

## Vermont — Global §1115 Waiver

In 2004, Vermont created Children’s Integrated Services (CIS) to promote coordination among several existing programs serving new and expectant mothers and children through age six. The vision of CIS is to connect high-risk families with the appropriate maternal, child and family supports and services. Currently, four services operate under the CIS umbrella.

- **Nursing and Family Support** services are designed for high-risk pregnant women and new mothers and children (birth through five years) to promote healthy maternal and child health outcomes using a prevention and early intervention case management approach.
- **Early Childhood and Family Mental Health** services utilize community-based mental health clinicians to enhance the wellbeing of children (birth through five years), who are experiencing or at risk of experiencing severe emotional disturbance, and their families.
- **Early Intervention Services** is the state’s name for Part C of the Individuals with Disabilities Education Improvement Act (IDEA)

2004. Early Intervention provides services to infants and toddlers, who have developmental delays or a health condition that may lead to delays, and their families.

- **Specialized Child Care Services** provide assistance to families experiencing significant stress due to concerns about appropriate shelter, safety, emotional stability, substance abuse, or child behaviors; and those with children in protective services or who have special physical or developmental needs.

Of these four programs, nursing and family support relies most heavily on Medicaid funding, and for this reason, will be the focus of this case study.

CIS nursing and family support, formerly known as Healthy Babies, Kids and Families, is a statewide Maternal and Child Health (MCH) program. Nursing and family support was developed by the state in 1994 as a case management service that was based on the Nurse-Family Partnership program. The U.S. Department of Health and Human Services has not recognized the program as an evidence-based model. Today, CIS nursing and family support services reach approximately 4,420 individuals per year.<sup>60</sup>

Nurses, social workers, or paraprofessional family support workers offer a variety of services to promote parent and child health and wellbeing. Because the program serves such a large range of ages, the services are flexible to meet the needs of the family and include: planning for pregnancy, delivery, and becoming a parent; finding medical and dental care during pregnancy and for the child through age five; providing information about nutrition; or locating community resources, such as counseling, physical therapy, breastfeeding classes, play groups, and help with educational goals.

To receive services, parents or children must be an eligible or enrolled Medicaid beneficiary and identified as experiencing health, social, or behavioral risks. Currently, the majority of referrals come from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the medical home, hospital, or other health provider; or another community agency and are processed through a regional CIS team, which meets weekly. Core team membership includes a CIS coordinator, MCH public health nurse, home health nurse, a child care specialist, representative(s) from a Parent Child Center, and an early childhood mental health agency staff person. This referral team decides which type of provider is most appropriate based on the referral information. The CIS provider and family develop a plan together to address the identified risks.

### **Medicaid and CIS Nursing and Family Support Home Visiting**

Vermont's Medicaid program is financed through two §1115 Waivers with CIS covered under the "Global Commitment to Health" waiver. The terms of the waiver cap the federal Medicaid funds the state will receive over five years in exchange for flexibility in their use. The Vermont Agency of Human Services contracts with the Department of *Vermont* Health Access (DVHA), which operates, in effect, as a state-run managed care entity. DVHA receives a per-member-per-month capitated fee to provide Medicaid services to the enrolled beneficiaries. If, after providing services to the beneficiaries, there are unspent funds, DVHA may invest those funds in any of four broad areas, including increasing access to quality health care services to the uninsured or underinsured. This provision allows CIS to be provided to other high-risk families who not eligible for Medicaid, an arrangement currently being tested in pilot areas.

A state plan amendment for targeted case management has supported home visiting programs in Vermont since 1987. Targeted case management (TCM) services are voluntary and include a comprehensive assessment of need, development of a specific care plan, referral, and monitoring. Nursing and family support services are one example of CIS services that are offered as a TCM component. Vermont's

state plan amendment states that CIS services be provided on a voluntary basis to all Medicaid enrollees who are identified as at risk.

Vermont’s billing code is aligned with the Healthcare Common Procedure Coding System (HCPCS) to better facilitate billing. HCPCS codes, used by Medicare, Medicaid, and private health insurers, support consistency across the state (See Table B5). The payment rates for home visiting depend on which services are provided, to which beneficiary (mother or infant), the family risk level, and the type of provider. An excerpt of the billing code for CIS services is below:

In November 2010, Vermont initiated a pilot to improve coordination among early childhood services. Three communities received a bundled rate for all CIS services. To allocate funds to each pilot region, the state first calculated the funds previously used to administer all CIS services then contracted that amount to a designated fiscal agent for each region. Fiscal agents contract with local providers to deliver services.

Providers in the pilot communities receive one monthly rate for every client. If providers serve their minimum Medicaid beneficiary caseload, they are allowed to also provide services to families that do not receive Medicaid. The minimum

Table B5

## Vermont Billing Codes

Service Description	Client	Provider	Current Procedural Terminology	Code Definition	Reimbursement
Home Health, Home visit – High risk	Woman	RN	T1022	Contracted home health agency services	\$125
Home Health, Home visit – Low risk	Infant	RN	T1022	Contracted home health agency services	\$95
Home visit, Not Home Health – High risk	Age 1-5	MSW	S9445	Patient education, non-physician	\$95
Home visit, Not Home Health – High risk	Age 1-5	FSW	S9445	Patient education, non-physician	\$55
Perinatal Group Education	Woman	Non-physician	S9436	Childbirth preparation, non-physician	\$1.50 per unit of service

Source: Information provided by Vermont program staff.

caseload is determined by historical Medicaid claims data and the population of children, birth through age five, living in poverty. The pilots also allow providers the flexibility to tailor services to meet family needs and to meet with other care providers to discuss case reviews and care management.

### Lessons Learned

The CIS pilots were designed to address gaps in the current system, namely care coordination. Because nursing and family support are billed fee-for-service, except in the three pilot areas, there is no appropriate code to bill for care coordination provided through CIS. This limits the coordination that can occur.

Vermont is building on current data collection efforts to improve tracking and evaluation of services. CIS currently collects data on the number of individuals that complete plan goals by annual review or transition to another service; the percent of clients who receive services within 45 days from referral; the percent of those that have no further or immediate support when leaving CIS services; and the percent served through CIS that report satisfaction.

With the spirit of innovation and dedication to supporting families, Vermont has a strong basis upon which to adapt to the needs of the population and advance efficient delivery systems.



For references, please visit [www.pewstates.org/homevisiting](http://www.pewstates.org/homevisiting).