



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

Global Commitment Register

July 29, 2022

GCR 22-071
PROPOSED

Preferred Provider Rate Increase

Policy Summary:

The Vermont Medicaid program proposes to increase 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 2023 budget appropriation from the Vermont State Legislature.

Effective Date:

August 1, 2022

Authority/Legal Basis:

[Medicaid State Plan](#)

[State Fiscal Year 2023 Appropriations Act \(Act 185 of 2022\)](#)

[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 \$1,249,432.

Public Comment Period:

July 29, 2022 – August 29, 2022

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:

The draft Global Commitment Amended State Plan page provides additional details on the proposed changes; copies of the draft page can be requested from local Department for Children and Families (DCF) offices or from the Department of Vermont Health Access (DVHA) at (802) 355-8843, or can be found on [Agency of Human Services website](#).

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

A table with the proposed rates can be found on the next page.

Procedure Code	Procedure Description	Modifiers	Modifier Explanation	Current Rates (includes time limited increase per GCR 22-007)	Proposed Rates as of 8/1/2022	Rates as of 4/1/2024 (after time limited increase expires)	Unit
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	H0001HA	adolescent (<18)	\$192.73	\$202.37	\$196.48	Encounter
		H0001HB	adult (18+)				
H0004	BEHAVIORIAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	H0004HA	adolescent (<18)	\$27.78	\$29.16	\$28.32	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)	\$103.10	\$108.26	\$105.10	Encounter
		H0005HB	adult (18+)				
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	H0010HB	adult (18+)	\$151.83	\$159.42	\$154.78	Per Diem
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	H0011HB	adult (18+)	\$151.83	\$159.42	\$154.78	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)	\$148.24	\$155.65	\$151.12	Encounter
H0018	BEHAVIORIAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RES. TREATMENT PROGRAM) WITHOUT ROOM & BOARD, PER DIEM	H0018HB	adult (18+)	\$151.83	\$159.42	\$154.78	Per Diem
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	\$363.63	\$381.81	\$370.69	Month
		H0020HGCG	General pop, methadone, no health home services				
		H0020HBCG	Adult (18+), buprenorphine, no health home services				
		H0020HBGCG	Adult (18+), methadone, no health home services				
		H0020HASE	Adol (<18),buprenropine, with health home services	\$519.47	\$545.44	\$529.56	Month
		H0020HGSE	General pop, methadone, with health home services				
		H0020HBSE	Adult (18+), buprenorphine, with health home services				
		H0020HBGSE	Adult (18+), methadone, with health home services				
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	\$425.00	Month
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	T1006	Any	\$138.88	\$145.82	\$141.58	Encounter
		T1006HS	Adol (<18) without client present				
T1016	CASE MANAGEMENT			\$14.84	\$15.58	\$15.13	15 Min