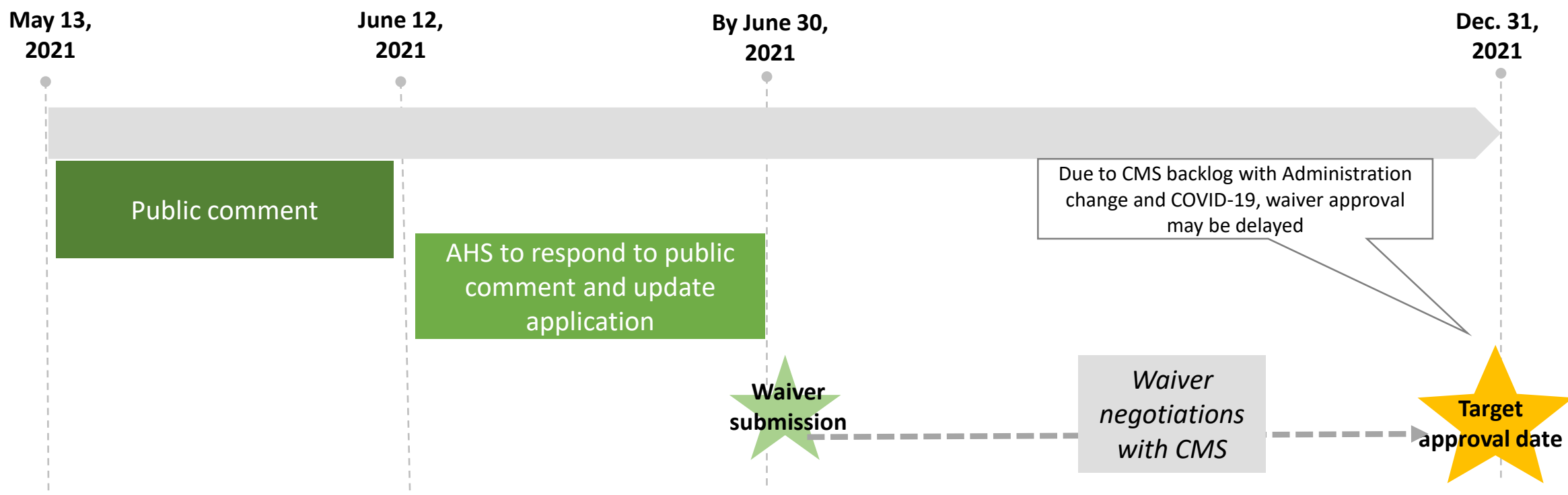




The Timeline for Global Commitment Renewal

The Global Commitment demonstration expires December 31, 2021.





DVHA is Preparing to Transition to a Risk-Bearing MCO

As part of its 1115 demonstration renewal, AHS is proposing that DVHA serve as a risk-bearing Medicaid managed care organization (MCO), taking on population health accountability and responsibility for all Medicaid populations and services. Concurrently, DVHA will continue to serve as an anchor payer in the All-Payer Accountable Care Organization (ACO) Model.

DVHA MCO Overview

- DVHA will function as a public, state-run Medicaid MCO and will be subject to all federal Medicaid managed care regulations.
- AHS will pay DVHA a monthly per member per month capitation rate for each Medicaid enrollee, which will include all Medicaid services.
- DVHA will manage spend within this capitation rate, working closely with the Department of Disabilities, Aging and Independent Living (DAIL), the Department of Mental Health, and other AHS departments with population-specific expertise.
- Like a commercial managed care plan, DVHA will have flexibility in how it uses its profits. Unlike a commercial managed care plan, DVHA will use all of its profits to reinvest in the people of Vermont through reforms and initiatives that advance whole-person health.



Advancing Toward Population-Wide, Comprehensive Coverage

Vermont proposes to add several new initiatives that will further expand coverage in the State.

Proposed New Initiatives

- **Obtain federal Medicaid matching funds for services provided to incarcerated adults 90 days prior to their scheduled date of release.** These pre-release inmates would receive full State Plan benefits.
- **Create a new eligibility group for uninsured or underinsured Vermonters between 133% and 225% FPL with a SUD,** granting access to a robust set of SUD treatment benefits, such as peer supports, skilled therapy services, crisis supports and residential treatment

Key continuing demonstration features include:

- Coverage for the Moderate Needs Group for Choices for Care (CFC)
- Community Rehabilitation and Treatment (CRT) expansion group
- Presumptive Medicaid eligibility for pregnant women
- Marketplace subsidies to help Vermonters purchase qualified health plans
- VPharm prescription drug premium and copay assistance for Vermonters enrolled in Medicare Part D



Implementing Innovative, Whole Person Care Models Across the Care Continuum

Vermont offers a robust array of services across the continuum of care. In the demonstration renewal, Vermont proposes several initiatives to fill remaining gaps in the continuum.

Proposed New Initiatives

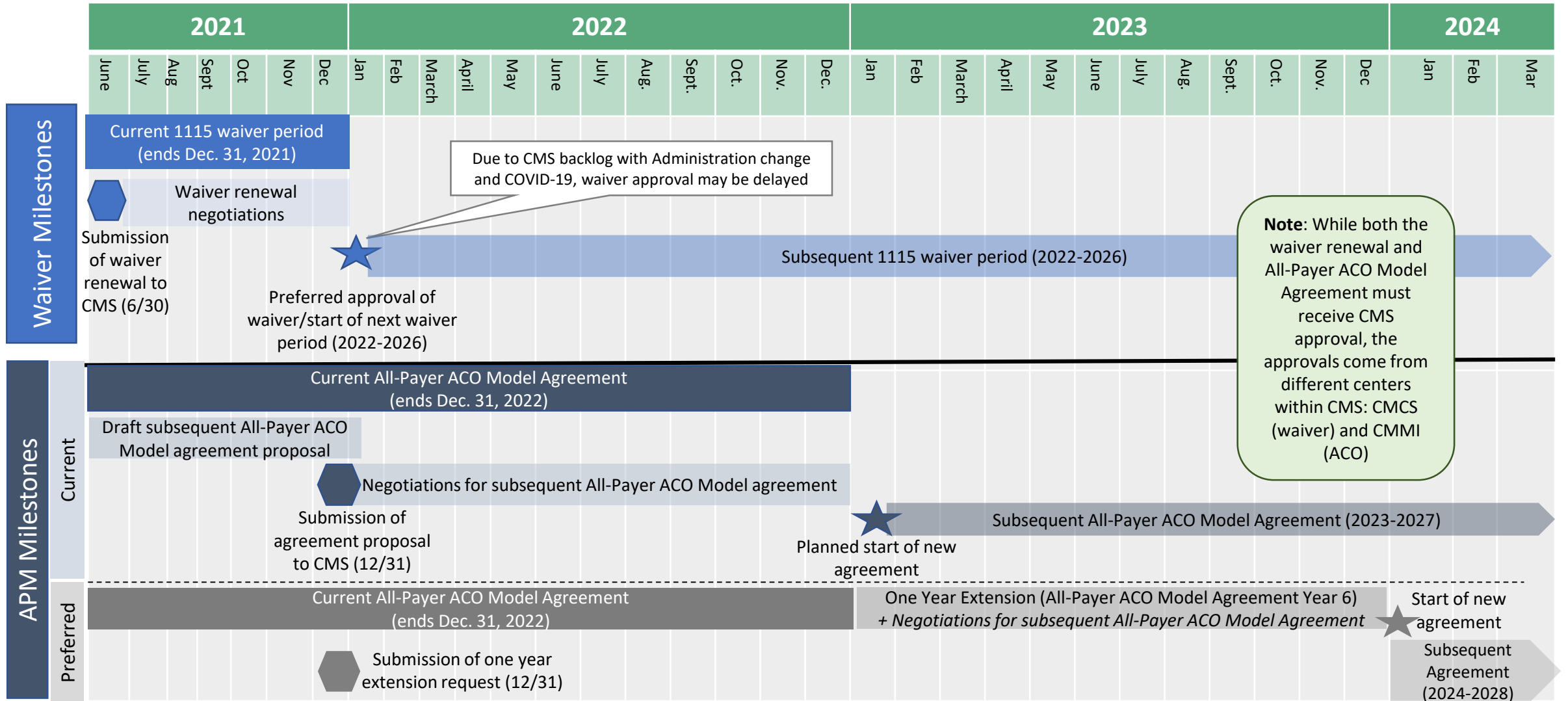
- **Implement a Permanent Supportive Housing Pilot** that would allow Vermont to cover pre-tenancy supports, tenancy sustaining services, and community transition services for adults who meet specific health- and risk-based criteria. Example services include housing needs assessments, connections to community resources, and coverage of expenses associated with landlord risk mitigation

Key continuing demonstration features include:

- Programs that provide home and community-based waiver-like services:
 - CFC
 - Developmental Disabilities Services
 - Brain Injury Program
 - Intensive Home and Community Based Services
 - CRT
- Enhanced hospice benefits for Vermonters with life-limiting illnesses
- Palliative care program for children with life limiting diseases
- Waivers of the IMD exclusion for mental health and SUD treatment

AHS Seeks to Leverage DVHA MCO for All-Payer Model Renewal

AHS intends to leverage the risk-bearing DVHA MCO model proposed in the 1115 waiver renewal for populations covered by other payers, including the Medicare and dual eligible populations. As AHS enters CMS negotiations for the 1115 waiver renewal and plans for the renewal of the All-Payer ACO Model Agreement, it intends to align planning and design to the maximum extent possible.



Note: While both the waiver renewal and All-Payer ACO Model Agreement must receive CMS approval, the approvals come from different centers within CMS: CMCS (waiver) and CMMI (ACO)



RESOURCE SLIDES



Summary of Public Comments

- Stakeholders engaged with AHS through a forum (2/25), hearings (5/27 & 6/3), and the 30-day public notice period.
- AHS has responded to 25 letters with support and comments on the topics included in the chart below.

Topic	Sub-Topic	Approx. # of comments
Transitioning DVHA to a Risk-bearing		22
Advancing Toward Population-wide Comprehensive Coverage	Moderate Needs Group (5), Vpharm (2), Medicaid Coverage for Inmates 90 Days Prior to Release from Prison or Jail (3) , SUD Community Intervention and Treatment Eligibility Group (3), Other (1)	14
Implementing Innovative Care Models Across the Care Continuum that Produce Value	Enhanced Hospice Benefit and Children’s Palliative Care (1), Choices for Care (2), Community Rehabilitative Treatment (4), Developmental Disabilities Services and Brain Injury Program (4), Permanent Supportive Housing Pilot (23)	34
Engaging Vermonters in Transforming Their Health		8
Waivers of the Institution for Mental Disease (IMD) Exclusion for Mental Health and SUD Treatment and Access to Family-Focused Residential Mental Health and SUD Treatment (12 comments)		12
Strengthening Care Coordination and Population Health Management Capabilities to Encompass the Full-Spectrum of Health-Related Services and Supports Advancing Integration of Care Coordination		5
Strengthening Providers’ Ability to Participate in Health Information Exchange, Advancing Population Health		2
Advancing Groundbreaking Payment Reform		7
Evaluation		2

Both DVHA and the All-Payer ACO Advance VBP

The DVHA MCO and the All-Payer ACO Model are both important components of Vermont’s strategy for advancing VBP in Medicaid. As a risk-bearing MCO, **DVHA** will assume risk for managing total cost of care. Under the All-Payer ACO Model, **providers** assume risk for managing total cost of care for patients insured by major payers in the State, including Medicaid.

