

VERMONT

Global Commitment Overview



Nolan Langweil, Joint Fiscal Office
Ashley Berliner, Agency of Human Services
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What is an 1115 Waiver?



- Federal government can “waive” many, but not all, of the laws governing Medicaid, including eligible people and services.
- Section 1115 waiver authority is intended to encourage state innovation in the Medicaid program.
- Often, states identify ways to save Medicaid funds and are permitted to use the savings to expand coverage
- The federal government approves Section 1115 Demonstrations for five-year terms, but Demonstrations can be extended.
- **Section 1115 waivers must be budget neutral.**

Without a waiver:

- Medicaid is limited to what is approved by CMS in the Medicaid State Plan – mandatory and optional populations and services.
- Medicaid is strictly administered in compliance with Medicaid regulations (either FFS or Managed Care).

The Global Commitment to Health is the name of Vermont’s 1115 waiver.

Current agreement: July 1, 2022 through Dec. 31, 2027





Why does Vermont have a Waiver?



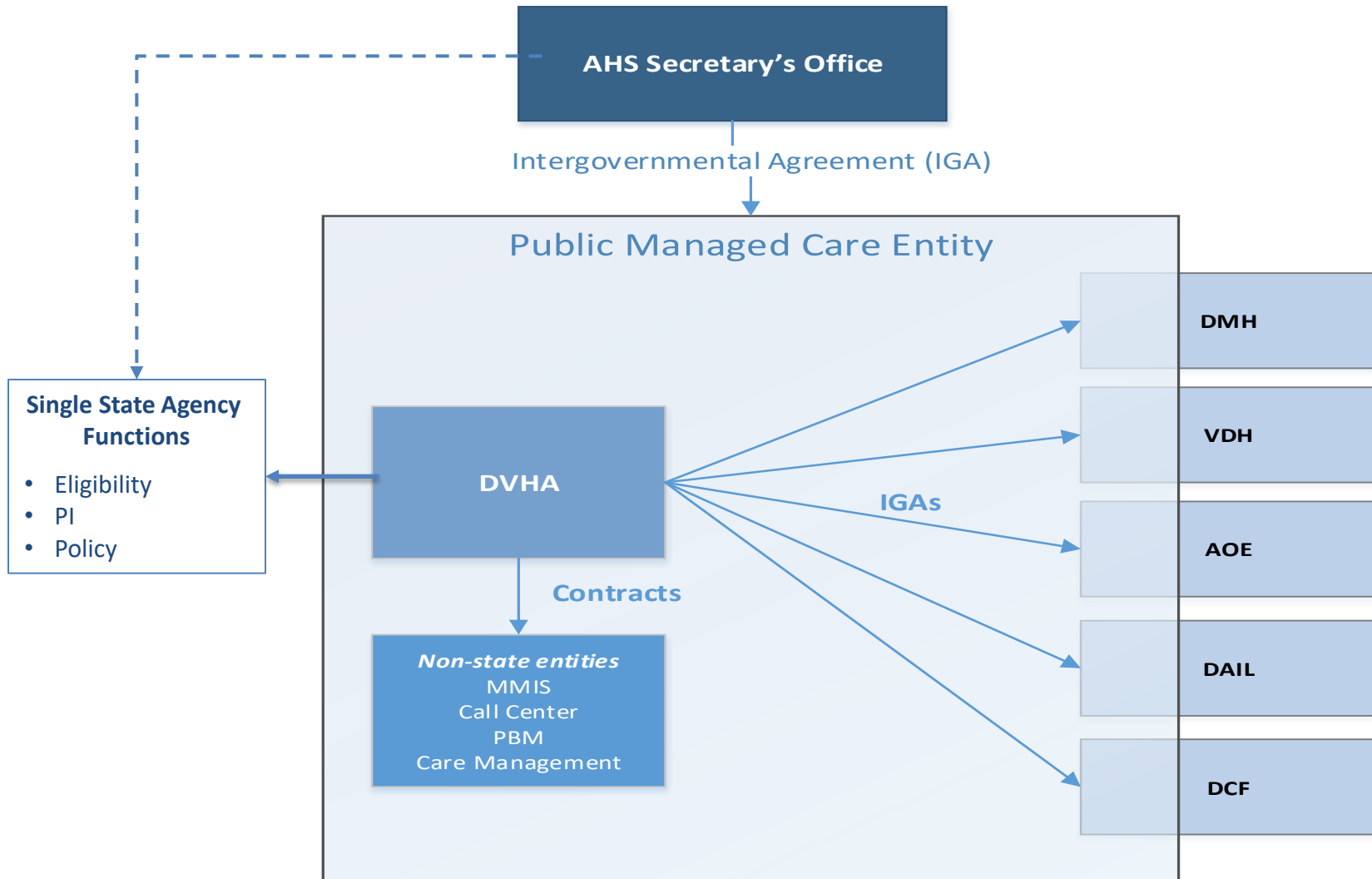
Vermont has had an 1115 waiver since 2005, allowing:

1. FFP for populations and services that are not authorized under the State Plan*
 - Marketplace subsidy (up to 300% FPL)
 - Community Rehabilitation and Treatment expansion benefit (above 138% FPL)
 - VPharm
 - Moderate Needs
 - IMD payments
 - Children's palliative care services
 - Investments
 - Services for incarcerated individuals 90 days pre-release
2. Flexibility to manage using a unique delivery model – Public Managed Care
 - Waivers of:
 - Payments outside of State Plan
 - State-wideness/Uniformity
 - Freedom of Choice of Providers (allows restriction)
 - Upper Payment Limit (above Medicare amounts)



Waiver Delivery Model

[Public Non-Risk PIHP]



Medicaid Eligibility: Waiver Populations

Medicaid State Plan Eligibility Groups – Full State Plan Benefits

Aged, Blind, Disabled
Eligible for SSI or otherwise meet financial eligibility for ABD

New Adults
at or below 138% FPL who are:

- Not Pregnant
- Not 65 or older
- Not Receiving Medicare

Working Disabled
at or below 250% FPL

Pregnant Women
[Dr. Dynasaur]
at or below 213% FPL

Children under 19
[Dr. Dynasaur]
at or below 317% FPL

Katie Beckett
Disabled children under 19 meeting institutional level of care. Parental income/resources not counted.

HCBS for Designated State Plan Populations – Full State Plan Benefits + HCBS

CFC Highest/High Needs -DAIL

Developmental Disabilities - DAIL

Permanent Supportive Housing - DCF

Traumatic Brain Injury - DAIL

Limited Benefit Waiver Groups – Not State Plan Eligible

VPharm
For Medicare beneficiaries with income 150 - 225% FPL.

Community Rehabilitation Treatment -DMH
For individuals with severe and persistent mental illness – above 138% FPL

SUD Expansion Group –VDH
For individuals with substance use disorder with incomes 138-2225% FPL)

Moderate Needs -DAIL
Below 300% of SSI benefit rate who meet clinical criteria and are at risk of institutionalization.

Marketplace Subsidy Program
For individuals at or below 300% FPL who purchase health care coverage in VHC.

Waiver Only Expenditures

Investments

SUD/SMI IMD Payments

Cost-Effective Alternatives

Palliative Care for under 21 - VDH

Services for Incarcerated Individuals 90 Days Pre-Release

Allowable without Waiver (WOW)

With Waiver Only (WW)

GLOBAL COMMITMENT:

Investments



Under Global Commitment, the Department of Vermont Health Access (DVHA) operates in a managed care-like model

- In traditional managed care programs, achieved savings become profits. Under GC, savings are repurposed as “*investments*”.
- These investment dollars can be spent on programs and initiatives that meet established criteria in the terms and conditions of the agreement and receive CMS approval.
- In FY 2025, Vermont spent approx. \$129 million across 74 *investments*. Without GC, these would require all State funds only or be eliminated.
- A list of the FY 2025 *investments* can be found [here](#).

2026 FEDERAL POVERTY LEVELS (FPLs)

Monthly

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$1,330	\$1,835	\$1,995	\$2,660	\$3,325	\$3,990	\$5,320
2	\$1,803	\$2,489	\$2,705	\$3,607	\$4,508	\$5,410	\$7,213
3	\$2,277	\$3,142	\$3,415	\$4,553	\$5,692	\$6,830	\$9,107
4	\$2,750	\$3,795	\$4,125	\$5,500	\$6,875	\$8,250	\$11,000
5	\$3,223	\$4,448	\$4,835	\$6,447	\$8,058	\$9,670	\$12,893
6	\$3,697	\$5,101	\$5,545	\$7,393	\$9,242	\$11,090	\$14,787

Annually

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$15,960	\$22,025	\$23,940	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$29,863	\$32,460	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$37,702	\$40,980	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$45,540	\$49,500	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$53,378	\$58,020	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$61,217	\$66,540	\$88,720	\$110,900	\$133,080	\$177,440

<https://aspe.hhs.gov/poverty-guidelines>

