

(Draft No. 1.2 – S.285)

1       Sec. 5. OPTIONS FOR EXTENDING MODERATE NEEDS SUPPORTS;  
2               WORKING GROUP; GLOBAL COMMITMENT WAIVER;  
3               REPORT

4           (a) The Department of Disabilities, Aging, and Independent Living shall  
5           convene a working group comprising representatives of older Vermonters,  
6           home- and community-based service providers, the Office of the Long-Term  
7           Care Ombudsman, the Office of the Health Care Advocate, the Agency of  
8           Human Services, and other interested stakeholders to consider ~~issues related to,~~  
9           ~~and develop recommendations for,~~ extending access to long-term home- and  
10          community-based services and supports to a broader cohort of Vermonters  
11          who would benefit from assistance with one or more activities of daily living  
12          and their family caregivers, including:

13               (1) the types of services, such as those addressing activities of daily  
14               living, falls prevention, social isolation, medication management, and case  
15               management that many older Vermonters need but for which many older  
16               Vermonters may not be financially eligible or that are not covered under many  
17               standard health insurance plans;

(Draft No. 1.2 – S.285)

1           (2) the most promising opportunities to extend supports to additional  
2           Vermonters, such as expanding the use of flexible funding options that enable  
3           beneficiaries and their families to manage their own services and caregivers  
4           within a defined budget and allowing case management to be provided to  
5           beneficiaries who do not require other services;

6           (3) how to set clinical and financial eligibility criteria for the extended  
7           supports, including ways to avoid requiring applicants to spend down their  
8           assets in order to qualify;

9           (4) how to fund the extended supports, including identifying the options  
10          with the greatest potential for federal financial participation;

11          (5) how to proactively identify Vermonters across all payers who have  
12          the greatest need for extended supports; and

13          (6) how best to support family caregivers, such as through training,  
14          respite, home modifications, payments for services, and other methods.

15          **ADD: (7) the feasibility of program expansion and its impact on existing**  
16          **services**

16          ~~(b) The Department shall collaborate with others in the Agency of Human~~  
17          ~~Services as needed in order to incorporate the working group's~~  
18          ~~recommendations into the Agency's proposals to and negotiations with the~~  
19          ~~Centers for Medicare and Medicaid Services for the next iteration of~~  
20          ~~Vermont's Global Commitment to Health Section 1115 demonstration, so that~~

(Draft No. 1.2 – S.285)

21 ~~the extended moderate needs supports can be available to Vermonters~~  
22 ~~beginning on January 1, 2023.~~

1 (c) On or before January 15, 2023, the Department shall report to the  
2 House Committees on Human Services, on Health Care, and on Appropriations  
3 and the Senate Committees on Health and Welfare and on Appropriations  
4 regarding the working group’s findings and recommendations, including the  
5 portions of the recommendations that were incorporated into the new Global  
6 Committee demonstration and the amounts of any associated funding needs.

**From Section 4 of H. 153 regarding home and community-based services rate increases:**

**. . . the Department of Vermont Health Access shall:**

(1) **delineate a reasonable and predictable schedule for Medicaid rates**  
**and rate updates;**

(2) **identify ways to align Medicaid reimbursement methodologies and**  
**rates for providers of home- and community-based services with those of other**  
**payers, to the extent such other methodologies and rates exist; and**

(3) **determine ways to limit the number of methodological exceptions.**