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## State Demonstrations Group

June 28, 2022

Jenney Samuelson  
Secretary  
Vermont Agency of Human Services  
280 State Drive  
Waterbury, VT 05671

Dear Secretary Samuelson:

In accordance with the Vermont Global Commitment to Health (GCH) section 1115(a) demonstration Special Terms and Conditions (STCs), the Centers for Medicare & Medicaid Services (CMS) has completed its review and is approving thirteen new public health, health care, and health-related investments. These investments meet the criteria specified in STC #11.1 and do not include any of the unallowable categories in #11.5.

The thirteen new investments that CMS is approving are listed below along with a description of how the investments meet the criteria specified in STC #11.1:

- **Pediatric Palliative Care Program Supply Carts** – This investment will fund pediatric palliative care supply carts which are supplies not currently found in Vermont’s Home Health Aides’ medical supply rooms. The carts would be used to reinforce the mission of palliative care; supporting the physical, emotional, and spiritual wellness of each child and family. This investment meets the requirement of STC 11.1(e) as it supports the state’s goal of providing home and community-based services (HCBS) and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$6,000 (total computable) through March 31, 2024.
- **988 Follow-Up Pilot Program** – This investment will support a 24/7 in-state response to the National Suicide Prevention Lifeline. Funding will be used by the Vermont Department of Mental Health to staff the call response, develop policies and practices to follow up with callers when requested, and support the development of a plan to transition the pilot to a Medicaid billable service. This investment meets the requirement of STC 11.1(c) as it supports the state’s goal of providing public health approaches, investments in social determinants of health, and other innovative programs that benefit low-income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$135,000 (total computable) through March 31, 2024.

- Stakeholder Engagement Activities – This investment will allow the state to procure a contractor to design and implement a multi-pronged stakeholder engagement strategy in support of activities associated with the 9817 American Rescue Plan opportunity. The strategy will include general public meetings to provide updates and seek input on the opportunity, a series of targeted meeting focused on specific activities within the plan to develop implementation strategies, and surveys and/or focus groups for individuals with HCBS needs and their families. This investment meets the requirement of STC 11.1(e) as it supports the state’s goal of providing HCBS and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$300,000 (total computable) through March 31, 2024.
- Regional Pilot Planning Grants – This investment will 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 HCBS regulations and reflect the diversity of needs of Vermont Medicaid members with developmental disabilities, including individuals with high support needs who require 24-hour care and individuals with specific communication needs. This investment meets the requirement of STC 11.1(e) as it supports the state’s goal of providing HCBS and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$500,000 (total computable) through March 31, 2024.
- Expand use of VTHelplink – This investment will be used to expand the use of VTHelplink in the SUD Preferred Provider network. VTHelplink is a centralized resource website and call center for Vermonters in need of SUD treatment and/or information. Funding will support providers to integrate into the centralized scheduling feature of the VTHelplink system. This investment meets the requirement of STC 11.1(e) as it supports the state’s goal of providing HCBS and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$612,000(total computable) through March 31, 2024.
- COVID-19 Response for HCBS Providers – This investment will provide grant funding to eligible HCBS providers and community-based organizations to purchase COVID-19-related items including personal protection equipment and isolation kits to protect the individuals they serve and their staff or caregivers who are at-risk or offer workforce wellness programming. This investment meets the requirement of STC 11.1(c) as it supports the state’s goal of providing public health approaches, investments in social determinants of health, and other innovative programs that benefit low-income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$1,000,000 (total computable) through March 31, 2024.
- Health and Wellness Program Grants – This investment will provide grant funding to HCBS providers and community-based organizations to develop and provide health and wellness programs designed for individuals with HCBS needs. This investment meets

the requirement of STC 11.1(e) as it supports the state’s goal of providing HCBS and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$1,000,000 (total computable) through March 31, 2024.

- Specialized Training Grants – This investment will provide grant funding to HCBS providers and community-based organizations seeking to develop and implement training opportunities to staff and individuals with HCBS needs. Trainings could include but would not be limited to self-advocacy, person-centered planning, motivational interviewing, trauma and recovery, cultural competency/disability and racial justice, de-escalation, and communication access. This investment meets the requirement of STC 11.1(b) as it supports the state’s goal of increasing the access to quality health care by low income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$1,200,000 (total computable) through March 31, 2024.
- Care Integration Grants – This investment will provide grant funding to HCBS providers to implement and operate programming that supports care integration of HCBS with other services across the care continuum. Activities could include but are not limited to co-location of staff, convening integrated care teams, program model design and implementation, and data-sharing initiatives. This investment meets the requirement of STC 11.1(b) as it supports the state’s goal of increasing the access to quality health care by low income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$2,000,000 (total computable) through March 31, 2024.
- Bonus Payments to HCBS Providers – This investment will provide bonus payments to eligible part-time and full-time direct support providers who commit to a service agreement of one calendar quarter. This investment meets the requirement of STC 11.1(b) as it supports the state’s goal of increasing the access to quality health care by low income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$5,750,000 (total computable) through March 31, 2024.
- Grants to Address Health-Related Social Needs – This investment will create a grant opportunity for eligible HCBS providers and community-based organizations to offer one or more services or programs intended to address health-related social needs of people with HCBS needs. Allowable services or programs will be services that could be delivered through 1915(c) and 1915(i) authorities such as employment supports, case management, housing and tenancy supports, peer support services, home-delivered meals, assistive technology, or non-medical transportation. This investment meets the requirement of STC 11.1(c) as it supports the state’s goal of providing public health approaches, investments in social determinants of health, and other innovative programs that benefit low-income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$700,000 (total computable) through March 31, 2024.

- Grants to Support Implementation and Data on Social Determinants of Health (SDoH) – This investment will create a grant opportunity that will provide funding to eligible HCBS providers to select, implement, and/or integrate SDoH screening tools or available SDoH data into their intake and assessment processes. This investment meets the requirement of STC 11.1(c) as it supports the state’s goal of providing public health approaches, investments in social determinants of health, and other innovative programs that benefit low-income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont. The state expects this investment will cost \$700,000 (total computable) through March 31, 2024.
- Equipment and Technology Grants – This investment will create a grant opportunity for eligible HCBS providers to purchase equipment and secure technology (e.g. tablets, laptops, licenses) that will improve provision of care and reduce administrative burden by allowing direct staff to collect and enter data at the point of care, such as homes and community settings. This investment meets the requirement of STC 11.1(e) as it supports the state’s goal of providing HCBS and supports necessary to increase community living for individuals in Vermont at risk of needing facility-based care. The state expects this investment will cost \$750,000 (total computable) through March 31, 2024.

As stipulated in STC #11.8(a), the state must maintain a list of active, retired, completed, and new investments in the state’s quarterly monitoring reports. Additionally, and as described in STC #11.8(b), the state will evaluate all investments authorized under the demonstration. When the state submits its Evaluation Design it must include these new investments.

If you have any questions, please contact your CMS project officer, Ms. Rabia Khan. Ms. Khan can be reached at (410) 786-6276 or [Rabia.Khan1@cms.hhs.gov](mailto:Rabia.Khan1@cms.hhs.gov).

Sincerely,

Angela D. Garner  
Director  
Division of System Reform Demonstrations

Enclosures

Cc: Gilson DaSilva, State Monitoring Lead, Medicaid and CHIP Operations Group