



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

Global Commitment Register

December 28, 2022

GCR 22-132
PROPOSED

Residential Substance Use Disorder Treatment Value-Based Payment Measures

Policy Summary:

Vermont Medicaid proposes to add a value-based purchasing component to the existing episodic payment model for residential substance use disorder treatment (see [GCR 21-021](#)). This 1% value-based payment would be an additive payment for the 2023 calendar year, above current episodic rates. These measures link payment to performance to support enhanced quality of care for Medicaid members. Three measures will be tracked throughout the 2023 calendar year. Scoring on the provider performance on these measures will be reconciled in 2024 to determine the total value-based payment that will be made to each community-based residential substance use disorder treatment facility. Detailed information about the measures and scoring methodology are provided in the Additional Information section below.

Effective Date:

January 1, 2023

Authority/Legal Basis:

[Medicaid 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 \$56,738 - \$79,917.

Public Comment Period:

December 28, 2022 – January 30, 2023

Send comments to:

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

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

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

Additional Information:

Measure #1: % of admissions with a treatment plan within 6 days.^a	
Data Source	Annual Audit results
Data Retrieved By	VDH Division of Substance Use from Providers
Data Schedule	Annual for previous calendar year
Measure Type	Case
Measure Category	How Well & Better Off
Specifications for Calculations	<ul style="list-style-type: none"> • DSU will send client names and admission dates for audit quarterly. • Provider will self-audit client charts and record evidence of a treatment plan present and the date the treatment plan was completed. • Numerator = number of admissions that had a treatment plan in their chart ≤ 6 days^a from the date of admission. • Denominator = all admissions during the calendar year that were audited and were not discharged ≤ 5 days^a
Population	<p>All admissions during the calendar year are eligible to be audited. This measure includes only those who were not discharged ≤ 5 days^a.</p> <p>Audit 10% of all records from each facility (ex. VV = 80, RH = 35)</p>
Value-Based Payments Benchmarks	<ul style="list-style-type: none"> • Minimum performance required to receive any points: $>70\%$ of admissions have a treatment plan within 6 days^a • Target performance to receive maximum points = 100%
Scoring	Eligible for up to 3 points (using “Gate and Ramp” methodology)
a. or the # of days required under the certification expectations as of the end of the waiver.	

Measure #2: % of admissions with aftercare plans that include follow-up with substance use treatment (at least one of the following: primary care physician, mental health, wrap-around, and/or substance use counseling).^b	
Data Source	Annual Audit results
Data Retrieved By	VDH Division of Substance Use from Providers
Data Schedule	Annual for previous calendar year
Measure Type	Case
Measure Category	How Well & Better Off
Specifications for Calculations	<ul style="list-style-type: none"> • DSU will send client names and admission dates for audit quarterly. • Provider will self-audit client charts and record evidence of an after-care plan present and the type of substance use treatment contained in the aftercare plan (primary care physician, mental health, wrap-around, and/or substance use counseling). • Numerator = number of admissions that had an after-care plan in their chart that contained at least one type of substance use treatment. • Denominator = all admissions during the calendar year that were audited and were not discharged ≤ 5 days.

Population	All admissions during the calendar year are eligible to be audited. Those in this measure may not have been discharged. Excluded are those clients in this measure discharged <=5 days. Audit 10% of all records from each facility (ex. VV = 80, RH = 35)
Value-Based Payments Benchmarks	<ul style="list-style-type: none"> • Minimum performance required to receive any points: >80% of admissions have an aftercare plan. • Target performance to receive maximum points = 90%
Scoring	Eligible for up to 3 points (using “Gate and Ramp” methodology)
b. Consider: best practice is client record should indicate client’s preference.	

Measure #3: % of admissions with stays of seven or more days.	
Data Source	MMIS for Calendar Year
Data Retrieved By	VDH Division of Substance Use
Data Schedule	Annual for previous calendar year
Measure Type	Claims
Measure Category	Better Off (research ^c shows stays of 7 or more days lead to improved outcomes)
Specifications for Calculations	<ul style="list-style-type: none"> • All discharges in the period (i.e., 1/1/2023 through 12/31/2023), regardless of readmission. • Numerator = total number of discharges with stays of 7 or more days • Denominator = all discharges during that period.
Population	All clients discharged during the period (regardless of initial admission/readmission dates).
Value-Based Payments Benchmarks	<ul style="list-style-type: none"> • Minimum performance required to receive any points: 65% • Target performance to receive maximum points = 90%
Scoring	Eligible for up to 4 points (using “Gate and Ramp” methodology)
c. Predictive validity of two process-of-care quality measures for residential substance use disorder treatment, Harris <i>et al.</i> <i>Addiction Science & Clinical Practice</i> (2015) 10:22DOI 10.1186/s13722-015-0042-5	