



## Medicaid and Exchange Advisory Committee Meeting: 09/27/2021

### Committee Members Present

✓	Jessa Barnard	✓	Yacouba Jacob Bogre		Kelly Dougherty
✓	Lisa Draper	✓	Mike Fisher	✓	Devon Green
✓	Dale Hackett		Rebecca Heintz	✓	Sharon Henault
✓	Zachary Hozid		Gladys Konstantin	✓	Joan Lavoie
✓	Erin Maguire	✓	Mary Kate Mohlman	✓	Kirsten Murphy
✓	Jamie Rainville		John Schultz		Sarah Teel
✓	Julie Tessler	✓	Jason Williams		

### Other Attendees Present

✓	Nissa James	✓	Adaline Strumolo	✓	Sandi Hoffman
✓	Bard Hill	✓	Zachary Goss	✓	Sean Sheehan
✓	Scott Cerreta	✓	Clare McFadden	✓	Sarah Peterson
✓	Sven Lindholm	✓	Betty Morse	✓	Marjorie Stinchcombe
✓	Jessica Bernard	✓	Wendy Trafton	✓	Brendan Hogan
✓	Rebecca Copans	✓	Shannon Mead	✓	Kelsey Thornton
✓	Sue Aranoff	✓	Brendan Beaudoin		
✓	Alicia Cooper	✓	Lucie Garand		

### Agenda

- **Supporting Documents:** Posted to <https://dvha.vermont.gov/advisory-boards/medicaid-and-exchange-advisory-committee/agendas-and-materials>  
Advisory Committee 9\_27\_21 Agenda.pdf  
Advisory Committee PPT 9\_27\_2021.pdf
- **Convene**  
Co-chairs Devon Green and Erin Maguire chaired the meeting and called the meeting to order.
- **Roll Call, Approval of Minutes, and Quorum**  
The Co-Chairs called for a motion to approve the minutes, a motion was made to approve the July 2021 meeting minutes and seconded. Zack Goss, Health Care Training and Communication Manager (Department of Vermont Health Access, “DVHA” hereafter), completed the roll call. During roll call, members also voted to approve the July 2021 meeting minutes, with the following members abstaining due to being absent from the July meeting: Devon Green, Erin Maguire, Jason Williams, and Mary Kate Mohlman. Upon no discussion, the July 2021 meeting minutes were approved.

○ **Home- and Community-Based Services: Update on the Federal Medical Assistance Percentage (FMAP) 10% Increase Opportunity.**

Wendy Trafton, Deputy Director, Health Care Reform, Office of Health Care Reform (Agency of Human Services)

The Deputy Director for Health Care Reform at the Agency of Human Services presented on the State's proposal to enhance, expand, or strengthen Home- and Community-Based Services (HCBS) under the Medicaid program in accordance with Section 9817 of the American Rescue Plan Act. The Centers for Medicare and Medicaid Services guidance for defining HCBS was reviewed along with a table of Vermont's HCBS broken down by State Plan Services and HCBS authorized under the State's 1115 waiver. It was communicated that estimated projections indicate that Vermont could claim over \$65 million in funds attributable to the increase in the Federal Medical Assistance Percentage; this would be employed as the state share to implement the approved activities (valued at \$161.9 million). During review of the initial spending plan details, a Committee member asked for clarification regarding the funding amount detailed for care coordination/care management (\$5.7 million) versus recruitment and retention; the Deputy Director confirmed that the funding amount for recruitment and retention as listed as \$10 million – not \$10,000.

*Please view Advisory Committee PPT 9\_27\_2021.pdf slides 2-11 for more details.*

○ **Committee Discussion: Home- and Community-Based Services Update**

Committee member discussion centered around providing feedback on the identified themes from the public comments received, and on the next steps as identified. Discussion centered around:

- Explaining the time period and flow of money in plain language as the federal guidance may not be clear to all.
- As funding is based on service utilization, service utilization during the public health emergency could have been impacted due to inability to provide services during certain periods of time.
- As the 1115 waiver negotiations progress, being able to explain the interaction of the HCBS enhanced FMAP and the 1115 waiver renegotiation, if applicable.
- Confirmation that the October quarterly report on Vermont's HCBS Spending Plan will include changes that are needed based on stakeholder comments.
- Importance of equity for Home- and Community-Based Services in investments.
- Emphasis on being as "creative as possible" to maximize federal funding available to benefit Vermonters; exploring creative/innovative ideas to support providers.
- Encouragement to looking at adequacy of payments for home care.
- How will this opportunity impact mental health services (e.g., mobile crisis)?
- Importance of assessing current HCBS infrastructure to ensure that funds are not just going to agencies but to direct service staff, a livable wage is a must for having providers to offer services.
- Using the funds to increase the rate of pay for providers to address workforce issues and initiatives; this will support Vermonters in accessing HCBS during this time period.
- Confirmation that there is a [website for this HCBS opportunity](#) that offers interested individuals the opportunity to learn more.

○ **Commissioner's Office**

Addie Strumolo, Acting Commissioner (DVHA)

Sandi Hoffman, Deputy Commissioner (DVHA)

Nissa James, Health Care Director (DVHA)

Sean Sheehan, Senior Policy and Implementation Analyst (DVHA)

Eligibility and Enrollment Update

Acting Commissioner Strumolo reported that Medicaid enrollment continues to steadily increase; during the federal COVID-19 public health emergency, the Department has extended Medicaid coverage periods, meaning that the Department is not processing redeterminations, or “the annual reviews,” that could result in loss of Medicaid. It is expected that the federal COVID-19 public health emergency will last through the end of the 2021 calendar year. Conversations have begun related to planning for the unwinding of flexibilities implemented in response to the Emergency. Acting Commissioner Strumolo described that one of the first steps to unwinding will be to re-start the financial verifications for **new** Medicaid applicants, likely in November of 2021. This will not impact existing Medicaid members. The possibility of implementing a year-long special enrollment period for income-eligible individuals was also introduced; this would support individuals transitioning from Medicaid to Qualified Health Plans.

The Department's Senior Policy and Implementation Analyst emphasized the upcoming deadline for the COVID-19 Special Enrollment Period -- October 1, 2021. Vermonters can still choose a qualified health plan for the remainder of 2021 until that date. Finally, federal partners recently released an enrollment report that also describes the impact of the expanded subsidies for existing consumers. The [Health Insurance Marketplaces 2021 Special Enrollment Period \(SEP\) Report](#) shows that, nationally, more than 8 million existing marketplace customers took advantage of the American Rescue Plan Act to pay a lower premium:

- **Nationally**, these consumers saved an average of **\$67** per consumer per month.
- **In Vermont**, the average savings was **\$186** per consumer per month.

Several members commented on how important the expanded subsidies under the American Rescue Plan Act are for Vermonters and that if the subsidies do not continue into 2023, it could be very problematic for people.

[Act 140: Legislative Report on Clinical Prior Authorization Requirements in the Vermont Medicaid Program](#)

Deputy Commissioner Hoffman presented the legislative requirement of Act 140 of 2020 for the Department, the Department's process and engagement with the Clinical Utilization Review Board, and then summarized the findings and recommendations of the required legislative report assessing the clinical prior authorization requirements in the Vermont Medicaid program. The report is due to be submitted to the Vermont Legislature this week. Chair Maguire asked that the report, once submitted, be linked in the Meeting's minutes. One member encouraged the Department to look at including the member perspective into the prior authorization process so that members can advocate for why a particular piece of durable medical equipment may promote independent living. Another member emphasized that comprehensive reviews of prior authorization denials is very important.

Legislative and Budget Update

The Department's Health Care Director provided a brief update on the 2022 legislative initiative and 2023 budget process and timeline. The provider funding opportunity under Act 48 (2021) is in process with the grant agreement, provider attestation form, and frequently asked questions documents being drafted for release to the Blueprint's health service area grantees to understand how this opportunity can be implemented in each community with the least amount of burden on providers delivering health care services for eligible patients (phase I, phase II will be a grant opportunity open to providers generally). The communication campaign to promote awareness of the premium processing transition (i.e., change in who customers pay for their premiums) for 2022 health and dental plans through Vermont's health insurance marketplace will begin the first week in October, using the materials the Committee has previously reviewed. The most recent DVHA Medicaid Program Budget Weekly Report was reviewed. The financial monitoring indicated that for the week ending September 17, 2021, the Department was currently approximately \$14 million dollars overspent.

The Executive Director for the Vermont Medical Society indicated that given the enhanced 6.2% FMAP for continuous Medicaid enrollment during the public health emergency is not being used for the Medicaid program budget, it is important to state that the Medicaid program should be 'protected and preserved' given the current budget status. The Chief Health Care Advocate for the Office of the Health Care Advocate indicated that in recent years, savings in the Medicaid budget have been used to support other areas in the state budget that needed funding and it is hoped that the Medicaid program will be supported now that the budget indicates overspending due the continuous enrollment requirement associated with the federal COVID-19 public health emergency.

- **Committee Discussion: Budget Priorities Letter**

Devon Green and Erin Maguire, Co-Chairs

The Chairs led the Committee in an initial discussion of budget priority areas in order to develop recommendations for the Commissioner/Acting Commissioner of DVHA. Initial recommendations from Committee members included: maternal health outcomes, increasing independence/independent living and patient involvement in medical decision making for people with disabilities, extending the postpartum period for Medicaid coverage (a state option under the American Rescue Plan Act), preserving access to care, investing in workforce development strategies, and addressing health disparities. The Executive Director of Vermont Care Partners used the chat function to communicate, "I would like to see investment in consultants to reevaluate provider rates in relation to the increasing workforce crisis and the need to increase compensation to enable full access to health care services. I would also like to see rate increases." This was read aloud so the entire Committee and anyone joining by audio-only could hear the suggestion. Members were then identified to help draft the letter.

- **Public Comment**

No public comment was received.

- **Final Committee Discussion**



**AGENCY OF HUMAN SERVICES  
DEPARTMENT OF VERMONT HEALTH ACCESS**

Next Meeting is October 25, 2021 from 10AM – 12PM.

○ **Adjournment**

The meeting was adjourned at 12:00pm.

**Additional about the Department’s response to the COVID-19 public health emergency may be located here: <https://dvha.vermont.gov/covid-19>**