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H.730

Introduced by Representatives Krowinski of Burlington, Berry of Manchester,
Buxton of Tunbridge, French of Randolph, Haas of Rochester,
McCormack of Burlington, Mrowicki of Putney, Pugh of
South Burlington, Stevens of Waterbury, Yantachka of
Charlotte, and Zagar of Barnard

Referred to Committee on

Date:

Subject: Human services; Medicaid; Choices for Care; reimbursement;
nutrition services

Statement of purpose of bill as introduced: This bill proposes to require the
Secretary of Human Services to apply for an amendment to Vermont's Global
Commitment waiver to allow home-delivered meals to be treated as a
reimbursable covered service under the Choices for Care program. This bill
also proposes to require increases to Medicaid reimbursement rates for
home- and community-based service providers that are commensurate with
increases to Medicaid rates for nursing homes.

An act relating to Medicaid rates for home- and community-based services
and home-delivered meals as a reimbursable covered service

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. FINDINGS

3 The General Assembly finds that:

4 (1) The federal Medicaid 1115 long-term care waiver, known as the
5 Choices for Care waiver prior to being consolidated with Vermont's Global
6 Commitment to Health waiver, provides for a suite of home- and
7 community-based services to assist persons who are elders maintain their
8 independence and avoid nursing home placement.

9 (2) Choices for Care serves more Medicaid participants in alternative
10 settings than in nursing homes. As of October 2014, almost 52 percent of the
11 individuals enrolled in the waiver program were served in home- and
12 community-based environments.

13 (3) Serving individuals in the community:

14 (A) has resulted in lower use of nursing homes and at a lower cost
15 than nursing care;

16 (B) achieves desirable health outcomes; and

17 (C) produces high consumer satisfaction.

18 (4) In addition to homemaker, attendant, adult day, home health, respite,
19 home access improvements, and transportation services, nutrition services are
20 important in enabling people to remain in their homes and avoid
21 hospitalization and its associated higher costs.

1 (5) Home-delivered meals are not presently included in covered services
2 or plans of care under the Choices for Care program. The area agencies on
3 aging (AAAs) are designated by the State to coordinate and provide nutrition
4 to homebound persons who are elders, including home-delivered meals,
5 congregate meals, and nutrition counseling.

6 (6) In fiscal year 2013, the AAAs provided more than 1.1 million meals
7 in Vermont for persons who are elders. Although some of the meal recipients
8 were enrolled in the Choices for Care program, the costs of the meals are not
9 reimbursed under the program.

10 (7) Approximately 32 states provide home-delivered meals as part of
11 reimbursable home- and community-based services under their Medicaid
12 waiver programs.

13 (8) By statute, nursing homes are entitled to receive an annual
14 inflationary increase to their reimbursement rates, while home- and
15 community-based service providers are not.

16 Sec. 2. CHOICES FOR CARE; HOME-DELIVERED MEALS

17 (a) The Secretary of Human Services shall request approval from the
18 Centers for Medicare and Medicaid Services for an amendment to Vermont's
19 Global Commitment to Health waiver that allows home-delivered meals to be a
20 reimbursable covered service under the Choices for Care program when the
21 meals:

- 1 (F) services funded through the Older Americans Act;
- 2 (G) adult day services;
- 3 (H) home health services;
- 4 (I) respite services for families including an individual with
5 Alzheimer's disease or other forms of dementia;
- 6 (J) services provided by the Home Access Project of the Vermont
7 Center for Independent Living;
- 8 (K) programs providing meals for young people with disabilities;
- 9 (L) services provided by the Sue Williams Freedom Fund of the
10 Vermont Center for Independent Living;
- 11 (M) living skills services from the Vermont Association for the Blind
12 and Visually Impaired;
- 13 (N) services provided by Support and Services at Home (SASH);
- 14 (O) enhanced residential care;
- 15 (P) services under the Home Share Vermont program;
- 16 (Q) transportation services; and
- 17 (R) home-delivered meal services, pending approval from the
18 Centers for Medicare and Medicaid.

1 Sec. 4. 33 V.S.A. § 904 is amended to read:

2 § 904. RATE SETTING

3 (a) The Director shall establish by rule procedures for determining payment
4 rates for care of State-assisted persons to nursing homes and to such other
5 providers as the Secretary shall direct, as well as for inflationary rate increases
6 to providers of home- and community-based services. The Secretary shall
7 have the authority to establish rates that the Secretary deems sufficient to
8 ensure that the quality standards prescribed by section 7117 of this title are
9 maintained, subject to the provisions of section 906 of this title. Beginning in
10 State fiscal year 2003, the Medicaid budget for care of State-assisted persons in
11 nursing homes shall employ an annual inflation factor which is reasonable and
12 which adequately reflects economic conditions, in accordance with the
13 provisions of Section 5.8 of the ~~regulations promulgated~~ rules adopted by the
14 Division of Rate Setting (“Methods, Standards, and Principles for Establishing
15 Medicaid Payment Rates for Long-Term Care Facilities”).

16 (b) No payment shall be made to any nursing home, on account of any
17 State-assisted person, unless the nursing home is certified to participate in the
18 State/federal medical assistance program and has in effect a provider
19 agreement.

1 Sec. 5. 33 V.S.A. § 911 is added to read:

2 § 911. INFLATION FACTOR FOR HOME- AND COMMUNITY-BASED
3 SERVICES

4 The rates for providers of home- and community-based services authorized
5 by the Department of Vermont Health Access or the Department of
6 Disabilities, Aging, and Independent Living, or both, to provide home-based,
7 community-based, or home- and community-based services to individuals on
8 Medicaid or a Medicaid waiver program shall be increased by an annual
9 inflation factor commensurate with the average statewide inflation factor
10 applicable to all nursing homes pursuant to this chapter. The Division shall
11 calculate the aggregate inflation factor applicable to nursing homes annually
12 according to the procedure adopted by rule and shall report it to the
13 Departments for application to home- and community-based provider rates
14 beginning on July 1.

15 Sec. 6. EFFECTIVE DATE

16 This act shall take effect on passage and shall apply to home- and
17 community-based service provider rates on and after July 1, 2017.