

Vermont 1115 Global Commitment Waiver

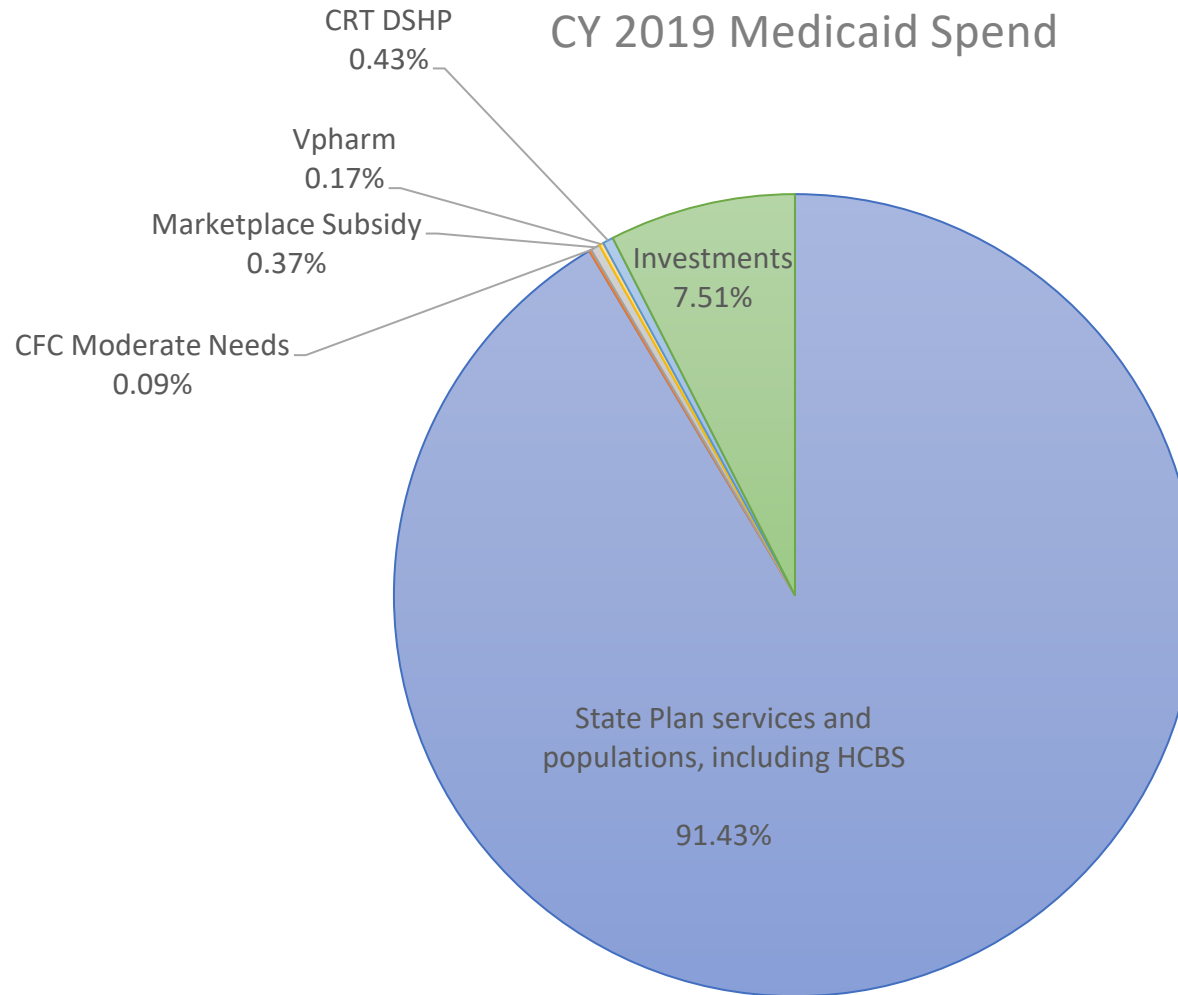
April 28, 2021

Current Global Commitment Demonstration

2017-2021

Today's Medicaid Program

Vermont's waiver currently supports traditional State Plan services and HCBS benefits at a cost of \$1.451B gross, as well as \$136.03M gross in additional funding for investments and expansions.

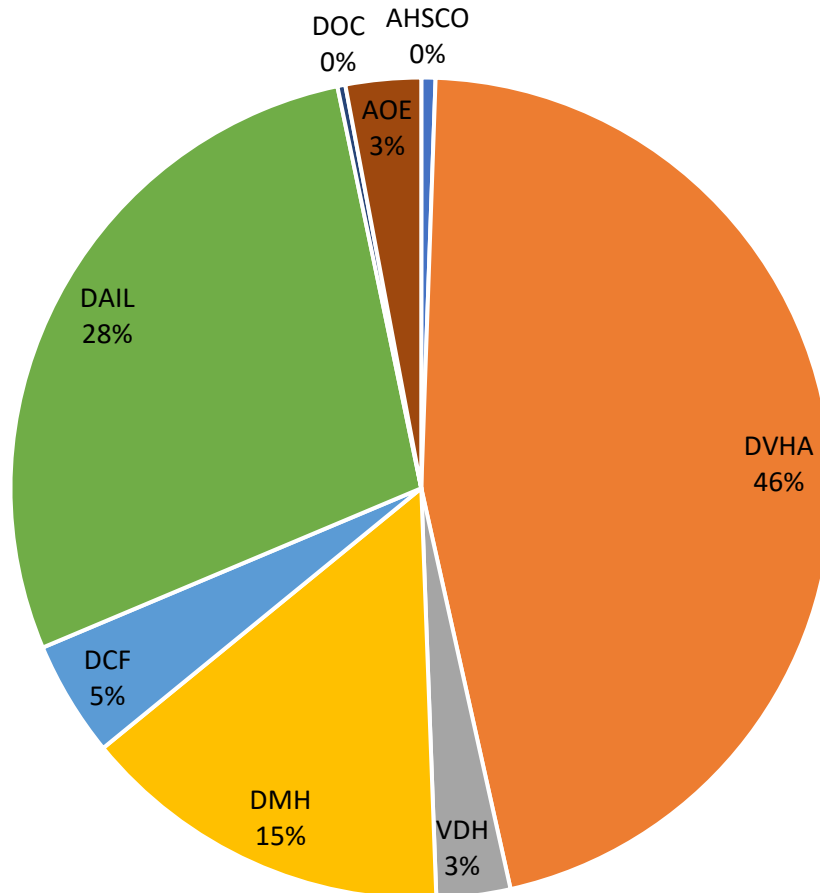


- State Plan Services/Populations + HCBS \$1.451B
- CFC Moderate Needs \$1.43M
- Marketplace Subsidy \$5.92M
- Vpharm \$2.76M*
- CRT 138%-185% FPL \$6.79M
- Investments \$119.13M

*Vpharm expenditures above reflect CY20. Due to the donut hole closing, Vpharm expenditures have decreased by nearly \$8M from CY19.

Medicaid Spend by Department

Services + Investments (excludes admin)



Dept	Total	
AHSCO	\$8,941,010	0.56%
DVHA	\$739,319,353	45.95%
VDH	\$46,730,273	2.90%
DMH	\$236,257,339	14.69%
DCF	\$73,372,007	4.56%
DAIL	\$451,476,076	28.06%
DOC	\$5,013,702	0.31%
AOE	\$47,703,999	2.97%
	\$1,608,813,758	

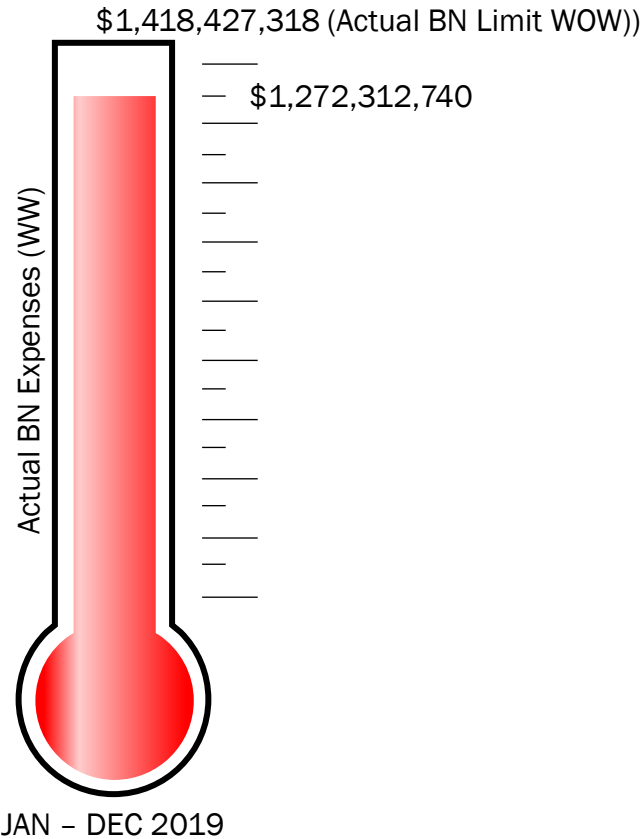
Vermont's Existing 1115 Waiver provides federal Medicaid funding for populations and services that cannot be authorized under the State Plan.

- Vermont Premium Assistance (up to 300% FPL who purchase coverage through exchange)
- Community Rehabilitation and Treatment (138-185% FPL)
- VPharm Pharmacy Assistance (for Medicare beneficiaries up to 225% FPL)
- Choices for Care Moderate Needs Group (up to 300% FPL)
- IMD payments (VPCH and Brattleboro Retreat)
- Children's palliative care service
- Investments

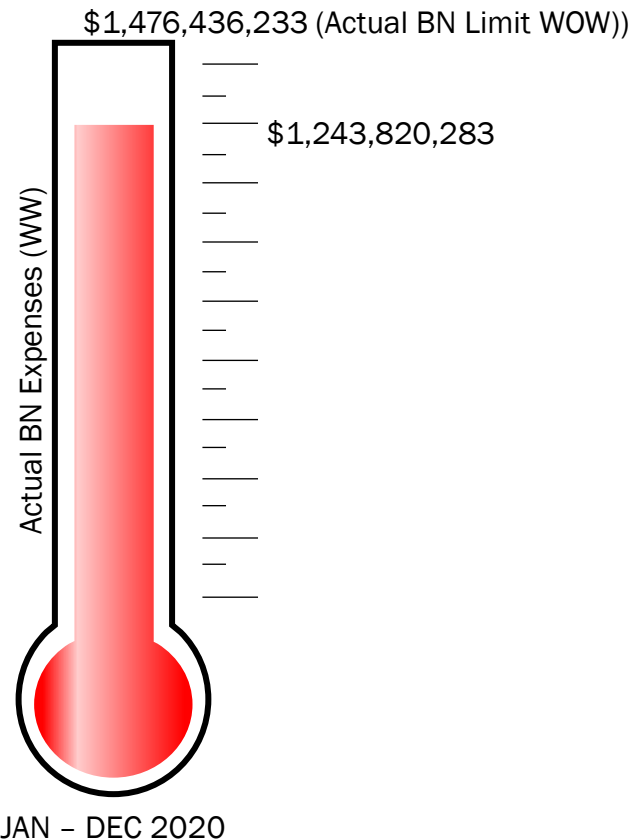
The 1115 Waiver Sets How Budget Neutrality is Calculated

- Longstanding CMS policy requires that Medicaid Section 1115(a) demonstrations be budget neutral to the federal government; meaning that federal Medicaid expenditures for a state cannot be allowed to exceed what would have occurred without the waiver.
- The “without waiver” budget ceiling is calculated using a CMS and State agreed upon methodology with growth trends that estimate what the cost of Medicaid services would be absent the demonstration.
- For a waiver to be budget neutral, actual Medicaid service expenditures – plus the cost of any expenditure authorities authorized under the demonstration – cannot be greater than the projected “without waiver” expenditures.

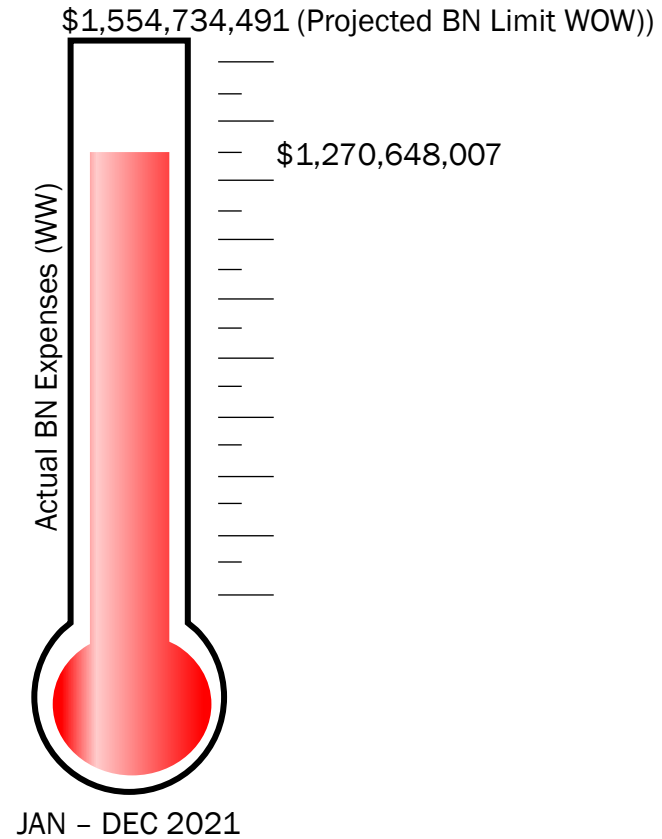
Budget Neutrality



(Difference) Savings:
\$144,114,578 or 10.2%



(Difference) Savings:
\$232,615,949 or 15.8%



Estimated(Difference) Savings:
\$284,086,484 or 18.3%

Investments Summary

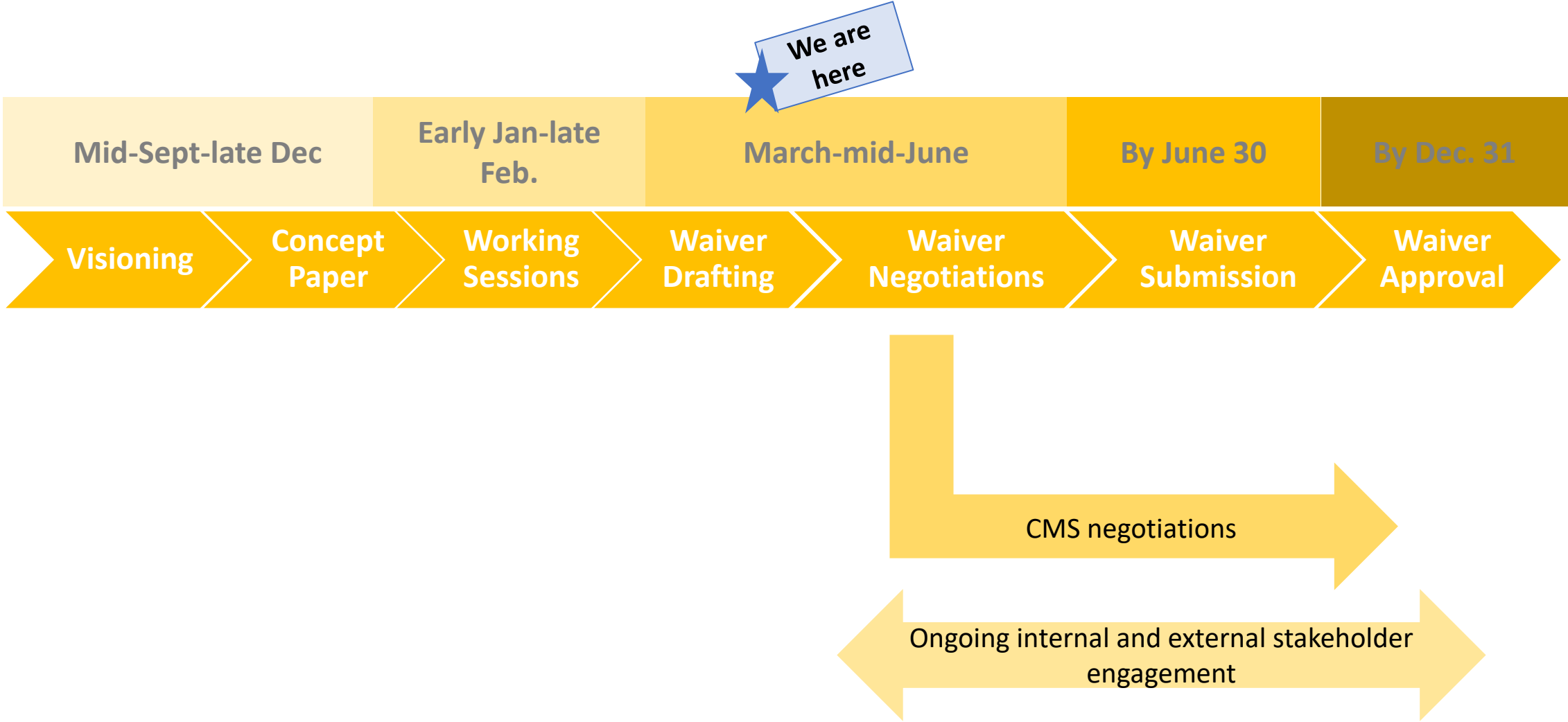
- Within the Budget Neutrality limit is a sub-limit for Investment spending
- Amounts cannot be rolled over from DY to DY
- Pre-approved list meeting the following criteria:
 - Reduce the rate of uninsured and/or underinsured.
 - Increase access to quality health care by uninsured, underinsured and Medicaid beneficiaries.
 - Provide public health approaches and other innovative programs to improve health outcomes, health status and quality of life.
 - Encourage the formation and maintenance of public-private partnerships.

	CY2017	CY 2018	CY 2019	CY 2020	CY 2021
Annual Investment Limit	142,500,000	148,500,000	138,500,000	136,500,000	136,500,000
Projected Spending	142,332,671	148,500,000	119,133,229	118,757,152	105,873,179
Remaining:	167,329	-	19,366,771	17,742,848	30,626,821

The Global Commitment Demonstration Renewal

2022-202

Waiver Development Process



Next Steps