



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

Global Commitment Register

September 12, 2023

GCR 23-073
FINAL

Preferred Provider Rate Increase

Policy Summary:

The Vermont Medicaid program increased reimbursement rates by 5% to providers who have attained a certificate from the Department of Health, Division of Substance Use Programs (DSU) and have an existing contract or grant from the Department of Health to provide treatment for substance use disorder. These providers are called DSU Preferred Providers.

This increased funding is part of the State Fiscal Year 2024 budget appropriation from the Vermont State Legislature.

Effective Date:

July 1, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

State Fiscal Year 2024 Appropriations Act ([Act 78 of 2023](#))

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.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$1,250,000.

Public Comment Period:

The public comment period ended July 31, 2023. No comments were received.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

The following State Plan page was amended:

- Attachment 4.19-B page 17a

The [Medicaid State Plan](#) is available on the AHS website.

More information about [DSU Preferred Provider Standards](#) is available here.

A table with the new rates can be found on the following pages.

Division of Substance Use Programs (DSU) Medicaid Rate Sheet
 Effective: 7/1/2023

Provider Specialty: S18
 Provider Type: T25

Procedure Code	Procedure Description(Paid Claims)	Modifiers	Modifier Explanation	Rates with 5% increase as of 7/1/2023 (includes HCBS)	Rates as of 4/1/2024 (without HCBS) and will be new base rate	Unit
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	H0001HA	adolescent (<18)	\$212.49	\$206.11	Encounter
		H0001HB	adult (18+)			
H0004	BEHAVIORIAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	H0004HA	adolescent (<18)	\$30.62	\$29.70	15 min
		H0004HB	adult (18+)			
		H0004HS	adol (<18), without client present			
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	H0005HA	adolescent (<18)	\$113.67	\$110.26	Encounter
		H0005HB	adult (18+)			
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	H0010HB	adult (18+)	\$167.40	\$162.37	Per Diem
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	H0011HB	adult (18+)	\$167.40	\$162.37	Per Diem
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOUR *SEE BOOK	H0015HB H0015 HA	adult (18+) adolescent (<18)	\$163.43	\$158.53	Encounter
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)	H0020HACG	Adol (<18),buprenorphine, no health home services	\$400.90	\$388.88	Month
		H0020HGCG	General pop, methadone, no health home services			
		H0020HBCG	Adult (18+), buprenorphine, no health home services			
		H0020HBHGCG	Adult (18+), methadone, no health home services	\$572.72	\$555.53	Month
		H0020HASE	Adol (<18),buprenropine, with health home services			
		H0020HGSE	General pop, methadone, with health home services			
		H0020HBSE	Adult (18+), buprenorphine, with health home services			
H0020HBHGSE	Adult (18+), methadone, with health home services					

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H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)	H0020HG	General pop, methadone	\$425.00	\$425.00	Month
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	T1006	Any	\$153.11	\$148.52	Encounter
		T1006HS	Adol (<18) without client present			
T1016	CASE MANAGEMENT, EACH 15 MINUTES		Adolescent (<18) Adult(18+)	\$16.36	\$15.87	15 Min

Division of Substance Use Programs (DSU) Medicaid Rate Sheet
 Effective 7/1/2023

Provider Specialty: S18
 Provider Type: T25

Valley Vista and Recovery House Adult Episodic Rates for Treatment Episodes of Three or more nights
Provider May Use Either H0011 or H0018 -- the episodic rate includes BOTH services so they may not be billed separately

Primary Substance and Co-Occurring Category	Rates with 5% increase as of 7/1/2023 (includes HCBS)	Rates as of 4/1/2024 (without HCBS) and will be new base rate	Unit
Other/Opioid Z - No co-occurring	\$3,683.81	\$3,573.29	Episode
Other/Opioid A	\$3,893.89	\$3,777.07	Episode
Other/Opioid B	\$4,126.68	\$4,002.88	Episode
Other/Opioid C	\$4,373.10	\$4,241.91	Episode
Alcohol/Benzo Z - No co-occurring	\$4,193.68	\$4,067.87	Episode
Alcohol/Benzo A	\$4,442.37	\$4,309.10	Episode
Alcohol/Benzo B	\$4,709.23	\$4,567.95	Episode
Alcohol/Benzo C	\$4,994.26	\$4,844.43	Episode
Short Stay (per diem)	\$249.83	\$242.33	Episode