



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VT - 17 - 0001

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
- Fee-for-service.
- Other service delivery system.

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

~~Choices for Care 1115 Long Term Care (Control # 11-W-00191/6) and CHIP beneficiaries receive all state plan services using all state plan approved payment methodologies including a variety of bundled rate options.~~

Choices for Care and CHIP beneficiaries, under the Global Commitment to Health 1115 waiver (Project # 11-W-00194/1), receive all State Plan services using fee-for-service payment methodologies and a variety of bundled and case rate options.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Other Service Delivery Model

Name of service delivery system:

~~Global Commitment to Health (MCO) model (Control # 11-W-00194/1) and Choices for Care 1115 (Control # 11-W-00191/6) Demonstration Waivers~~

Global Commitment to Health managed care-like 1115 demonstration waiver (Project # 11-W-00194/1).

Provide a narrative description of the model:

~~The state operates its Medicaid Program under two 1115 Demonstration waivers. One for long term care (Control # 11-W-00191/6) and one using a managed care model and adhering to the MCO regulatory structure and 42 CFR 438 as per the STC's (Control # 11-W-00194/1). The new adult is moving from an 'expansion population' in the Global Commitment to Health (MCO) waiver to a state plan group under the same waiver. For Global Commitment populations, Medicaid eligibility is considered synonymous with MCO enrollment under the model. Current beneficiaries will be converted from 'expansion' population to 'state plan' as part of the state's CMS approved transition plan. Other members will move seamlessly into their new ACA group during annual recertification reviews. As of January 1, 2014 new members will be enrolled directly into the new adult group upon eligibility determination for the Medicaid~~



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program. Members who qualify for Long Term Care Medicaid will receive all state plan and any approved demonstration services under the state's long term care waiver Choices for Care. Former 1915 Home and Community Based Waivers and former 1115 (b) Demonstrations are incorporated into the 1115 Demonstration for individuals with a Developmental Disability, Traumatic Brain Injury, Severe and Persistent Mental Illness and Children with a severe emotional disturbance and their families. The state has a several networks of designated specialty providers for the behavioral health and disability related carve outs under the current 1115 Demonstration. All former 1915 services for the elderly have been incorporated into the 1115 Choices for Care, Long Term Care waiver.

Vermont Medicaid operates under the Global Commitment to Health 1115 demonstration waiver (Project # 11-W-00194/1) and adheres to the STC's described therein. The Global Commitment to Health is a managed care-like model that promotes delivery system reform and cost-effective community based services as an alternative to institutional services. The State's goal in implementing the demonstration is to improve the health status of all Vermonters by:

- Promoting delivery system reform through value based payment models and alignment across public payers;
- Increasing access to affordable and high quality health care by assisting lower-income individuals who can qualify for private insurance through the Marketplace;
- Improving access to primary care;
- Improving the health care delivery for individuals with chronic care needs; and
- Allowing beneficiaries a choice in long-term services and supports and providing an array of home and community-based alternatives recognized to be more cost-effective than institutional based supports.

The State will employ four major elements in achieving the above goals:

1. Program Flexibility: Vermont has the flexibility to invest in certain specified alternative services and programs designed to achieve the demonstration's objectives (including the Marketplace subsidy program);
2. Managed Care Delivery System: Under the demonstration the Agency for Human Services (AHS) will enter into an agreement with the Department of Vermont Health Access (DVHA), which will deliver services through a managed care-like model, subject to the requirements that would be applicable to a non-risk pre-paid inpatient health plan (PIHP);
3. Removal of Institutional Bias: Under the demonstration, Vermont will provide a choice of settings for delivery of services and supports to older adults, people with serious and persistent mental illness, people with physical disabilities, people with developmental disabilities, and people with traumatic brain injuries who meet program eligibility and level of care requirements; and
4. Delivery System Reform: Under the demonstration, Vermont will support systemic delivery reform efforts using the payment flexibility provided through the demonstration to create alignment across public and private payers.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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