DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



State Demonstrations Group

January 10, 2025

Jenney Samuelson Secretary Vermont Agency of Human Services 280 State Drive Waterbury, VT 05671

Dear Secretary Samuelson,

The Centers for Medicare & Medicaid Services (CMS) is approving the Health-Related Social Needs (HRSN) payment methodology document that the state submitted December 12, 2024, in accordance with special term and condition (STC) 17.18. This document reflects the payment methodologies Vermont will use for the State's HRSN benefits, as authorized by the Global Commitment to Health (GCH) Section 1115 Demonstration (Project Number 11-W-00194/1).

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the Global Commitment to Health demonstration. If you have any questions, please contact your CMS project officer, Rabia Khan, at <u>Rabia.Khan1@cms.hhs.gov</u>.

Sincerely,

Angela D. Garner Director Division of System Reform Demonstrations

Enclosure

cc: Gilson DaSilva, State Monitoring Lead, Medicaid and CHIP Operations Group

Vermont: Health-Related Social Need (HRSN) Services Fee Schedule for Housing Services

| Service Name | Service Description | Procedure Code | Service Unit | Rate Cap | Methodology | Additional Information |
|--|--|-------------------|----------------------------|--|---|--|
| One-Time Payment for Security Deposit | Payment to cover security deposit | H0043 U4 | Cost-based, up to a cap | Cap – up to \$2,000 per deposit. \$4,000, or 2 deposit limit per demonstration period | Reimbursement based on actual costs Not to exceed limit set by the State Reimbursement method is non-risk | A second security deposit within the demonstration period may be approved with documentation as to what conditions have changed to demonstrate why providing security deposit would be more successful on the second attempt |
| Essential Utility Set-Up | Utility activation expenses to secure and maintain utilities | H0043 U2 | Cost-based, up to a cap | Cap – up to \$1,500 per demonstration period. • \$500 for utility deposits • \$500 for reinstate- ment utility payment • \$500 for utility arrears | Reimbursement based on actual costs Not to exceed limit set by the State Reimbursement method is non-risk | |
| Housing Move- In Support (Moving Expenses, Household Furnishings) | Move-in costs and furnishings to make new housing habitable and comfortable | H0043 U1 | Cost-based, up to a cap | Lifetime cap – up to \$1,000 across both move-in costs and household furnishings | Reimbursement based on actual costs Not to exceed limit set by the State Reimbursement method is non-risk | |
| Home Remediation Services (Pest Eradication) | Pest control services to improve housing conditions | H0043 U3 | Cost-based, up to a cap | Annual cap – up to \$3,000 per year | Reimbursement based on actual costs Not to exceed limit set by the State Reimbursement method is non-risk | |
| Home Modifications | Home modifications to | S5165 | Cost-based, up to a cap | Cap will be determined | Reimbursement based on actual costs | |

| Service Name | Service Description | Procedure Code | Service Unit | Rate Cap | Methodology | Additional Information |
|---|--|---------------------|--|--|--|--|
| | improve accessibility | | | prior to implementation of the benefit | Not to exceed limit set by the State Reimbursement method is non- risk | |
| Short-term Recuperative Care (Medical Respite) | Short-term residential and post-acute medical care to support recovery from an injury or illness | S9125, Rate 7980 | Per diem | Can be paid up to 6 months once every 12 months (assessed on a rolling basis) | Per diem rates set by the State will be based on annual fair market rent costs, costs associated with the clinical staffing model using inputs from the U.S. Bureau of Labor Statistics, and cost information for the facility overhead Rates may reflect different models of care and staffing intensity and are based on U.S. Department of Housing and Urban Development (HUD) Fair Market Rent for the geographic area Reimbursement method is nonrisk | Individuals may receive both short-term recuperative care (medical respite) and short-term rental assistance during the demonstration period, so long as the total number of months is below 6 months per 12-month period and all costs are non- duplicative |
| Short-term Rental Assistance | Payment for rent and/or short- term temporary stays | H0044 U5 | Cost-based, up to a cap (per unit per month) | Can be paid up to 6 months per household per demonstration period; cap per month is TBD | Limit per month will vary by county, not to exceed limit set by the State Limits to be determined based on U.S. HUD fair market rent for each county Reimbursement based on actual costs Reimbursement method is non-risk | Coverage may be permitted in one or more episodes, so long as the total duration remains under the cap for the demonstration period Individuals may receive both short-term recuperative care (medical respite) and short-term rental assistance during the demonstration period, so long as the total number of months is below 6 months per 12-month period and all costs are non-duplicative |