

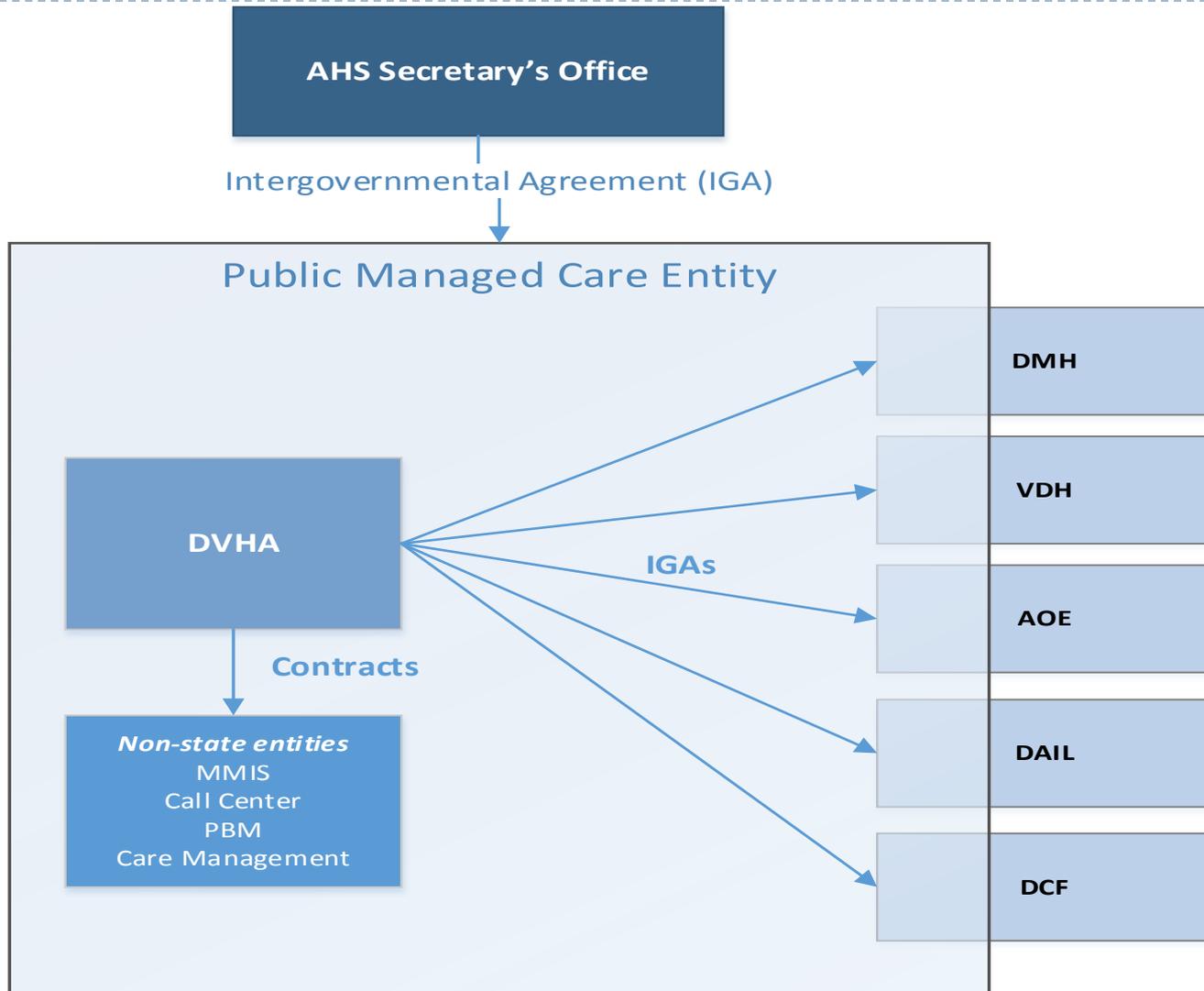


Global Commitment to Health: Model, Programs and Funding



August 2015

Model:



Model: Waiver and State Plan

Global Commitment Waiver

Waivers of State Plan requirements

Establishes a Public Managed Care Model including concept of Managed Care Investments

Establishes Specialized programs and services

Adherence to Medicaid Managed Care Regulations (42 CFR 438 et. seq.)

Medicaid State Plan:

Eligibility

Covered Services

Provider types & qualifications

Reimbursement

Adherence to traditional Medicaid regulations



Model: Eligibility



Medicaid State Plan:

- Eligibility
- Covered Services
- Provider types & qualifications
- Reimbursement

Medicaid eligible

Global Commitment Waiver:

Specialized programs and services

Medicaid eligible

Designated State Health Programs (VPA and CRT)

Non-Medicaid

Managed Care Organization Investments (MCOI)

Medicaid & Non-Medicaid



STATE PLAN SERVICES

All Medicaid State Plan Services must meet the following criteria:

- Medically necessary, as defined by CMS
- Fall under the categories of mandatory or optional services defined by CMS
- Be provided to Medicaid beneficiaries only
- Be provided by Medicaid-enrolled providers (that meet provider qualifications approved by CMS; qualifications vary based on service/provider)
- Use reimbursement methodology approved by CMS

Mandatory Services	Optional Services	
Inpatient hospital services	Prescription Drugs	Chiropractic services
Outpatient hospital services	Clinic Services	Other Practitioner services
Rural health clinic services	Physical Therapy	Private duty nursing services
Nursing Facility services	Occupational Therapy	Personal Care
Home health services	Eyeglasses	Hospice
Physician services	Respiratory care services	Case Management
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services	Other diagnostic, screening, preventive and rehabilitative services	Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
Federally qualified health center services	Podiatry services	Services in an intermediate care facility for Individuals with Intellectual Disability
Laboratory and X-ray services	Optometry Services	Home and Community Based Services
Family planning services	Dental Services	Self-Directed Personal Assistance Services
Nurse Midwife services	Dentures	Community First Choice Option- 1915(k)
Certified Pediatric and Family Nurse Practitioner services	Prosthetics	TB Related Services
Freestanding Birth Center services (when licensed or otherwise recognized by the state)	Speech, hearing and language disorder services	Inpatient psychiatric services for individuals under age 21
Transportation to medical care	Tobacco cessation counseling	Health Homes for Enrollees with Chronic Conditions

Special Programs in the GC Waiver

STC 18 a. **Benefits.**

All covered services may be subject to medical review and prior approval by DVHA* based on medical appropriateness. 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.

STC 18 c. **Special programs.**

In addition to the services described in subparagraph (a), the state shall provide the following services, through “special programs” to individuals who would have been eligible under a separate 1915(c) waiver or the state’s prior 1115 demonstration. Service definitions for these programs are included in Attachment E.

* Refer to slide 2- DVHA here means the MCE.



Special Programs in the GC Waiver

Global Commitment Specialized Program Service Definitions

Vermont's specialized programs rely on person centered planning to develop individualized plans of care. Specialized programs support a continuum of care from short term crisis or family support to intensive 24/7 home and community based wraparound services.

These programs include both State Plan recognized and specialized non-State Plan services and providers to support enrollees in home and/or community settings.

The state may require: additional provider agreements, certifications or training not found in the State plan; specific assessment tools, level of care or other planning processes; and/or prior authorizations to support these programs. This attachment is for summary purposes only, complete service definitions, approved provider types, applicant rules, prior authorizations, limitations and exclusions can be found in Vermont statute, rule and policy.



Special Programs in the GC Waiver

Special Program Name	Services	Limitations
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, and 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, and 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

DS service definitions in the GC Waiver

Service Coordination: Case management and assistance to individuals and families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of medical, social, educational and other services and supports, including planning, advocacy, monitoring and supporting them to make and assess their own decisions.

Residential Habilitation: Home supports, services and supervision to an individual in and around their residence up to 24 hours a day. This may include support to a person in his or her own home; sharing a home with others (e.g., in an apartment, group home, shared living arrangement); or who lives with his or her family.

Day Habilitation: Community supports that are specific individualized and goal oriented services which assist individuals in developing skills and social supports necessary to promote positive growth. This may also include support for persons to prevent them from entering more restrictive levels of care such as:

Flexible Family Funding: One time support to assist a family not receiving other specialized services in maintaining their family member in home and diverting the use of more costly home and community based services or restrictive levels of care.

Specialized Treatment Plan Services: Services, supports or devices used to increase, maintain, or improve functional capabilities or health outcomes identified as the result of an approved assessment, plan of care and/or prior approval.

Supported Employment: Job coaching, on and off site support, and consultation with employers to support competitive employment in integrated community work settings.

Crisis Services: Time limited intensive services and supports that assist individuals to resolve a severe behavioral, psychological or emotional crisis safely in their community. This includes 24/7 availability, case management, hospital diversion programs, mobile outreach, community crisis placements and/or intensive in home support.

Clinical Interventions: Assessment, therapeutic, medication or medical services provided by clinical or medical staff.

Respite: Alternative care giving arrangements to facilitate planned short term and time limited breaks for care givers.

Self-Directed Care: When an individual, their family or surrogate meets requirements and chooses to manage some or all of their developmental services, the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental services funding, including contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency.



GC Specialized Programs and Services

Operations Unique to Global Commitment to Health Demonstration

Department	Program	Authorities Supporting Program	
		Section 1115	Managed Care Model
DAIL	Developmental Disability	Non-State Plan Services Populations Payment Models Eligibility Rules	
	Traumatic Brain Injury	Non-State Plan Services	
	Choices for Care	Non-State Plan Services Populations Payment Models Eligibility Rules	
	Bridge Program		Payment Reform (Performance Based Monthly Bundle)
DMH	Children's Enhanced Family Treatment	Non-State Plan Services Payment Model	
	Community Rehabilitation and Treatment		Non-State Plan Services Populations Payment Models Eligibility Rules Delivery system
	Jump on Board for Success (JOBS)		Payment Reform (Performance Based Monthly Bundle)
	Success Beyond Six Clinicians		Payment Reform (Performance Based Monthly Bundle)

GC Specialized Programs and Services

Operations Unique to Global Commitment to Health Demonstration

Department	Program	Authorities Supporting Program	
		Section 1115	Managed Care Model
DVHA	VPharm		Non-State Plan Services Populations
	Dental Dozen		Payment Reform (Supplemental Incentive)
	Blueprint		Payment Reform (CHT payments and PCP quality Incentive)
DVHA/GMCHB	Medicaid ACO		Alternative Delivery Model Payments
DVHA/VDH	Buprenorphine		Payment Reform (Case Rate and Incentive)
	Children's Palliative Care	Concurrent with Curative Care	Non-State Plan Rules Payment Model
DVHA/DAIL	Adult Hospice	Concurrent with Curative Care	
DVHA/VHC	Premium Subsidies	Non-State Plan Expenditures	



GC Specialized Programs and Services

Operations Unique to Global Commitment to Health Demonstration

Department	Program	Authorities Supporting Program	
		Section 1115	Managed Care Model
DCF	Children's Integrated Services		Payment Reform (Performance Based Monthly Bundle)
	Woodside Rehabilitation Center		Delivery Model Monthly Payment
	VT Coalition of Runaway and Homeless Youth Programs		Payment Reform (Performance Based Monthly Bundle)
AHS	AHS – Integrated Family Services		Payment Reform (Performance Based Monthly Bundle)

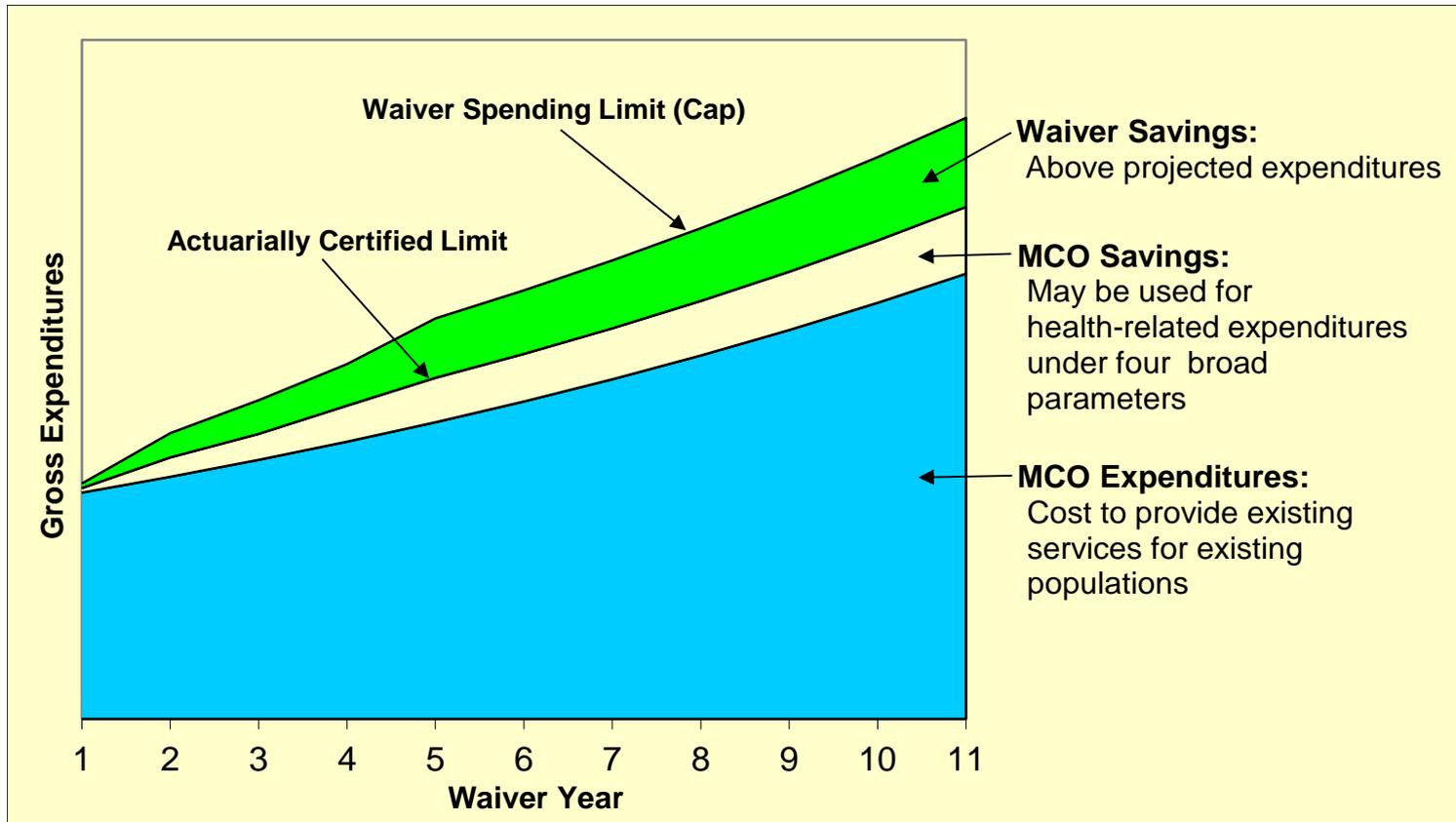


Funding

- ▶ Global Commitment expenditures must be budget neutral compared to what the State would have spent without the waiver.
 - ▶ Special Terms and Conditions establish an aggregate spending limit over the lifetime of the waiver (currently \$13.8 billion over 11.25 years)
- ▶ The managed care model design incorporates a second annual per member per month (PMPM) spending limit
 - ▶ Program spending is limited to the annual PMPM limit, established in accordance with federal requirements by an independent actuary across several rate categories, based on a CMS-approved methodology



Funding



- The Current Waiver Spending Limit excludes:
 - CHIP (however, policy is aligned under the waiver)
 - Disproportionate Share Hospital (DSH) Payments for uninsured clients
 - Enhanced FFP for IT Infrastructure, Affordable Care Act initiatives

Managed Care Organization Investments

Vermont has expenditure authority under the GCW to invest in health related services and activities, and draw federal receipts, for costs that would not otherwise be Medicaid matchable. These initiatives are known as “MCO Investments”.

CMS has approved four broad categories of expenditure as allowable under the demonstration:

- a. Reduce the rate of uninsured and/or underinsured in Vermont;
 - b. Increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries;
 - c. Provide public health approaches and other innovative programs to improve the health outcomes, health status and quality of life for uninsured, underinsured and Medicaid-eligible individuals in Vermont; and
 - d. Encourage the formation and maintenance of public-private partnerships in health care, including initiatives to support and improve the health care delivery system.
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End Of Presentation

Questions:

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