

Section 9817 of the
American Rescue Plan:
State Proposal to
Enhance, Expand or
Strengthen HCBS under
the Medicaid Program

Presentation to DAIL
Advisory Board

July 8, 2021

Funding Opportunity and Initial Spending Plan Overview

- ▶ Section 9817 of the American Rescue Plan of 2021 provides states with a 10% federal medical assistance percentage (FMAP) increase for Medicaid home and community-based services (HCBS) to implement or supplement the implementation of activities to enhance, expand, or strengthen HCBS. Guidance is [here](#)
- ▶ Time Periods
 - ▶ Increased FMAP is for expenditures occurring between 4/1/21 and 3/31/22
 - ▶ Use of the funding must be approved by CMS and may be used through 3/31/24
- ▶ [Vermont's Initial spending plan](#) was submitted on 6/14; CMS will review by 7/14
 - ▶ Spending plans may be modified quarterly as early as mid-July or mid-October
 - ▶ Vermont will modify the initial spending plan based on ongoing stakeholder engagement and will engage stakeholders on implementation of approved activities
- ▶ The initial plan has a strong emphasis on one-time, transformational investments to decrease ongoing sustainability concerns while strengthening the HCBS system such as:
 - ▶ Supporting the availability of high-performing providers,
 - ▶ Furthering care integration across the care continuum including SDOH,
 - ▶ Promoting value-based purchasing within HCBS programs, and
 - ▶ Developing infrastructure and systems to support program improvement and population health management.

Services eligible for increased FMAP

State Plan Services	HCBS Authorized under 1115 waiver
Home Health Care	Choices for Care Highest/High (excludes skilled nursing facilities)
Personal Care Services	Developmental Disability Services
Self-Directed Personal Care Services	Brain Injury Program
Case Management	Children's Mental Health
School Based Services	Community Rehabilitation and Treatment (CRT) (for participants who are Medicaid-eligible only)
Rehabilitative Services	Choices for Care Moderate Needs (for participants who are Medicaid-eligible only)
Private Duty Nursing	

- ▶ HCBS is defined broadly within CMS Guidance.
- ▶ Estimated projections indicate Vermont will claim \$65,673,865 in funds attributable to the increase in FMAP which will be employed as the state share to implement approved activities valued at \$161.9M.

Initial Spending Plan Details

Funding Category	Activity	Funding Amount
Improve Services	New and/or Additional Services	\$20,000,000
	Increase Payment Rates	\$47,125,799
	Strengthen Assessment and Person-Centered Planning Processes	\$4,000,000
Promote a high-performing and stable workforce	Address COVID-19 related concerns	\$5,000,000
	Training	\$5,000,000
	Recruitment and Retention	\$10,000,000
Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight	Quality Improvement	\$17,000,000
	Use of Technology and Cross-system Data Integration Efforts	\$35,000,000
	Improve Care Coordination and Care Management	\$5,764,769
	Address Social Determinants of Health (SDOH)	\$10,000,000
	Administration of Activities	\$3,000,000

Immediate Next Steps

- ▶ Discussions with CMS needed about 1115 Medicaid Waiver budget neutrality impact
- ▶ CMS feedback/approval of initial spending plan anticipated by 7/14
- ▶ Collect and analyze initial stakeholder feedback
 - ▶ Survey Monkey (prior to submission of initial spending plan)
 - ▶ [Global Commitment Register](#) Public Comment Period
 - ▶ Comment period extended through 8/16
 - ▶ Public Hearing added on 7/22 from 11 AM - 1 PM
- ▶ Convene Cross-Department Workgroup to:
 - ▶ Develop criteria for reviewing proposals
 - ▶ Develop longer-term stakeholder engagement strategy
- ▶ Refine initial spending plan based on stakeholder and CMS feedback