potential impact to Vermont. This position will facilitate and, when performed by another Policy Unit staff member, oversee this process to ensure that it continues to deliver the critical information needed regarding federal changes that leadership needs in a timely and coordinated manner.

WHY: AHS must be apprised of all new health care requirements and their impacts in order to maintain compliance with applicable laws and regulations, and timely updates on impacts are critical for AHS leadership when interacting the legislature and other external stakeholders.

WHAT: Provide AHS legislative support and Medicaid policy expertise on HCBS Medicaid.

HOW: Provide advice to AHS leadership on the impacts of legislative proposals. Complete bill reviews that analyze and evaluate policy, fiscal, and interdepartmental administrative impacts on the Medicaid program, and the State as a whole. Recommend ways to improve legislative proposals. Create legislative talking points for leadership, respond to legislative inquiries with very short turnaround times, and sit in on testimony to take notes to identify areas of impact to Medicaid Departments and highlight critical areas for leadership follow-up. Requires engagement with State legislators as well as providers, lobbyists, and other advocates. Requires ability to perform complex analyses to resolve issues that fall in ambiguous areas of Medicaid policy. This role is Agency-focused, providing content expertise to all departments on legislative impacts, as opposed to just DVHA-focused.

WHY: The Agency needs staff who have a broad and deep understanding of the Medicaid program and can quickly distill and evaluate legislative bill requirements in order to assess Agency-wide impacts and provide timely State responses to legislative inquiries.

WHAT: Serve as HCBS policy lead to promulgate Medicaid administrative rules under the structures of AHS Health Care Administrative Rules (HCAR)

HOW: Conduct comprehensive policy review of state laws, federal laws, regulations, and operational practices and make recommendations for rule changes. Lead the development of regulatory rule content working with subject matter experts across AHS departments. Write administrative rule language according to a standard style using concise plain language that is easily understood. Conduct engagement with interdepartmental and external stakeholders as needed. Ensure that rules thoroughly and accurately describe Medicaid program eligibility, coverage, and service requirements in compliance with State and federal law. Work closely with legal staff to ensure rules comply with State and federal regulations. Ensure rules produced are of high quality and reflect input gathered from internal and external stakeholder and subject matter experts. Respond to comments from Vermont Legal Aid, the Medicaid and Exchange Advisory Board, Medical Society, insurance carriers, and other stakeholders during rulemaking process.

WHY: Administrative rules have the force and effect of law. The rules for the Medicaid program are critical regulations for State staff, providers, beneficiaries, and advocates to understand and administer the Medicaid program.

WHAT: Manage implementation of Policy, Budget, and Reimbursement (PBR) process for policy initiatives.

HOW: Collaborate and coordinate with AHS staff on the internal vetting process for Medicaid program changes, including advising AHS staff on crafting PBR proposals for review by leadership and providing policy expertise to ensure the proposed changes comply with state and federal regulations. Ensure PBR's comply with state and federal laws and align with other program operations and procedures. Since last review, this role has expanded from a DVHA-only focus to an Agency-wide focus.

WHY: This process is critical for ensuring that all affected units across the agency are properly engaged in program changes that affect their work. Ensuring thorough engagement of AHS units and deliberate review of proposed changes ensures that implemented initiatives are accurate, high-quality, and compliant with State and federal regulations.

WHAT: Review and respond to general policy requests

HOW: Receive, research, and resolve requests. Conduct in depth policy analysis as needed. Review provider banners and DVHA guidance to ensure compliance with Medicaid Policy.

WHY: The Medicaid policy unit is responsible for providing technical assistance on Medicaid policy across AHS and for assuring that procedures and practices align with rules and regulations.

WHAT: Review and respond to external surveys of Medicaid Home and Community-Based Service programs as needed.

HOW: Receive, research, and respond to external surveys on Medicaid as needed. Forward requests to policy content leads or subject matter experts within AHS as appropriate.

WHY: The Medicaid policy unit is responsible for coordinating responses to external surveys on Medicaid for AHS. It is important for the state to respond to these requests for information to ensure that accurate data and information is available to the public.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Extensive contact with:

Deputy commissioners, division directors, and senior department staff: Monthly, or more frequent, communication with DVHA, DAIL, VDH, and DMH senior staff and deputies. Communication includes attending various meetings and calls regarding HCBS funding, legislation, federal regulations, the Centers for Medicaid and Medicaid Services, policy concerns, recommendations, advising, training, and planning.

Chief Financial Officers (CFOs): Regular communication with AHS, DMH, and DAIL CFOs regarding budget impacts of HCBS proposed and ongoing spending. Other department CFOs as needed for planning and implementation.

Directors: monthly meetings, emails, and calls with Director of Medicaid Policy, Deputy Director of Healthcare Reform, Clinical Directors, DMH Children's Director, DMH Adult Services Director, DMH Policy Director, DAIL DS director, DAIL ASD Director, DAIL Policy Director. Facilitating, planning, strategizing, developing, reviewing, advising/guiding, collaborating, managing, and decision-making around HCBS programming, compliance, and implementation.

AHS Health Care Reform Office, departmental CFOs, the AHS CFO, and AHS Secretary: Regular communication on the drafting, approval, and adoption process for Medicaid Administrative Rules.

Collaboration with external stakeholders including VT Legal Aid, Medicaid and Exchange Advisory Board, Interagency Committee on Legislative Rules, Legislative Committee on Administrative Rules is necessary for managing the HCAR rule making process.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

No

4. Do you supervise?

In this question “supervise” means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position interacts with the supervisor in person or by phone on a regular basis, which affords brief, informal opportunities to receive assignments, provide status updates, and discuss various (and often shifting) priorities. In addition, structured check-in meetings are conducted every other week for in-depth review of tasks and collective brainstorming on ongoing priorities and challenges.

The position operates with a significant amount of independence. Regular opportunities for informal communication with the supervisor allows for real-time adjustments to priorities and work products to meet the ever-evolving needs of a complex and innovative program. This supervisory system, with significant independent judgement and discretion, is built on the trust that risks or issues will be raised to the supervisor when needed..

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The most difficult part of this job is addressing complex and varied policy requests. Often policy questions, problems, or initiatives are assigned for which there is no existing policy expertise. This involves conducting policy research from scratch, understanding the complex interaction of VT Medicaid policy documents, and reconciling that with current and future Medicaid operations. This also involves working with subject matter experts throughout the agency to piece together the components required to solve a problem or implement a new initiative. This often happens with a tight deadline with limited and competing resources. The resolution or proposal must then be succinctly and accurately presented to departmental or AHS leadership

Being in charge of managing numerous policy/vetting processes and individual program changes can be very challenging in terms of deadlines. Missing certain deadlines can mean the loss of federal match for services. This position must be aware of dozens of competing deadlines for numerous AHS units at any one point in time and need to prioritize those that

are the most important, while also collaborating with a variety of AHS units that are working towards these deadlines.

7. Accountability

This section evaluates the job’s expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job’s scope of responsibility. What is the job’s most significant influence upon the organization, or in what way does the job contribute to the organization’s mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Overseeing, as part of a team, the administration of the state Medicaid program through promulgation of administrative rule, creation and management of policy, and management of a federal Medicaid waiver and Medicaid State Plan that provides health care eligibility and coverage for the 200,000+ members of Vermont's state health care programs.

Ensure that Vermont's Medicaid and Exchange policies are accurate and appropriate for receipt of federal match. This equates to defense of over a billion dollar Medicaid budget, as policy that is not permitted by CMS are not eligible for federal match.

Reasonable for the alignment of Medicaid policy with state and federal law to ensure that policy is best serving the needs of Vermonters and to provide innovative solutions to the healthcare challenges that we face.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
High workload--juggling competing priorities under short timeframes with limited resources.	100%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident,

disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Sitting/standing at desk or in meetings	95%
walking/driving	5%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

This position collaborates regularly with units across the Agency and must provide policy and process expertise so that changes to the Medicaid program happen on time, comply with state and federal laws, reflect the needs of Vermonters, and maintain positive relationships with federal partners and external stakeholders.

Employee's Signature (**required**): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Management and coordination of complex Medicaid policy, including facilitating the implementation of such policy. Equally important are the responsibilities (and supporting activities) for 1) planning, 2) analyzing, and 3) monitoring and evaluating. Sufficient and timely planning is necessary to provide the parties responsible for policy and/or program implementation with the necessary tools to execute successfully. Additionally, ability for efficient, thorough, and reliably policy research, analysis and decision making is critical to the success of this position. Once such tools have been established, implementation requires efficient use of these tools, along with adherence to timelines and the ability to coordinate many supporting activities simultaneously. Duties in all of these areas are essential.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?


Must have deep knowledge of Vermont's Medicaid Home and Community Based Services programs and policies, as well as a thorough understand of Medicaid policy nationally. Must have excellent communication skills--both written and verbal--and must be able to distill complex policy concepts into concrete operational steps for a variety of partners (sister departments, legislature, Federal, advocates). Must have the ability to juggle many competing priorities, to troubleshoot and triage challenges as they arise, and to be accountable to Departmental and Agency leadership to supply information about Medicaid policy on an as-needed basis. Must have exceptional organization skills and ability to self-manage time lines, and priorities

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

The above responses are accurate and complete.

4. Suggested Title and/or Pay Grade:

Health Care Assistant Administrator II / PG 26

Supervisor's Signature (required):  _____ Date: 4/19/23

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

[Empty rectangular box]

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

[Empty rectangular box]

Suggested Title and/or Pay Grade:

~~Health Care Assistant Administrator II (PG 26)~~ As determined by Classifications

Personnel Administrator's Signature (required): Denice Henrick Date: 4/20/2023

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

[Empty rectangular box]

Suggested Title and/or Pay Grade:

[Empty rectangular box]



4/19/2023

Appointing Authority or Authorized Representative Signature (required)

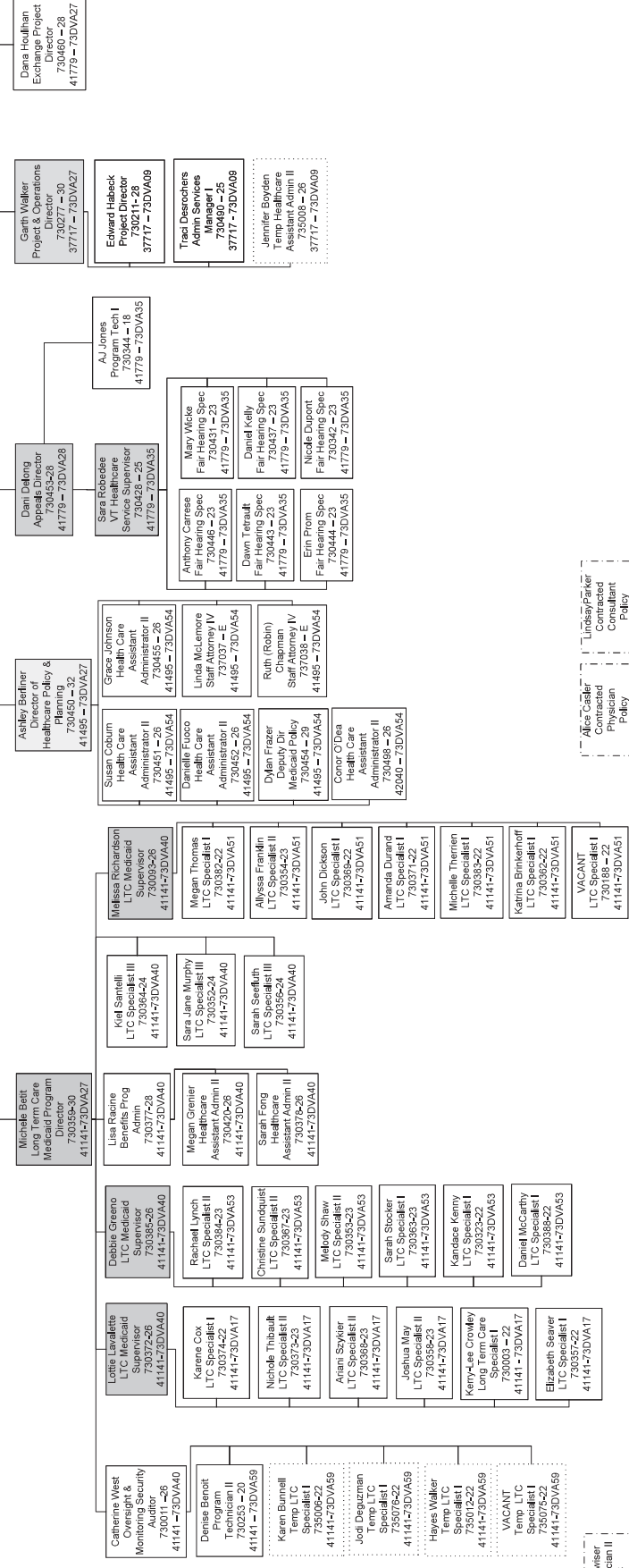
Date

Senior Management Team
Management Team
Managers & Supervisors

*Does not represent
beginning unit classification

May 1, 2023
Appeals, Policy & LTC

52 Positions
11 Temps



Alice Casler
Contracted Physician
Policy

Lindsay Parker
Contracted Consultant
Policy

Madeline Langwiser
Temp LTC

Savannah Desjardins
Temp LTC

Jessica Black
Temp LTC

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

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



SUBMITTED BY THE AGENCY OF HUMAN SERVICES ON JANUARY 17, 2023

Vermont’s Proposal to Enhance, Expand, and Strengthen HCBS, Q3 FY 2023 Update

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Vermont's Proposal to Enhance, Expand, and Strengthen HCBS, Q3 FY 2023 Update

Executive Summary

Section 9817 of the American Rescue Plan Act of 2021 offers states an unprecedented opportunity to enhance, expand and strengthen home and community-based services (HCBS) under the Medicaid program. Estimated projections indicate that the State of Vermont will claim \$71,829,848 in funds attributable to the increase in Federal Medical Assistance Percentage (FMAP) between April 1, 2021 and March 31, 2022. This funding will be employed as the state share required to implement approved activities valued at \$158,409,932 between April 1, 2021 and March 31, 2025.

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

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

- 1. Improve Services,**
 - a. New and/or Additional Services – \$12,950,776
 - b. Increase Payment Rates – \$51,839,612
 - c. Strengthen Assessment and Person-Centered Planning Processes – \$6,861,503
 - d. Address Covid-related Concerns – \$150,000
- 2. Promote a High-Performing and Stable Workforce, and**
 - a. Training – \$3,000,000
 - b. Recruitment and Retention – \$31,480,000
- 3. Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight**
 - a. Quality Improvement – \$12,570,270
 - b. Use of Technology and Cross-system Data Integration Efforts – \$20,301,084
 - c. Improve Care Coordination and Care Management – \$4,580,028
 - d. Address Social Determinants of Health – \$2,750,000
 - e. Administration of Activities – \$3,876,516

Vermont's Proposal to Enhance, Expand, and Strengthen HCBS, Q3 FY 2023 Update

f. Capital Investments – \$8,050,143

Spending Plan Narrative

1. Improve Services

a. New and/or Additional Services

Vermont plans to use \$12,950,776 to pursue new and additional HCBS for Medicaid members. Initially, the State will use funding from this opportunity to secure contractor support to define service requirements, analyze fiscal impacts including for sustainability planning, and develop operational plans. Applicable services may include Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, Permanent Supportive Housing, Certified Community Behavioral Health Clinics, and HCBS residential alternatives. In addition, the State may utilize contractor support for implementation of a new Substance Use Disorder (SUD) Community Intervention and Treatment Eligibility Group for Vermonters with a SUD as defined by the DSM-5 who have incomes from 133% FPL up to and including 225% FPL within the State's Global Commitment to Health Section 1115 Demonstration waiver. The State has requested federal approval for Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, Permanent Supportive Housing, and a SUD Community Intervention and Treatment Eligibility Group within the Global Commitment to Health Section 1115 waiver renewal application and anticipates submitting a State Plan Amendment to add Peer Supports. If approved, the Permanent Supportive Housing program would cover services typically covered in 1915(i) programs including pre-tenancy supports, tenancy sustaining services, and community transition services and would not cover room and board. Medicaid enrollees who are age 18 and older, eligible for full Medicaid State Plan benefits and meet defined health needs-based and risk-based criteria would be eligible for the program. The State will also engage a contractor to explore HCBS residential alternative options prior to seeking federal approval for a change to an HCBS program.

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

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

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

The State is also seeking to offer housing and residential service regional pilot planning grants. The grants will support local planning for new service-supported housing models that comply with federal home- and community-based services regulations and reflect the diversity of needs of Vermont Medicaid members with developmental disabilities

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including individuals with high support needs who require 24-hour care and individuals with specific communication needs. One-time grant funding will be for planning and program development and will not be used for capital investments.

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

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

Activity Name: Contractor support for the Supportive Housing Assistance Pilot

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

Sustainability Plan: One-time

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

Q3 FY 2023 Update: The Agency of Human Services (AHS or Agency) anticipates releasing a Request for Proposals for a Technical Assistance Contractor in January 2023 to facilitate stakeholder engagement, develop the operational plan and policy documents, and design a housing policy alignment strategy.

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

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

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

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

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

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

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

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

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

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

Q2 FY 2023 Update: The Sustained Home Visiting Program provides participants with long-term home visiting services designed to improve maternal and child health, improve family economic self-sufficiency, coordinate referrals to community resources, build social connections, and promote optimal child development and school readiness. The Program has two models: the Sustained Nurse Home Visiting model and the Sustained Family Support Home Visiting model. Vermont will use Section 9817 funding to support one-time startup costs related to the expansion of the Sustained Nurse Home Visiting model and the development of the Sustained Family Support Home Visiting model. Examples of startup and expansion costs include provider personnel, training, equipment, curriculum, and data reporting infrastructure.

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

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

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

Q3 FY 2023 Update: The Department of Vermont Health Access continues to meet regularly to develop the pilot program design and payment methodology.

Q2 FY 2023 Update: The Department of Vermont Health Access will pilot an extension of Medicaid coverage for a Comprehensive Pain Management Program currently covered by a large commercial insurer in one geographic area of the state. This potential multi-payer initiative provides access to a team of providers and an array of both traditional and non-traditional health care therapies to help patients with chronic pain learn to self-manage their conditions to achieve optimal comfort and functionality and

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prevent or reduce opioid dependence. Participation is voluntary and preference will be given to Medicaid members with chronic pain who utilize HCBS or are prescribed opioids for pain management to prevent functional decline and opioid dependency and addiction. Services in this 16-week program include: primary care, physical and occupational therapy, acupuncture, massage therapy, craniosacral therapy, yoga, hypnosis, nutrition, health coaching, psychological therapy, and mindfulness.

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

Sustainability Plan: One-time

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

Activity Name: Contractor support to design benefits for the Substance Use Disorder (SUD) Community Intervention and Treatment Eligibility Group

Target Population: Vermonters with a SUD as defined by the DSM-5 who have incomes from 133% FPL up to and including 225% FPL within the State's Global Commitment to Health Section 1115 Demonstration Waiver.

Sustainability Plan: One-time

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

Activity Name: Temporary increase to current limits or caps on assistive devices and home modifications, related specialized treatment plan services, and environmental and assistive technologies

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

Sustainability Plan: Temporary through 3/31/24

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

Q1 FY 2023 Update (Approved 10/13/22): The temporary increase to current limits or caps was implemented effective July 1, 2022. Authority for these programs is within the State's Global Commitment to Health 1115 Demonstration waiver which was renewed effective July 1, 2022. Service definitions are included in Attachment E and F. Vermont operates its Medicaid program through a publicly administered state-wide non-accredited public pre-paid inpatient health plan (PIHP).

Activity Name: Disability Services Residential Alternative Regional Pilot Planning Grants

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

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

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

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

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

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

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

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

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

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

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

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

Sustainability Plan: One-time

Q3 FY 2023 Update: In Act 167 of 2022, the Vermont legislature directed the Department of Disabilities, Aging and Independent Living to coordinate a working group to consider and identify options for extending home and community-based services and support to a broader cohort of Vermonters and family caregivers. The Department secured a contractor in November 2022 to coordinate the working group, and department staff are meeting with the contractor to prepare for the launch of the first working group meeting in January 2023. The working group will be comprised of representatives of older Vermonters, home and community-based services providers,

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the Office of the Long-Term Care Ombudsman, the Agency of Human Services, and other interested stakeholders.

b. Increase Payment Rates

Vermont plans to use \$51,839,612 to provide a three percent rate increase to mental health, developmental disabilities, Brain Injury Program, Choices for Care, and the substance use treatment preferred provider network providers and a \$1.50 per day increase to Assistive Community Care Services (ACCS) rates to address increased wage and operating costs and complete rate studies. The mental health rate increase includes providers of services included in [Appendix B of the SMDL #21-003](#) in the following categories: Rehabilitative Services and Section 1115 which includes HCBW-like special programs for children and adults with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Also included are independent psychologists covered in the State Plan section on "other licensed providers" but that could be covered under the rehabilitative services benefit. Substance use treatment preferred providers deliver services within the rehabilitative services benefit. Rate increases for mental health, developmental disabilities, Brain Injury Program, Choices for Care, substance use treatment providers in the ADAP Preferred Provider network and ACCS will strengthen these essential HCBS providers by supporting employee recruitment and retention and are intended to be sustained through payment rates past the funding period.

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

Activity Updates: 1(b) Increase Payment Rates

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

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

Q3 FY 2023 Update: Vermont continues to utilize Section 9817 funding for this purpose.

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

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impacted providers to ensure the claims adjustments are completed accurately. The challenge noted in the Q3 FY 2022 Update is persistent.

[Edited] Q3 FY 2022 Update (Approved 5/3/22): The State has provided three percent rate increases to mental health, developmental disabilities, Brain Injury Program, Choices for Care and a \$1.50 per date rate increase to Assistive Community Care Services (ACCS) providers to address increased wage and operating costs. The State made these rate changes with authority established in the Global Commitment to Health Section 1115 Demonstration waiver, STC 29. [...] Additionally, the Department of Health Alcohol and Drug Abuse Programs (ADAP) has prepared specifications to update MMIS in anticipation of a three percent rate increase for their Preferred Provider network. [...] Vermont has experienced challenges in isolating the value of the rate increases to report on the CMS-64 HCBS Reinvestment lines. For example, it is difficult to identify the actual costs of a 3% rate increase due to the various timing of when the rate increases went into effect and the various provider types who receive bundled payments. To date, Vermont has only reported a portion of the 3% rate increase as a Reinvestment activity. Vermont welcomes any technical assistance or a methodology on how to best calculate the value of provider rate increases given the noted challenges.

Activity Name: Contractor support for rate studies

Sustainability Plan: One-time

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

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

c. Strengthen Assessment and Person-Centered Planning Processes

Vermont plans to use \$6,861,503 to strengthen assessment and person-centered planning processes through activities that ensure case management services are conflict-free. The purchase of technology and systems to collect and store assessment and care plan data are described in other sections of this initial spending plan.

Vermont submitted a plan to achieve compliance with HCBS conflict of interest requirements to CMS on 12/17/21 after receiving notification that its proposal to

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

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

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

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

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

Sustainability Plan: One-time

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

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

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

Activity Name: Contractor support to improve HCBS monitoring

Sustainability Plan: One-time

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

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

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

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

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

Q3 FY 2023 Update: The Vermont Developmental Disabilities Council is coordinating a series of trainings about beneficiary rights and procedures that impact the delivery of

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

d. Address COVID-19-related Concerns

Vermont plans to use \$150,000 to address COVID-19-related concerns. Providers and community-based organizations have indicated a need for continued COVID-19-related support to purchase PPE and isolation kits to protect the individuals they serve and their staff who are both at-risk. Funding will support HCBS providers to purchase these supplies. Additionally, stakeholders have identified a need to support community integration for people with HCBS needs following the end of the public health emergency. To meet these needs, Vermont will issue grants to providers and community-based organizations for programming that addresses the safety concerns of individuals and families and provides opportunities for individuals with HCBS needs to participate in community activities.

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

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

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

2. Promote a High-Performing and Stable Workforce

a. Training

A strong HCBS system is reliant on a well-trained workforce as well as individuals, families and caregivers that have the tools and training to manage self-directed supports. Vermont plans to use \$3,000,000 for the development of training content and platforms as well as the delivery of trainings.

Specifically, the State will evaluate training needs across the HCBS system and effective modalities for reaching each intended audience. Illustrative examples of trainings

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include cross-training for co-occurring intellectual and development disabilities and mental health needs, culturally competent care for Deaf individuals and black, Indigenous and people of color (BIPOC) communities including new Americans, trauma-informed care, and racial disparities and bias trainings. Audiences will likely include:

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

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

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

Activity Updates: 2(a) Training

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

Sustainability Plan: One-time

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

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

CANS and ANSA Trainings: The Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) are required assessment tools and support treatment planning. Aggregate data from these tools also helps guide policy, measure outcomes, and inform planning at the systems level. The Vermont Department of Mental will expand access to trainings on the CANS and ANSA tools in 2023.

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

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

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

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

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

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b. Recruitment and Retention

Workforce challenges impacting Vermont's HCBS providers have been significantly amplified by the COVID-19 pandemic. To ensure an accessible and high-quality workforce for Vermonters with HCBS needs, the State plans to use \$31,480,000 to implement effective recruitment and retention initiatives that bolster the availability of HCBS staff, tenure of employment, and pathways to career advancement and certification. In allocating funding, the state will consider the impact of initiatives on the overall HCBS system to ensure efforts do not have unintended consequences, such as bolstering staffing in certain areas at the detriment of others.

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

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

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

Activity Updates: 2(b) Recruitment and Retention

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

Sustainability Plan: One-time

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

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

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

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

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

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

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

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

Activity Name: Bonus payments for independent direct support providers

Sustainability Plan: One-time

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

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

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

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

Sustainability Plan: One-time

Q3 FY 2023 Update: The Peer Workforce Development Initiative implemented a process for incorporating stakeholder input in the development and implementation of a statewide peer support specialist certification program in Vermont. The working group is convening to draft a work plan and recommendations for next steps.

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

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

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

a. Quality Improvement

Through its Global Commitment to Health Section 1115 Medicaid Waiver, Vermont has advanced value-based payment (VBP) reform across Medicaid provider types, including Medicaid providers historically excluded from most VBP arrangements, such as providers offering developmental disabilities services, mental health services, and substance use disorder treatment. Vermont plans to use \$12,570,270 to further advance these reforms and support additional providers in achieving readiness for reform. Funding will allow Vermont Medicaid to design and implement a performance-based payment program for current reforms such as a one percent bonus payment tied to high performance. It will also allow the State to support transition to new payment models by offering provider trainings and technical assistance on topics such as incorporating performance measures into payment models and engaging in improvement activities.

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

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

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

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

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Activity Updates: 3(a) Quality Improvement

Activity Name: Provider Performance Incentive for the Department of Mental Health

Sustainability Plan: One-time

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

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

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

Sustainability Plan: One-time

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

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

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

Sustainability Plan: One-time

Q3 FY 2023 Update: A Preprint for the proposed value-based payment performance framework and payment methodology was submitted to CMS for approval.

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

Activity Name: Provider Performance Incentive for Developmental Disabilities Services
Sustainability Plan: One-time

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

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

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

Sustainability Plan: One-time

Q3 FY 2023 Update: A contract has been executed and accessibility assessments have begun.

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

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

Activity Name: Pediatric Palliative Care Program supply carts

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

Sustainability Plan: One-time

Q3 FY 2023 Update: Home Health Agencies are participating in the program and are purchasing approved supplies and submitting invoices for reimbursement.

Q1 FY 2023 Update (Approved 10/13/22): The Department of Health is finalizing program requirements related to disbursement of funds, purchase, and distribution of

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supplies intended to enhance the quality and child, family, and provider experiences of home-based pediatric palliative care across the State of Vermont.

Activity Name: Contractor support to design and implement meaningful stakeholder engagement opportunities for individuals with disabilities

Target Population: Individuals with HCBS needs and families.

Sustainability Plan: One-time

Q3 FY 2023 Update: The Agency is aligning stakeholder engagement activities to allow for partnership with the Conflict of Interest Plan Advisory Committee [See Section 1 (c)].

Q1 FY 2023 Update (Approved 10/13/22): The Agency is continuing to develop a Request for Proposals.

Q3 FY 2022 Update (Approved 5/3/22): The Agency is drafting a Request for Proposals for a Stakeholder Engagement Contractor to support implementation of the State's HCBS Spending Plan throughout the funding term which is anticipated for release in February 2022. Further details about the scope of work were added to the HCBS Spending Plan.

Activity Name: Home Health Access Study

Target Population: Individuals with HCBS needs and families.

Sustainability Plan: One-time

Q3 FY 2023 Update: No update.

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

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

Through this opportunity, the State plans to use \$20,301,084 to fund the purchase of technology infrastructure, provide financial support to HCBS providers to support encounter data submission requirements pertaining to value-based payment reform, purchase equipment to allow direct service staff to enter data at the point of care, and create an electronic patient engagement platform.

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

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

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

- HCBS providers' selection, procurement, and modification of care coordination and EHR data systems to meet care coordination, quality improvement, and reporting needs, and help providers connect to the VHIE;
- Efforts to standardize data collection to improve efficiency of data collection processes;

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- Efforts to capture SDOH data and communication with and referrals to social service providers and state and local human services agencies that have historically not been connected to health data and health systems; and
- Training needs associated with performance measurement and predictive analytics.

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

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

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

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

Activity Name: Data reporting and analytics for CANS and ANSA assessment data

Sustainability Plan: One-time

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

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

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

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

Sustainability Plan: One-time

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

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

Sustainability Plan: One-time

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

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

- Vermont received expenditure authority for the \$14.9 million (total computable) MDAAP under the State's Global Commitment to Health 1115 Demonstration waiver effective July 1, 2022.

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- A Program Administrator will begin onboarding in July 2022.
- The State is working on a Request for Proposals for consulting services to aid the State in developing the MDAAP program by (1) evaluating how Medicaid providers currently store, access, utilize, and share information and (2) using the findings from the evaluation to design a program to increase electronic data collection and exchange amongst the Medicaid provider community. This will result in the development of the MDAAP Incentive Payment Protocol for submission to and approval by CMS. Vermont's recently approved Final State Medicaid Health Information Technology Plan with Landscape Analysis will be provided to consultants for review as part of their research and market analysis.
- Major milestones and a schedule for program development were developed.

c. Improve Care Coordination and Care Management

The State plans to use \$4,580,028 in funding to enhance care coordination activities. Provider innovation grants will be issued to support efforts to improve care integration of HCBS with other services. These grants will support a range of proposed activities such as co-location of staff, program model design and implementation, and data-sharing initiatives.

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

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

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- Expanding use of new reporting and analytic technologies to harness the power of integrated data for improving outcomes, reducing cost, and enabling informed decision making.

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

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

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

Activity Updates: [3\(c\) Improve Care Coordination and Care Management](#)

Activity Name: Expand use of VTHelplink

Target Population: Individuals with substance use disorders.

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

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

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

Q3 FY 2022 Update (Approved 5/3/22): ADAP has developed a methodology for offering provider incentives and support for integrating with VTHelplink, a centralized

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resource website and call center for Vermonters in need of substance use disorder treatment and/or information.

c. [Address Social Determinants of Health \(SDOH\)](#)

Vermont plans to use \$2,750,000 for initiatives that promote health equity and reduce health disparities experienced by people with HCBS needs. The State will award grants to providers seeking to test the use of flexible funding to address health-related social needs. These opportunities will allow providers to address issues identified in their communities and develop partnerships with community-based organizations.

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

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

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

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

Activity Updates: 3(d) [Social Determinants of Health \(SDOH\)](#)

No updates to report at this time.

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d. Administration of Activities

Vermont plans to use \$3,876,516 for three or more staff positions and related operating costs and/or contractors to implement and administer programs associated with this opportunity and provide overall program oversight and reporting. These staff positions will support the Agency of Human Services (AHS) in managing the programmatic and financial activities required to fulfill the requirements of this program and staff to implement activities to enhance, expand, and strengthen HCBS within AHS departments. Staff will also support ongoing stakeholder engagement activities as the spending plan is implemented and refined over time.

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

Activity Updates: 3(e) Administration of Activities

Activity Name: Staffing

Sustainability Plan: Temporary through 3/31/25

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

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

 e. Capital Investments

The State plans to use \$8,050,143 in funding for a grant opportunity to support HCBS providers with necessary capital improvements that enhance and strengthen HCBS through a one-time investment that can be used for purposes such as increasing

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accessibility, promoting safety, improving services, promoting provider sustainability, and increasing energy efficiency. This grant opportunity will only be available to HCBS providers that are delivering services that are listed in Appendix B of SMDL #21-003 or could be listed in Appendix B of SMDL #21-003 (e.g. mental health and substance use disorder services that are covered under another benefit but could be covered under the rehabilitative services benefit). Funding related to the delivery of 1915(c) or 1915(i) services will only be available to providers for settings that are fully compliant with the home and community-based services settings criteria or for settings that will become compliant with the home and community-based services settings criteria due to improvements funded through this grant opportunity. Funding related to the delivery of HCBS State Plan services will only be available to HCBS providers for outpatient services.

Activity Updates: 3(f) Capital Investments

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

Target Population: To be determined.

Sustainability Plan: One-time

Q3 FY 2023 Update: No update.

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

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

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

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

Sustainability Plan: One-time

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

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

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

Assumptions

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

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

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Considerations

Budget Neutrality and Section 1115 Medicaid Waiver Renewal

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

Ongoing Stakeholder Engagement

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

Appendix

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

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

HCBS FMAP Staffing Budget Projections

Total allocation for staffing in the HCBS FMAP Budget: \$3.98 million (as of 5/12/23)

Dept	Position #	Position Title/Contractor	Status	Hourly Rate	Report to	Monthly w/ fringe	Start Date	End Date	Budget FY23	Budget FY24	Budget FY25	Total Budget	HCBS FMAP Activities	Additional Notes
AHS CO	720248	Administrative Services Director	Approved and hired. Fran Hodgins started 6/20/22	\$39.16	Wendy Traflet	\$8,503	6/20/2022	3/31/2025	\$114,034	\$114,034	\$85,525	\$313,593	Oversee and administer the HCBS FMAP spending plan; coordinate contracts and grants to a variety of parties to spend down funds in a timely manner.	
DVHA	730488	Medicaid HCBS Policy Analyst	Approved; Connor O'Dea started Jul 2022	\$36.64	Ashley Berliner	\$8,891	11/1/2022	3/31/2025	\$71,130	\$106,696	\$80,022	\$257,848	HCBS policy analysis	
AHS CO	720248	Administrative Services Manager (ASD)	Approved; position filled. Janet Overstreet	\$37.07	Tracy O'Connell	\$8,996	11/1/2022	3/31/2022	\$35,982	\$53,974	\$40,480	\$130,437	HCBS contracting support	50% of this position will support HCBS FMAP work; this is reflected in the budget estimates.
DAIL	760368	DDSD Residential Program Developer (H.720)	Approved; position has been filled and started.	\$38.11	Jennifer Garabedian	\$9,248	12/1/2022	3/31/2025	\$64,736	\$110,976	\$83,232	\$258,945	Residential Alternative Regional Pilot Planning Grants	Required as part of H.720
DAIL	760374	Administrative Services Manager (ASD)	Approved; position has been filled and started. Carolyn Bowen	\$28.02	Angela Smith-Dieng	\$6,800	2/13/2023	3/31/2025	\$33,998	\$81,594	\$61,196	\$176,788	Manage ASD's efforts to implement HCBS FMAP initiatives, including grant and contract administration, implementation coordination, reporting, and stakeholder engagement where appropriate.	
DAIL	760375	Administrative Services Manager (DOSD)	Approved; position has been filled, starting 3/13/23. Annette Steinhart	\$34.70	Jennifer Garabedian	\$8,421	3/13/2023	3/31/2025	\$33,682	\$101,046	\$75,785	\$210,513	Manage DOSD's efforts to implement HCBS FMAP initiatives, including grant and contract administration, implementation coordination, reporting, and stakeholder engagement where appropriate.	
DMH	840378	Business Project Manager	Approved; interviewing		TBD		4/1/2023	3/31/2025	\$26,922	\$107,687	\$80,765	\$215,374	Provider grants: Improve care integration of HCBS with other services. Activities could include co-location of staff, program model design and implementation, and data-sharing initiatives.	
DMH	840375	MH Analyst III	Approved; posting positions.		Sheila Leno Ellis		4/1/2023	3/31/2025	\$25,632	\$102,529	\$76,897	\$205,058	Provider grants: Improve care integration of HCBS with other services. Activities could include co-location of staff, program model design and implementation, and data-sharing initiatives.	
DMH	840377	DMH Care Manager	Approved; posting positions.		Nerenberg		4/1/2023	3/31/2025	\$26,922	\$107,687	\$80,765	\$215,374	Contractor Support: Improve HCBS monitoring	
DMH	840376	MH Children's Care Manager	Approved; posting positions.		Dana Robson		4/1/2023	3/31/2025	\$25,632	\$102,529	\$76,897	\$205,058	Contractor Support: Improve HCBS monitoring	
DVHA		Contractor for Policy TA	Approved; Lindsay Parker		Ashley Berliner							\$99,000	Requested by Ashley to support DVHA Policy related to HCBS.	
All		Computer equipment	ESTIMATED		All depts		6/20/2022	3/31/2025	\$0	\$0	\$0	\$45,500	Admin	Likely a high estimate.
DVHA		Policy Analyst	Submitted for LSP approval	\$36.64	Ashley Berliner	\$8,891	4/1/2023	3/31/2025	\$26,674	\$106,696	\$80,022	\$213,391	HCBS policy analysis	
AHS CO		Administrative Services Manager	Additional position to support Business Office w/ Contracts	\$37.07	Tracy O'Connell	\$8,996	4/1/2023	3/31/2022	\$20,240	\$80,961	\$60,721	\$161,922		Tracy estimates up to 75% of someone's time.
AHS CO		Health Care Reform Support person	Serious interest, exploring feasibility			\$0	8/1/2023	12/31/2024				\$150,000	Support provider grant administration	Pat exploring if this is a possibility
DVHA		Rate Studies Analyst	Indicated initial interest; not clear if this is moving forward	\$36.64		\$8,891	7/1/2023	3/31/2025	\$0	\$106,696	\$80,022	\$186,717	Support HCBS-related rate studies	Unclear if this team is moving forward; will connect with Pat (4/7/23)
Total									\$505,585	\$1,383,105	\$962,329	\$3,045,519		

Total currently allocated: \$3,876,516
 Total approved: \$2,333,488
 Total potential request: \$1,045,519
 Difference: total approved vs allocated: \$1,543,028
 Difference: total approved vs potential: \$830,997

Note: I assume all positions will have some COLA each year. Not factored in to current analysis.