

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

May 26, 2022

Jenney Samuelson
Interim 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 updating the investments in Attachment H with two new investments. These investments meet the criteria specified in STC 83(b) – expenditures which increase access to quality health care by uninsured, underinsured, and Medicaid beneficiaries. The updated list of investments does not modify the previously granted expenditure authority for these investments and CMS is not changing the cap on investments as stipulated in STC 85. Due to the December 2021 temporary extension of the Vermont GCH demonstration, the investment cap is limited to \$68 million (total computable), and both investments fit under this investment limit.

The two new investments are listed below along with a description of how the investments meet the criteria specified in STC 83(b):

- **Workforce Recruitment and Retention Incentive Grant Program** – This investment will award eligible home and community-based services (HCBS) providers with funding to make recruitment and retention incentive payments to their employees and prospective employees. Therefore, this investment meets the requirement of STC #83(b) by reducing staff turnover and vacancy rates in order to improve access to HCBS. As this investment involves the provision of services, the state will claim at its federal medical assistance percentage. The state expects this investment will cost \$25 million (total computable) for State Fiscal Year 2022.
- **Programming to provide alternatives to emergency room mental health crisis care** – This investment will enable the development and expansion of four models of crisis care, including Psychiatric Urgent Care for Kids (PUCK) programs, emPATH (emergency Psychiatric Assessment, Treatment & Healing unit), The Living Room Model, and CAHOOTS (Crisis Assistance Helping Out On The Streets). The PUCK program is an initiative where a designated mental health agency and a hospital provide a safe

alternative crisis intervention site for elementary-aged children who are in mental or psychological distress at school instead of directing them to a hospital emergency department. 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. This investment meets the requirement of STC #83(b) by increasing the availability of community-based crisis supports. As this investment involves the provision of services, the state will claim at its federal medical assistance percentage. The state expects this investment will cost \$4.8 million (total computable) for State Fiscal Year 2022.

CMS has incorporated the updated investments in the updated Attachment H of the STCs. Please find enclosed the updated Attachment H. 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.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosures

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

Attachment H

No.	Investment Name
40.	Epidemiology
41.	United Ways 2-1-1
42.	Quality Review of Home Health Agencies
43.	Support and Services at Home (SASH)
44.	Vermont Blueprint for Health
45.	Green Mountain Care Board
46.	Immunization
47.	Patient Safety - Adverse Events
48.	Poison Control
49.	Healthy Homes and Lead Poisoning Prevention Program
50.	Tobacco Cessation: Community Coalitions
51.	Vermont Blueprint for Health
52.	Buy-In
53.	HIV Drug Coverage
54.	Designated Agency Underinsured Services
55.	Medical Services
56.	Aid to the Aged, Blind and Disabled CCL Level III
57.	Aid to the Aged, Blind and Disabled Res Care Level III
58.	Aid to the Aged, Blind and Disabled Res Care Level IV
59.	Essential Person Program
60.	GA Medical Expenses
61.	Therapeutic Child Care
62.	Lamoille Valley Community Justice Project
63.	Mobility Training/Other Services-Elderly Visually Impaired
64.	DS Special Payments for Medical Services
65.	Seriously Functionally Impaired: DAIL
66.	MH Outpatient Services for Adults
67.	Respite Services for Youth with SED and their Families
68.	Seriously Functionally Impaired: DMH
69.	Intensive Substance Abuse Program (ISAP)
70.	Intensive Domestic Violence Program
71.	Community Rehabilitative Care
72.	Family Supports
73.	Renal Disease
74.	TB Medical Services
75.	Family Planning
76.	Statewide Tobacco Cessation
77.	Home Sharing
78.	Self-Neglect Initiative
79.	Mental Health Consumer Support Programs

80.	Intensive Sexual Abuse Prevention Program
81.	OneCare Vermont Accountable Care Organization (ACO) Quality and Health Management Measurement Improvement Investment
82.	OneCare Vermont ACO Advanced Community Care Coordination
83.	One Care Accountable Care Organization Primary Prevention Development Investment
84.	OneCare Vermont Accountable Care Organization Expanded Advanced Community Care Coordination
85.	OneCare Vermont Accountable Care Organization Mental Health Investment
86.	OneCare Vermont Accountable Care Organization Quality and Health Management Measurement Improvement Initiative
87.	Vermont Achievement Center – Mandala and Sanctuary Houses
88.	OneCare Vermont Accountable Care Organization Expanded Advanced Community Care Coordination Team Training, Technical Assistance, and Expansion of the Developmental Understanding and Legal Collaboration for Everyone (DULCE) Model
89.	Workforce Recruitment and Retention Incentive Grant Program
90.	Psychiatric Urgent Care for Kids (PUCK) programs, emPATH (emergency Psychiatric Assessment, Treatment & Healing unit), The Living Room Model, and CAHOOTS (Crisis Assistance Helping Out On The Streets)