

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
WAIVER AUTHORITY**

**NUMBER:** 11-W-00194/1  
**TITLE:** Global Commitment to Health Section 1115 Demonstration  
**AWARDEE:** Vermont Agency of Human Services (AHS)

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived in this list, shall apply to the Demonstration project from January 1, 2011 through December 31, 2013. These waivers do not apply to the excluded populations of recipients of long term care services who are served under the Vermont LTC Section 1115 Demonstration other than community residential treatment.

Under the authority of section 1115(a)(1) of the Social Security Act (the Act) the following waivers shall enable Vermont to implement the Global Commitment to Health section 1115 Demonstration:

**1. Statewideness/Uniformity** **Section 1902(a)(1)**

To the extent necessary to enable Vermont to operate the program differently in different geographical areas of the State.

**2. Hearings and Appeals** **Section 1902(a)(3)**

To permit the State to offer an initial hearing on coverage denials through the Department of Vermont Health Access, with an opportunity to appeal to a Fair Hearing before the State Medicaid agency.

**2. Amount, Duration, Scope of Services** **Section 1902(a)(10)(B)**

To enable Vermont to vary the amount, duration and scope of services offered to various mandatory and optional categories of individuals eligible for Medical assistance under the Demonstration as long as the amount, duration and scope of covered services meets the minimum requirements under title XIX of the Act and the special terms and conditions.

**3. Financial Eligibility** **Section 1902(a)(10)(C)(i)(III)**

To allow the State to use institutional income rules (up to 300 percent of the Supplemental Security Income payment level) for medically needy enrollees electing home-based services in lieu of nursing facility or in lieu of other residential care services in licensed settings while allowing resource limits up to \$10,000.

**4. Comparability** **Section 1902(a)(17)**

To the extent necessary to enable the State to use more liberal income and resource standards and methods for plan groups and individuals.

**5. Financial Responsibility/Deeming** **Section 1902(a)(17)(D)**

To the extent necessary to enable the State to use more liberal income and resource standards and methods for plan groups and individuals whose eligibility is determined under the more liberal standards and methods, resource standards, and requirements that differ from those required under title XIX. The waiver would specifically exempt the State from the limits under section 1902(a)(17)(D) on whose income and resources may be used to determine eligibility unless actually made available, and so that family income and resources may be used instead.

To enable the State to disregard quarterly income totaling less than \$20 from the post-eligibility income determination.

**6. Payment to Providers** **Sections 1902(a)(13)  
1902(a)(30)**

To allow the State, through the Department of Vermont Health Access, to establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State plan.

**7. Spend-Down** **Section 1902(a)(17)**

To enable the State to offer 1-month spend-downs for medically needy people receiving community-based services as an alternative to institutionalization, and non-institutionalized persons who are receiving personal care attendant services at the onset of waivers.

**8. Freedom of Choice** **Section 1902(a)(23)**

To enable the State to restrict freedom of choice of provider for the demonstration participants to the extent that beneficiaries will be restricted to providers enrolled in a provider network through the Department of Vermont Health Access for the type of service at issue, but may change providers among those enrolled providers.

Demonstration waiver participants enrolled in special programs may only have access to the providers participating in the special programs, and will not have access to every Medicaid enrolled provider in the State.

**9. Premium Requirements** **Section 1902(a)(14)  
Insofar as it incorporates Section 1916**

To permit Vermont to impose premiums in excess of statutory limits for optional populations as reflected in the special terms and conditions.