



State of Vermont  
Agency of Human Services  
280 State Drive, Center Building  
Waterbury, VT 05671-1000

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# Global Commitment Register

December 11, 2017

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Below please find 4 GCR policies that have been posted to the [DVHA website](#) since November 13, 2017 (in chronological order):

- [17-017: Global Commitment to Health Comprehensive Quality Strategy](#) (final)
- [17-010: Silver Diamine Fluoride Application](#) (proposed)
- [17-090: Health Care Administrative Rules Update](#) (proposed)
- [17-096 Reimbursement for Federally Qualified Health Centers and Rural Health Clinics](#) (proposed)



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# Global Commitment Register

November 30, 2017

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GCR 17-017  
FINAL

## **Global Commitment to Health Comprehensive Quality Strategy**

### **Policy Summary:**

The Global Commitment to Health (GC) Comprehensive Quality Strategy (CQS) is intended to serve as a road map for Vermont and its Medicaid managed care operations in assessing the quality of care that beneficiaries receive, as well as for setting forth measurable goals and targets for improvement. As approved by the Centers for Medicare & Medicaid Services (CMS), the CQS is also the vehicle for demonstrating Vermont's compliance with the new Home and Community-Based Services (HCBS) regulations (comparable to 'transition plans' in other states). Key elements addressed in the CQS include: goals; responsibilities; performance improvement projects; performance measures; populations; timelines; monitoring and evaluation; and performance improvement accountability.

### **Effective Date:**

November 30, 2017

### **Authority/Legal Basis:**

[Global Commitment to Health Waiver](#)

### **Population Affected:**

All Medicaid

### **Fiscal Impact:**

No fiscal impact.

### **Public Comment Period:**

The public comment period closed on April 28, 2017. The [Summary of Public Comments Received](#) can be viewed at this link. [Feedback from CMS](#) can be viewed at this link.

### **Additional Information:**

While most of the CQS outlines how Vermont plans to assess and improve the quality of care that Medicaid Managed Care beneficiaries receive and responds to Medicaid Managed Care regulations found at 42 CFR 438, the following sections of the CQS respond specifically to the requirements of a home and community-based settings transition plan:

- HCBS Transition Plan Preface (pp. 3-15)

- The fourth part of Section III: State Standards (pp. 58-62)
- Appendix A-E VT HCBS Program Systemic Assessments and Work Plans (links on pp. 78-82)

The [Comprehensive Quality Strategy](#), along with the HCBS Program Systemic Assessments and Work Plans, can be viewed at this link.



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# Global Commitment Register

December 1, 2017

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GCR 17-010  
PROPOSED

## **Silver Diamine Fluoride Application**

### **Policy Summary:**

The Agency of Human Services (AHS) is adding silver diamine fluoride as a Medicaid covered service. Silver diamine fluoride is an anti-microbial liquid that can be brushed onto cavities to stop or prevent tooth decay, as an alternative to drilling and filling teeth. This minimally invasive management of caries is especially important for young children, who otherwise would require hospitalization for treatment under general anesthesia for extensive tooth decay. This service will be covered for all Medicaid beneficiaries. For adults, this service will not be applied to the \$510 annual limit on dental benefits.

### **Effective Date:**

January 1, 2018

### **Authority/Legal Basis:**

[Medicaid State Plan](#)

### **Population Affected:**

All Medicaid

### **Fiscal Impact:**

The estimated gross annualized budget impact is savings of \$38,403.

### **Public Comment Period:**

12/1/17 – 12/31/17

Send comments to:

AHS Medicaid Policy Unit  
280 State Drive, Center Building  
Waterbury, VT 05671-1000

Or submit via e-mail to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

There is no public meeting scheduled at this time. If one should be scheduled, that information can

be found at: <http://dvha.vermont.gov/> either through the calendar or listed under upcoming events.

**Additional Information:**

The code being activated for silver diamine fluoride application is D1354. It should be noted that this code for dental services is not specific to Silver Diamine Fluoride and can be used for other accepted and proven caries arresting medical treatments. The proposed rate for code D1354 is \$15.00 per tooth with a limit of two applications per tooth with each application separated by 120 days. Additional applications require prior authorization.



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# Global Commitment Register

December 5, 2017

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GCR 17-090  
PROPOSED

## Health Care Administrative Rules Update

### **Policy Summary:**

The Agency of Human Services (AHS) has filed proposed rules with the Office of the Secretary of State (SOS) to amend the following administrative rules for Medicaid covered services.

#### **1.101 Health Care Administrative Rules Definitions** (Amendment; currently HCAR rule 1.101)

- Amends the Health Care Administrative Rules Definitions to add terms used throughout HCAR.

#### **7101 Medicaid Benefit Delivery** (Amendment; currently Medicaid Covered Services rule 7101)

- This rule amendment removes the Grievances and Appeals language, Emergency Services, and Cost Sharing language. No new language has been added.

#### **4.102 Emergency Services** (Amendment; currently located in Medicaid Covered Services rule 7101)

- This rule amendment incorporates Emergency Services into an independent rule.

#### **6.100 Medicaid Cost Sharing** (New)

- This rule consolidates existing cost sharing language into one rule and adds the exclusion of co-payments for services related to sexual assault.

#### **8.100 Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services** (replaces Medicaid Covered Services rule 7110)

- This rule governs internal appeals, grievances, notices, and State fair hearings. It rewrites the repealed Global Commitment Appeals and Grievances rule 7110 and implements changes required by federal law.

#### **7110 Global Commitment Appeals and Grievances** (Repeal)

- This rule repeal is necessary to promulgate the new Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services rule.

**Effective Date:**

Proposed rules were filed with the Secretary of State on November 29, 2017. The rules will not become effective until the administrative rulemaking process is complete.

**Authority/Legal Basis:**

Adopting and rulemaking: 3 V.S.A. § 801(b) (11), 33 V.S.A. § 1901(a)(1).

**Population Affected:**

All Medicaid.

**Fiscal Impact:**

No fiscal impact.

**Public Comment Period:**

Open until January 12, 2018

Send comments to: [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov)

Or mail comments to:

Agency of Human Services  
Medicaid Policy Unit  
280 State Drive, Center Building  
Waterbury, Vermont 05671-1000

**Public Hearing Date:**

January 5, 2018 12:00PM – 1:00PM

Cherry A Conference Room  
Waterbury State Office Complex  
280 State Drive  
Waterbury, VT 05671

Identification required to enter building.

**Additional Information:**

- The [HCAR proposed rules](#) are available on the AHS website.
- The [proposed rules on the SOS website](#) are referred to as:
  - Rule 17P048 Definitions
  - Rule 17P050 Medicaid Benefit Delivery
  - Rule 17P049 Emergency Services
  - Rule 17P045 Medicaid Cost Sharing
  - Rule 17P046 Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services
  - Rule 17P047 Global Commitment Appeals and Grievances (Repeal)
- The [HCAR rules](#) that are currently in effect.

- The [DVHA rules](#) that are currently in effect.
- [More information about the rulemaking process](#) from the Office of the Secretary of State's website.





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# Global Commitment Register

December 8, 2017

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GCR 17-096  
PROPOSED

## **Reimbursement for Federally Qualified Health Centers and Rural Health Clinics**

### **Policy Summary:**

The Department of Vermont Health Access (DVHA) will update the payment system for enrolled Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) for dates of service on 1/1/2018 through 12/31/2018. Consistent with Act 85 of 2017, DVHA continues to invest in the primary care system. As such, the rates adopted on 1/1/2018 will reflect an annualized investment of \$2.4 million in additional payments to enrolled FQHCs and RHCS in Calendar Year (CY) 2018.

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) require FQHCs and RHCs to receive payment for providing covered services to Medicaid-eligible individuals under a Prospective Payment System (PPS) methodology; there is an option for a state and an FQHC or RHC to agree to an alternative payment methodology (APM) that provides for payment of at least the same amount as would otherwise be required under the PPS.

[Calendar year \(CY\) 2018 FQHC and RHC Encounter Rates](#) under the PPS or APM can be found here. In CY2018 providers must elect the PPS or the APM. The facility must complete the form letter electing which methodology they are choosing for CY2018 no later than 12/31/2017, otherwise they will receive the PPS rate. The [form for submitting the election of the PPS or APM](#) can be found here. If a facility elects the APM for CY2018 they will be paid at their CY2017 rate.

As required by BIPA, DVHA will update CY2018 PPS rates using the applicable Medicare Economic Index factor, for CY2019 and annually thereafter. It will also update rates and any changes to the base rate due to eligible changes in scope and reasonable cost adjustments.

In CY2019, DVHA will eliminate the APM option. Any FQHC and RHC providers are free to voluntarily participate in the Vermont Medicaid Next Generation Accountable Care Organization (ACO) program and would be paid by the ACO for the attributed populations.

This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

**Effective Date:**

This State Plan policy is effective December 30, 2017. The new rates are effective January 1, 2018.

**Authority/Legal Basis:**

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**

All Medicaid

**Fiscal Impact:**

The estimated annualized fiscal impact is \$2,400,000. The [estimated fiscal impact by provider](#) is available here.

**Public Comment Period:**

December 8, 2017 – December 29, 2017

Send comments to:

AHS Medicaid Policy Unit  
280 State Drive, Center Building  
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Or submit via e-mail to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: <http://dvha.vermont.gov/> either through the calendar or listed under upcoming events.

**Additional information:**

[Legislative report on Medicaid Payment Alignment per Act 85 of 2017](#)

The draft Global Commitment Amended State Plan page provide additional details on the proposed changes; copies of the draft SPA can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the DVHA website: <http://dvha.vermont.gov/global-commitment-to-health/global-commitment-register-proposed-policy-changes>.