

# VERMONT

## Global Commitment Overview



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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?



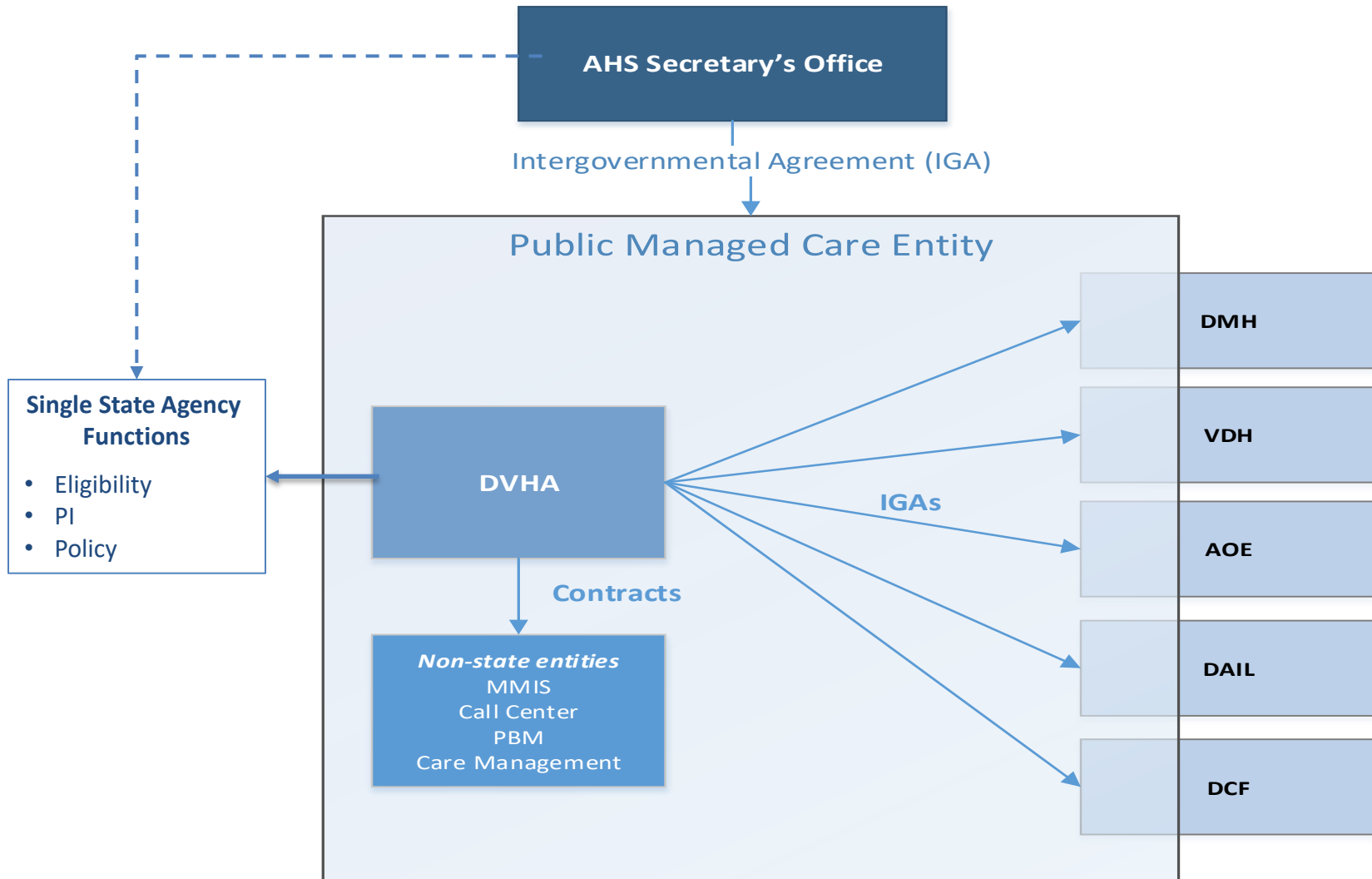
**Vermont has had an 1115 waiver since 2005, allowing:**

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
  - Substance Use Disorder expansion benefit (138%-225% of FPL)
  - Permanent Supportive Housing
  - As of 1/2/2025, up to 6 months of rent and medical respite (not currently enacted)
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

Rent and Medical Respite

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 2024, Vermont spent approx. \$120 million across 69 *investments*. Without GC, these would require all State funds only or be eliminated.
- A list of the FY 2025 *investments* can be found [here](#).

# 2025 FEDERAL POVERTY LEVELS (FPLs)

**Monthly**

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$1,304	\$1,800	\$1,956	\$2,608	\$3,260	\$3,913	\$5,217
2	\$1,763	\$2,432	\$2,644	\$3,525	\$4,406	\$5,288	\$7,050
3	\$2,221	\$3,065	\$3,331	\$4,442	\$5,552	\$6,663	\$8,883
4	\$2,679	\$3,697	\$4,019	\$5,358	\$6,698	\$8,038	\$10,717
5	\$3,138	\$4,330	\$4,706	\$6,275	\$7,844	\$9,413	\$12,550
6	\$3,596	\$4,962	\$5,394	\$7,192	\$8,990	\$10,788	\$14,383

**Annually**

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$15,650	\$21,597	\$23,475	\$31,300	\$39,125	\$46,950	\$62,600
2	\$21,150	\$29,187	\$31,725	\$42,300	\$52,875	\$63,450	\$84,600
3	\$26,650	\$36,777	\$39,975	\$53,300	\$66,625	\$79,950	\$106,600
4	\$32,150	\$44,367	\$48,225	\$64,300	\$80,375	\$96,450	\$128,600
5	\$37,650	\$51,957	\$56,475	\$75,300	\$94,125	\$112,950	\$150,600
6	\$43,150	\$59,547	\$64,725	\$86,300	\$107,875	\$129,450	\$172,600

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

*Note: New Poverty Guidelines will likely be released in early 2025*

