

**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) shall, for the period of this Demonstration, January 1, 2011, through December 31, 2013, be regarded as expenditures under the State's Medicaid title XIX plan.

The following expenditure authorities shall enable Vermont to implement the Global Commitment to Health Section 1115 Demonstration.

1. Expenditures Related to Eligibility Expansion

Expenditures to provide Medical Assistance coverage, either in the form of payment for medical services under the State plan as affected by the waivers and expenditure authorities under this Demonstration, or in the form of premium assistance as specified in the Special Terms and Conditions, 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:

Vermont Health Access Plan (VHAP) Expansion Populations

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| Demonstration Population 3: | Underinsured children with income between 225 and up to and including 300 percent of the Federal poverty level (FPL) who are not otherwise eligible for Medicaid or the State Children's Health Insurance Program |
| Demonstration Population 4: | Adults with children with income between 150 and up to and including 185 percent of the FPL |
| Demonstration Population 5: | Childless Adults with income up to and including 150 percent of the FPL |
| Demonstration Population 6: | 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, not otherwise categorically eligible |
| Demonstration Population 7: | 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, not otherwise categorically eligible |

Demonstration Population 8: Individuals with persistent mental illness with income up to and including 150 percent of the FPL

Premium Assistance Expansion Populations

Demonstration Population 9: 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 4 & 5

Demonstration Population 10: 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 4 & 5

2. Expenditures Related to Additional Services

Expenditures for additional health care related-services for the demonstration populations.

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 the 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 the quality of life for Medicaid-eligible individuals in Vermont; and encourage the formation and maintenance of public-private partnerships in health care.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to Demonstration Populations 5 through 11 beginning January 1, 2011, through December 31, 2013.

3. 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.

4. 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.

5. Amount, Duration and Scope of Services **Section 1902(a)(10)(B)**

To enable Vermont to offer different services to different expansion populations.

6. Cost Sharing Requirements **Section 1902(a)(14) insofar
as it incorporates Section
1916**

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

7. 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.