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Vermont Agency of Human Services (AHS)

312 Hurricane Lane, Suite 201, Williston, Vermont 05495

<http://ovha.vermont.gov/>

Home and Community-Based 1915(c) Waivers/1115 Research and Demonstration Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Vermont Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: "Global Commitment to Health" and are now operated as Managed Long-term Services and Supports. All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

[Global Commitment to Health](#)

The Global Commitment to Health section 1115 demonstration is designed to use a multi-disciplinary approach including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, and program flexibility. The Global Commitment to Health includes Medicaid State Plan services and traditional HCBS waiver services.

VT Global Commitment to Health

State Operating Agency: Agency for Human Services (AHS)

Description	<p>The Global Commitment to Health section 1115(a) demonstration is designed to use a multi-disciplinary approach including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, and program flexibility.</p> <p>Vermont's specialized programs rely on person centered planning to develop individualized plans of care. Specialized programs support a continuum of care from short term crisis or family support to intensive 24/7 home and community based wraparound services. These programs include both State Plan recognized and specialized non-State Plan services and providers to support enrollees in home and/or community settings. The state may require: additional provider agreements, certifications or training not found in the State plan; specific assessment tools, level of care or other planning processes; and/or prior authorizations to support these programs.</p>
Waiver Type	1115
Target Population-Eligibility	<p>Specific populations eligible for this demonstration include: (1) Mandatory state plan populations; (2) Optional state plan populations; (3) Affordable Care Act New Adult Group; (4) 217-like categorically needy individuals receiving Home and Community Based Waiver (HCBW)-like services in the highest need group; (5) 217-like categorically needy individuals receiving HCBW-like services in the high need group; (6) individuals who are not otherwise eligible under the Medicaid state plan but are at risk for institutionalization and are in need of home and community-based services, and will only receive a small subset of HCBW-like services; (7) Medicare beneficiaries who are 65 years or older or have a disability with income at or below 150 percent of the FPL, who may be enrolled in the Medicare Savings Program (MSP) but are not otherwise categorically eligible for full benefits; and (8) Medicare beneficiaries who are 65 years or older or have a disability with income above 150 percent and up to and including 225 percent of the FPL, who may be enrolled in the MSP, but are not otherwise categorically eligible for full benefits.</p> <p>Respite services are only available to those groups who would have qualified under the previous 1915(c) waivers for persons with traumatic brain injury, developmental disabilities, community rehabilitation and treatment, mental illness (under age 22) and children under the age of 21 in population groups 1, 2, 3 who have been diagnosed with a life-limiting illness that is expected to be terminal before adulthood, and those in the highest need, high need, and CRT groups under Choices for Care program.</p>
Level of Care	Individuals require a level of care that is available in a nursing facility (NF).
Respite Services	<p>Respite is offered under the TBI program, the Mental Illness Under 22 program, the Community Rehabilitation and Treatment program, the Developmental Disability Services program, the Palliative Care program, and the Choices for Care program.</p> <p>Under the Palliative Care Program, respite is short-term relief for caretaker relatives from the demanding responsibilities for caring for a sick child. Under all other applicable programs, respite care as provided in this demonstration is alternate caregiving arrangements to facilitate planned short-term and time-limited breaks for unpaid caregivers.</p> <p>For the TBI and DD programs, when an individual, their family or surrogate meets requirements and chooses to manage some or all of their services, the person has the responsibility of hiring his or her own respite provider and overseeing the administrative responsibilities associated with receiving service funding, including contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency. Under the Choices for Care program, respite care services are limited in combination with companion service for individuals residing at home, and respite care is available for those with highest need, high need, and CRT levels of care.</p>
Respite Provider Eligibility	<p>Provider eligibility can be found on the Department of Vermont Health Access website: http://dvha.vermont.gov/for-providers</p>

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Caregiver Eligibility	Caregiver eligibility not available.
Enrollment Limit	Enrollment Limits not available.
How to Apply	To apply, contact Vermont Health Connect, either through their website: http://info.healthconnect.vermont.gov/ or by phone at 855-899-9600
Contact Information	Contact the Department of Vermont Health Access for more information at 1-802-879-5900, option 9
Link to Waiver Application	https://dvha.vermont.gov/global-commitment-to-health/final-vt-sud-amendment-waiver-expend-author-stcs-ds-investment-approval-11-15-18.pdf
Expiration Date	12/31/2021
Date of Last Update	07/30/2019