

**VERMONT  
SECTION 1115 DEMONSTRATION  
FACT SHEET**

**Program Name:** Global Commitment to Health

**Waiver Number:** 11-W-00194/1

**Date Proposal Submitted:** April 15, 2005

**Date Proposal Approved:** September 27, 2005

**Date of Implementation:** October 1, 2005

**Date Extension Approved:** October 2, 2013

**Expiration Date:** December 31, 2016

**SUMMARY**

On April 15, 2005, Vermont submitted its formal proposal for the Global Commitment to Health section 1115(a) demonstration to CMS. The Global Commitment to Health section 1115(a) demonstration is designed to use a multi-disciplinary approach including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, public-private partnership, an initiative in employer sponsored health insurance (through December 31 2013), and program flexibility. The initial Global Commitment to Health Demonstration was approved in September of 2005.

In October 2007, a component of the Catamount program was added to the demonstration. The offering consists of a premium subsidy to Vermonters who have been without health insurance coverage for a year or more, have income at or below 200 percent of the federal poverty level (FPL), and who do not have access to cost effective employer-sponsored insurance (ESI) as determined by the state.

In 2009, the state extended coverage to Vermonters at or below 300 percent of the FPL.

In 2011, the state included a palliative care program for children who are at or below 300 percent of the FPL and have been diagnosed with life limiting illnesses that would preclude them from reaching adulthood.

In 2012, an amendment was approved to eliminate the \$75 inpatient admission co-pay and to implement nominal co-payments for the Vermont Health Access Plan (VHAP) as articulated in the Medicaid state plan.

In 2013, CMS approved the extension of the Global Commitment to Health demonstration which included sun-setting the authorities for most of the 1115 Expansion Populations because they would be eligible for Marketplace coverage beginning January 1, 2014. The renewal also added the New Adult Group to the demonstration effective January 1, 2014. Finally, the renewal also included premium subsidies for individuals enrolled in a qualified health plan whose income is at or below 300 percent of the FPL.

On January 30, 2015, an amendment was approved to combine the Choices for Care and Global Commitment to Health section 1115 demonstrations.

The state's goal in implementing the demonstration is to improve the health status of all Vermonters by:

- Increasing access to affordable and high quality health care;
- Improving access to primary care;
- Improving the health care delivery for individuals with chronic care needs;
- Containing health care costs; and
- Allowing beneficiaries a choice in long-term services and supports and providing an array of home and community-based alternatives recognized to be more cost-effective than institutional based supports.

The state will employ the following principles in achieving the above goals:

- **Managed Care Delivery System:** The Global Commitment to Health demonstration authorizes a health care delivery system for state plan populations that is modeled after a managed care delivery system, but is administered by the state. Under this model, the Vermont Agency of Human Services (AHS) transfers funds (calculated on a per member per month basis) to the Department of Vermont Health Access (VHA), which delivers services to the populations served under the demonstration. These payments are reconciled to cost on a quarterly basis. DVHA will be able to make expenditures within the per member per month budget limits for the following:
  1. Reduce the rate of uninsured and, or, underinsured in Vermont;
  2. Increase the access of quality health care to uninsured, underinsured and Medicaid beneficiaries;
  3. Provide public health approaches to improve the health outcomes and the quality of life for the Medicaid-eligible individuals in Vermont; and
  4. Encourage the formation and maintenance of public-private partnerships in health care.
- **Removal of Institutional Bias:** Under the demonstration, Vermont provides a choice of settings for delivery of services and supports to older adults, people with serious and persistent mental illness, people with physical disabilities, people with developmental disabilities, and people with traumatic brain injuries;
- **Aggregate Budget Neutrality Cap:** Vermont will be at risk for the caseload and the per capita expenditures, as well as certain administrative costs for all demonstration populations. Vermont will have to manage this program within a total computable aggregate cap of approximately \$13.8 billion (total computable) over the approved eleven and a quarter year demonstration period. Effective January 1, 2014, the new adult group will not be included in the total computable aggregate cap, but will be subject to a separate per member per month budget neutrality limit; and
- **Marketplace Subsidy Program:** Effective January 1, 2014, Federal Financial Participation (FFP) will be available for state funds for a Designated State Health Program (DSHP) to provide a premium Marketplace subsidy program to individuals up to and including 300 percent of the FPL who purchase health care coverage in the Marketplace.

## **ELIGIBILITY**

The general categories of populations eligible under the demonstration are:

### **Mandatory and Optional State Plan Groups**

**Population 1:** Mandatory Categorically Needy

**Population 2:** Optional Categorically Needy

**Population 3:** Affordable Care Act New Adult Group

### **Demonstration Expansion Populations**

**Population 4:** 217-like categorically needy individuals receiving home and community based waiver (HCBW)-like services in the highest need group

**Population 5:** Expenditures for the 217-like categorically needy individuals receiving HCBW-like services in the high need group

**Population 6:** Expenditures for the HCBW-like services for the moderate needs group individuals who are not otherwise eligible under the Medicaid state plan. These individuals do not meet the eligibility requirements of the Medicaid state plan. They only receive a small subset of HCBW-like services as outlined in the STCs.

**Population 7:** Medicare beneficiaries who are 65 years or older or have a disability with income at or below 150 percent of the FPL, who may be enrolled in the Medicare Savings Program (MSP) but are not otherwise categorically eligible for full benefits.

**Population 8:** Medicare beneficiaries who are 65 years or older or have a disability with income above 150 percent and up to and including 225 percent of the FPL, who may be enrolled in the MSP, but are not otherwise categorically eligible for full benefits.

## **BENEFITS**

### **State Plan Benefits**

The demonstration provides services covered under the title XIX state plan to individuals in populations 1, 2, and 4. Benefits for individuals in population 3 are provided through an approved Alternative Benefit Plan SPA. All limitations on services under the title XIX state plan, program, rules, and policies shall also apply. A complete listing of covered services and limitations are contained in the Vermont approved title XIX state plan, Vermont statutes, regulations, and policies and procedures.

## Special programs

<b>Special Program Name</b>	<b>Services</b>	<b>Limitations</b>
Traumatic Brain Injury (TBI)	HCBS waiver-like services including crisis/support services, psychological and counseling supports, case management, community supports, habilitation, respite care, supported employment, environmental and assistive technology and self-directed care.	Any limitation on this service defined by Vermont rules and policies
Mental Illness Under 22	HCBS waiver-like services including service coordination, flexible support, skilled therapy services, environmental safety devices, counseling, residential treatment, respite, supported employment, crisis and community supports	Any limitation on this service defined by Vermont rules and policies
Community Rehabilitation and Treatment	HCBS waiver-like services including service coordination, flexible support, skilled therapy services, environmental safety devices, counseling, residential treatment, respite, supported employment, crisis and community supports	Any limitation on this service defined by Vermont rules and policies
Developmental Disability Services	HCBS waiver services, including service coordination, residential habilitation, day habilitation, supported employment, crisis services, clinical intervention, respite and self-directed care	Any limitation on this service defined by Vermont rules and policies

## Other Programs

Program Name	Services	Limitations
Palliative Care Program	Care coordination, respite care, expressive therapies, family training, and bereavement counseling	For children under the age of 21 years in populations 1, 2, and 3 who have been diagnosed with a life-limiting illness that is expected to be terminal before adulthood.

## Hospice

Vermont will provide hospice services concurrently with curative therapy to adults in populations 1, 2, and 3.

## Benefits for expansion populations

**Population 4:** Benefits as described in the Medicaid state plan and HCBS benefits described in the STCs.

**Population 5:** Benefits as described in the Medicaid state plan and HCBS benefits described in the STCs.

**Population 6:** Limited HCBS including Adult Day Services, Case Management, and Homemaker services.

**Population 7:** Medicaid Prescriptions, eyeglasses and related eye exams; MSP beneficiaries also receive benefits as described in the title XIX state plan.

**Population 8:** Maintenance Drugs; MSP beneficiaries also receive benefits as described in the title XIX state plan.

## DELIVERY SYSTEM

The Global Commitment to Health demonstration authorizes a health care delivery system for state plan populations that is modeled after a managed care delivery system, but is administered by the state. Under this model, the Vermont Agency of Human Services (AHS) transfers funds (calculated on a per member per month basis) to the Department of Vermont Health Access (VHA), which delivers services to the populations served under the demonstration.

## COST-SHARING

**Premiums and Co-Payments.** Premiums and cost sharing for populations 1, 2, and 3 must be in compliance with Medicaid requirements that are set forth in statute, regulation and policy. Premiums may be charged for this demonstration in accordance with the approved state plan.

Standard Medicaid exemptions from cost-sharing set forth in 42 CFR §447(b) applies to the demonstration.

Premiums for children through age 18 with income above 195 percent of the FPL through 312 percent of the FPL are outlined in Attachment G of the STCs.

The state must not apply co-payment requirements to excluded populations (children under age 21, pregnant women or individuals in long-term care facilities) or for excluded services/supplies (e.g., family planning).

### **DESIGNATED STATE HEALTH PROGRAMS**

The state implemented designated state health programs on January 1, 2014 to provide the following:

- Subsidies for premiums for individuals with incomes at or below 300 percent of the federal poverty level in Marketplace; and
- Community rehabilitation and treatment benefits to individuals with severe and persistent mental illness with incomes between 133 and 150 percent of the federal poverty level.