

**CENTERS FOR MEDICARE & MEDICAID SERVICES**  
**EXPENDITURE AUTHORITY**

**NUMBER:** 11-W-00194/1  
**TITLE:** Global Commitment to Health Section 1115 Demonstration  
**AWARDEE:** Vermont Agency of Human Services (AHS)

Under the authority of section 1115(a)(2) of the Social Security Act, expenditures made by Vermont for the items identified below (which are not otherwise included as expenditures under section 1903 of the Act) shall, for the period of this demonstration extension, beginning October 2, 2013 through December 31, 2016, be regarded as expenditures under the state's Medicaid Title XIX plan. These expenditure authorities are granted to enable the state to operate its Global Commitment to Health Section 1115 demonstration and may only be implemented consistent with the approved Special Terms and Conditions set forth in an accompanying document.

All requirements of the Medicaid program expressed in law, regulation and policy statements, not expressly waived or identified as not applicable to these expenditure authorities, shall apply to the Global Commitment to Health demonstration for the period of this demonstration extension.

**1. Expenditures Related to Eligibility Expansion**

Expenditures to provide medical assistance coverage to the following demonstration populations that are not covered under the Medicaid state plan and are enrolled in the Vermont Global Commitment to Health demonstration. (Note: demonstration populations 1, 2, and 3, which are described in the demonstration's special terms and conditions, are covered under the Medicaid state plan.)

**Demonstration Population 4:** Underinsured children with income that, before January 1, 2013, is between 225 and up to and including 300 percent of the federal poverty level (FPL) or, on or after January 1, 2013, is between 227 and 313 percent of the FPL, who are not otherwise eligible for Medicaid or the Children's Health Insurance Program.

**Demonstration Population 5:** Adults with children with income between 150 and up to and including 185 percent of the FPL. The expenditure authority for this population expires December 31, 2013.

- Demonstration Population 6:** Childless Adults with income up to and including 150 percent of the FPL. The expenditure authority for this population expires December 31, 2013.
- Demonstration Population 7:** Medicare beneficiaries and non-Medicare individuals 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. The expenditure authority for non-Medicare individuals in this population expires December 31, 2013.
- Demonstration Population 8:** Medicare beneficiaries and non-Medicare individuals 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. The expenditure authority for non-Medicare individuals in this population expires December 31, 2013.
- Demonstration Population 9:** Individuals with persistent mental illness with income up to and including 150 percent of the FPL. The expenditure authority for this population expires December 31, 2013.

**Premium Assistance Expansion Populations**

- Demonstration Population 10:** Employer-Sponsored Insurance Premium Assistance:
- a. Adults with children with incomes between 185 and including 300 percent of the FPL without adjustment (gross income).
  - b. Childless adults and non custodial parents with income between 150 and including 300 percent of the FPL without adjustment (gross income).
  - c. College students with income up to and including 300 percent of FPL who do not meet eligibility requirements for demonstration populations 5 and 6.

The expenditure authority for this population expires December 31, 2013.

**Demonstration Population 11:** Catamount Premium Assistance

- a. Adults with children with incomes between 185 and including 300 percent of the FPL without adjustment (gross income).
- b. Childless adults and non custodial parents with income between 150 and including 300 percent of the FPL without adjustment (gross income).
- c. College students with income up to and including 300 percent of FPL who do not meet eligibility requirements for demonstration populations 5 and 6.

The expenditure authority for this population expires December 31, 2013.

**2. Expenditures Related to Additional Services.**

Expenditures for additional health care related-services for all populations affected by or eligible through the demonstration.

**3. Expenditures for Public Health Initiatives, Outreach, Infrastructure, and Services Related to State Plan, Demonstration, Uninsured and Underinsured Populations.**

Subject to availability of funding within the per member per month limit, expenditures to reduce the rate of uninsured and/or underinsured in Vermont, increase access to quality health care for uninsured, underinsured and Medicaid beneficiaries, provide public health approaches and other innovative programs to improve the health outcomes and quality of life for Medicaid beneficiaries; and encourage the formation and maintenance of public private partnerships in health care.

**4. Expenditures for Hospice Services that Exceed State Plan Limits**

Effective January 1, 2014, expenditures for adults eligible under the approved state plan for hospice services that exceed state plan limits.

**5. Expenditures for the Marketplace Subsidy Program.**

Effective January 1, 2014, expenditures for state funded subsidy programs that provide assistance to certain individuals who purchase health insurance through the Marketplace.

**6. Expenditures for Mental Health Community Rehabilitation (CRT) Services.**

Effective January 1, 2014, expenditures for CRT services, as defined by Vermont rule and policy, provided through a state-funded program to individuals with severe and persistent mental illness who have incomes above 133 percent of the FPL and up to and including 185 percent of FPL who are not Medicaid enrolled.

**Title XIX Requirements not Applicable to Demonstration Expenditure Authorities**

Not applicable to demonstration populations 4 through 11:

**1. Retroactive Eligibility**

**Section 1902(a)(34)**

To enable the State to waive the requirement to provide medical assistance for up to 3 months prior to the date that an application for assistance is made for expansion groups.

**2. Reasonable Promptness and Simplicity of Administration**

**Sections 1902(a)(3),  
Section 1902(a)(8), and  
Section 1902 (a)(19)**

To enable Vermont to implement policies intended to prevent substitution of public coverage for private coverage, including policies related to a waiting period prior to becoming eligible for the VHAP or Catamount expansion programs. This not applicable authority expires December 31, 2013.

**3. Amount, Duration, and Scope**

**Section 1902(a)(10)(B)**

To enable the state to offer different services to different demonstration populations.

**4. Cost Sharing Requirements**

**Section 1902(a)(14)  
in so far as it incorporates  
Section 1916**

To enable Vermont to impose premiums, enrollment fees, deductions, cost sharing and similar charges that exceed the statutory limitations.

**5. Direct Provider Reimbursement**

**Section 1902(a)(32)**

To enable Vermont to provide premium assistance to expansion populations for the purchase of employer-sponsored health insurance. This not applicable authority expires December 31, 2013.