Section 1115 Demonstrations: Vermont Global Commitment to Health

Public Comments

Title	Description	Created At
COMMENTS ON VERMONT'S GLOBAL COMMITMENT TO HEALTH WAIVER REQUEST I submit these comments on behalf of Vermont Legal Aid. These comments	COMMENTS ON VERMONT'S GLOBAL COMMITMENT TO HEALTH WAIVER REQUEST I submit these comments on behalf of Vermont Legal Aid. These comments summarize the comments we submitted during the state comment period, and we reiterate those comments here to the extent the State of Vermont did not respond by amending its waiver request. Waivers of federal Medicaid requirements are only permissible for demonstration projects put in place for research or experimental goals to demonstrate new and improved ways to deliver cost effective Medicaid services to eligible recipients. Several of the waivers requested by Vermont do not meet this criterion, and instead would give the state flexibility to avoid federal requirements without meeting the demonstration goals. As such, these requests for waivers should not be approved by CMS. We have two broad concerns with the waiver proposal. First, CMS should ensure that the Vermont's Medicaid Waiver does not restrict benefits or eligibility for existing Medicaid beneficiary populations or those mandatory populations who would be eligible under traditional Medicaid. The demonstration waiver should only expand eligibility and services. Federal requirements that Vermont Medicaid services be provided in amount, duration and scope sufficient to achieve the federal purpose of providing those services should be preserved for the traditionally-eligible Medicaid population. Second, any waivers approved by CMS must be more specific and narrowly tailored to their purpose than the broad requests Vermont articulated in the Waiver application. Important rights under federal law must not be waived unless the waiver meets a demonstration purpose. Specific examples are listed below. Amount, Duration and Scope We strongly urge CMS to narrow the requested waiver of federal "amount, duration and scope" requirements. This beneficiary protection assures that when services are provided, they are in sufficient quantity to meet the medical need for which the service is designed. We recognize that the waiver of "amount, duration and scope" requirements allows Vermont to provide some expanded services to current and new populations. However, Vermont's Global Commitment Waiver should not restrict Medicaid beneficiaries' access to the current level of Medicaid-funded services. Waiving federal "amount, duration and scope" requirements in effect eliminates the promise that current Medicaid beneficiaries will continue to receive the same level of traditional Medicaid-funded services. This waiver should be narrowed. CMS should ensure that Vermont Medicaid beneficiaries remain entitled to the same level of care that they are receiving now. It would be a serious roll-back of beneficiary protections to increase access to new populations and non-traditional Medicaid-funded services through Global Commitment, while eliminating federal assurances that the amount of traditional Medicaid-funded services will be adequate. Waiving the federal "amount, duration and scope requirements" for traditional Medicaid services meets no demonstration or experimental purpose, and should not be approved. SSI-Related Medicaid eligibility	2013-07-03 12:32

Title	Description	Created At
	It makes sense to simplify income-determination methodologies as much as possible. However, we are concerned that SSI-related populations, or subsets of them, would be adversely affected by a transition to the Modified Adjusted Income (MAGI) rules. SSI-related Medicaid rules currently disregard a substantial part of earned income. This is important for some beneficiaries' eligibility. All populations who are eligible for SSI-Related Medicaid under the current rules should be eligible after the transition to the new methodology. That needs to be explicitly stated. The use of MAGI rules for SSI-related Medicaid should be permissible only to the extent that all populations who currently qualify for SSI-related Medicaid should maintain eligibility in the new MAGI-based system. Restricting SS-related Medicaid eligibility for the administrative expediency of MAGI methodology does not meet a demonstration goal and should not be approved. Hearings and Appeals An initial Managed Care Organization (MCO) internal review through Vermont's Department of Health Access should not be mandatory. To ensure compliance with state and federal due process rights, the internal process for review should not be an impediment or barrier to the formal Human Services Board process for requesting an appeal through an independent fair hearing. We believe that the basic structure of the current fair hearing process should be maintained and that any internal review should be optional for the recipient. Reasonable Promptness CMS should not waive the reasonable promptness requirements for anyone, including highest needs long term care applicants. While we have no problem with a "person centered assessment and options counseling process" in concept, we have not seen specific descriptions of what it would entail. Participation in "options counseling" should not be an eligibility requirement for long term care. Assessment and counseling should not delay provision of long term care services, particularly for highest needs individuals. Vermont has consistently failed to process applications for Medicaid in accordance with federally-mandated time requirements. Applications for long term care Medicaid currently take many months to process. This is a significant burden on beneficiaries. Presumptive eligibility determinations should be expanded. The waiver extension should require the State to have an adequate infrastructure to timely process all Medicaid applications. Freedom of Choice The breadth and ambiguity of this request to restrict freedom of choice of provider is problematic. CMS must limit Vermont's waiver to only specialty providers of services; not to providers of traditional fee-for-service medical services. The waiver must be limited to enumerate the populations and programs affected (transportation brokers, home health agencies, designated mental health providers, area agencies on aging, etc.). We understand that beneficiaries purchasing a Qualified Health Plan through the Exchange will necessarily be limited to their plan's network of providers. There may be other specific programs for which this waiver is prudent or necessary. However, we object to an across-the-board restriction in choice of providers. The request is too broad, and requests authority beyond the needs of its stated demonstration goals. Cost sharing	

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	Vermont requests a broad waiver of restrictions on cost-sharing. Increasing cost-sharing by traditional mandatory Medicaid populations meets no demonstration, research, or experimental goal. Cost sharing for low-income people denies them access to medically necessary services. CMS should not approve this broad request to waive cost sharing requirements, and should ensure that no cost sharing is imposed on low income traditional Medicaid populations. Thank you for your consideration of our comments. We respect and take seriously the role of CMS in promoting expanded access to healthcare and protecting traditional Medicaid recipients. Barbara Prine Staff Attorney Vermont Legal Aid, Inc. P.O. Box 1367 Burlington, VT 05402 bprine@vtlegalaid.org	
COMMENTS ON Section 1115 Demonstration VERMONT GLOBAL COMMITMENT TO HEALTH	COMMENTS ON VERMONT'S GLOBAL COMMITMENT TO HEALTH I submit these comments on behalf of the Community of Vermont Elders and the Senior Citizens Law Project of Vermont Legal Aid. These comments summarize the comments we submitted during the state comment period, and we reiterate those comments here again to the extent the State of Vermont did not respond by amending its waiver request. Our fundamental concern relates to the administration of the Choices for Care long term care Medicaid waiver as it is included into Global Commitment. Although there have been aspects of CFC that have been successful in Vermont, from the perspective of beneficiaries, and from advocacy organizations on behalf of beneficiaries, that have also been major ongoing problems with Choices for Care, and repeated failure by the State of Vermont to follow the existing terms and conditions imposed by CMS, as well as state law that governs the budgeting and operation of CFC. Specifically, Choices for Care, as an 1115 waiver proposal, was intended to expand services and eligibility for long term care services in Vermont. Vermont did in fact expand CFC for the first two years of operation, 2005-2007. Since that initial expansion period, overall enrollment and participation in CFC has essentially leveled off or actually dropped for home based services. The State of Vermont has also failed to expand the funding for home based services, and has repeatedly and consistently taken the savings from CFC and diverted those savings to other general purposes in the state budget. Under the original terms and conditions and in the extension of CFC, CMS required the State of Vermont to expand home based services by the equivalent of 100 slots per year. Since 2007, Vermont has consistently failed to do so. CMS imposed that condition in order to require Vermont to continue to expand home and community based services. In the response to our comments submitted to the state, Vermont now suggests that term and condition is now "antiquated". We disagree. Not only should that term and condition be continued, CMS should impose additional terms and conditions that require Vermont to comply with that requirement and require Vermont to actively expand home and community services as part of this waiver. We suggest several ways for CMS to enforce this term and clarify the requirement to expand home based services for Vermont. First, CMS	2013-07-02 12:44

Title	Description	Created At
	should specify a methodology to determine savings achieved through CFC, and require that Vermont reinvest those savings into CFC. Vermont should not be allowed to balance its state budget though this Medicaid expansion waiver. Second, CMS should eliminate or strictly limit any ability for Vermont to impose a "waitlist" for long term care services under CFC. There is no longer any factual or financial justification for restricting access to home based services, in light of the substantial savings captured by the state each year, and the lack of any meaningful expansion since 2007. Our third suggestion relates to one of innovative aspects of Vermont's CFC program, the "moderate needs group". This is the expansion population targeted in the CFC waiver. Although the MNG expanding initially under CFC, that expansion stopped for several years, and has only started again on a limited and restricted basis. CMS should require Vermont to fully fund the MNG and expand it substantially, to restore CFC to where its baseline should have been by now, in 2013. Further, Vermont's method of financially administering the MNG is seriously problematic. Currently, Vermont allocates limited and restricted MNG funds to home health providers around the state, and allows those providers to ration access to the program and to the services available. This is not justified by the CFC waiver, and is not a proper method for the administration of Medicaid funded services. CMS should require Vermont to administer the MNG on a consistent, state-wide basis. The State of Vermont, through AHS and DAIL, should be required to process MNG applications and eligibility determinations, maintain any waitlists, and determine and monitor level of services. Finally, the State of Vermont has major problems processing Medicaid applications. This problem is particularly pronounced for long term care Medicaid, namely CFC. CMS should require Vermont to correct its deficiencies in timely application processing, and should work with Vermont to simplify and streamline application processing, including for CFC. Thank you for your consideration. Michael Benvenuto Project Director Senior Citizens Law Project Vermont Legal Aid, Inc.	
the section for comments on the Vermont Global Commitment 1115 waiver is not working properly	It would be helpful if there were some description of whom to comment to rather than a link that does not work!!	2013-07-02 11:44