



State of Vermont  
Agency of Human Services  
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Waterbury, VT 05671-1000

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# Global Commitment Register

July 3, 2024

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GCR 23-124  
FINAL

## **Division of Substance Use Preferred Provider Rate Increase Extension**

### **Policy Summary:**

The Vermont Medicaid program increased reimbursement rates by 3% for Division of Substance Use (DSU) Preferred Providers from January 1, 2022, to March 31, 2024. See [GCR 22-007](#) for details on this initial increase. This 3% rate increase was supported by the Home and Community-Based Services (HCBS) enhanced funding that was offered to states under Section 9817 of the American Rescue Plan Act of 2021.

On June 3, 2022, the U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services announced that the deadline for states to use HCBS enhanced funding was extended from March 31, 2024, to March 31, 2025. The Vermont Medicaid program extended this 3% reimbursement for DSU Preferred Providers effective April 1, 2024, and through March 31, 2025, in alignment with this extended availability of funding.

See the [Agency of Human Services HCBS Enhanced Funding website](#) for information on these activities which enhance, expand, and strengthen HCBS in the Medicaid program.

### **Effective Date:**

April 1, 2024 – March 31, 2025

### **Authority/Legal Basis:**

Section 9817 of the [American Rescue Plan Act of 2021](#)

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:**

This change is expected to be budget neutral.

**Public Comment Period:**

The public comment period ended on April 29, 2024. No comments were received.

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

**Additional Information:**

The following State Plan page was amended:

- Attachment 4.19-B page 17a

Click here for the [Medicaid State Plan](#) on the AHS website.

A chart of DSU services and rates can be found below.

**Division of Substance Use Programs (DSU) Medicaid Rate Sheet**  
Effective 1/1/2024

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 4/1/2025 (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		
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					
		H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)	H0020HBHGGC	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							
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		

**Division of Substance Use Programs (DSU) Medicaid Rate Sheet**  
 Effective 1/1/2024

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 4/1/2025 (without HCBS) and will be new base rate	Unit
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 1/1/2024

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**

<b>Primary Substance and Co-Occurring Category</b>	<b>Rates with 5% increase as of 7/1/2023 (includes HCBS)</b>	<b>Rates with 38% increase for residential services only as of 1/1/2024</b>	<b>Rates as of 4/1/2025 (without HCBS) and will be new base rate</b>	<b>Unit</b>
Other/Opioid Z - No co-occurring	\$3,683.81	\$5,083.65	\$4,931.14	Episode
Other/Opioid A	\$3,893.89	\$5,373.56	\$5,212.36	Episode
Other/Opioid B	\$4,126.68	\$5,694.82	\$5,523.97	Episode
Other/Opioid C	\$4,373.10	\$6,034.88	\$5,853.83	Episode
Alcohol/Benzo Z - No co-occurring	\$4,193.68	\$5,787.28	\$5,613.66	Episode
Alcohol/Benzo A	\$4,442.37	\$6,130.47	\$5,946.56	Episode
Alcohol/Benzo B	\$4,709.23	\$6,498.74	\$6,303.77	Episode
Alcohol/Benzo C	\$4,994.26	\$6,892.08	\$6,685.31	Episode
Short Stay (per diem)	\$249.83	\$344.76	\$334.42	Episode

Co-occurring category definitions effective 10/1/19 and higher

**Category Description**

No Co-occurring (from the list below)	<b>Z</b>
Bipolar Disorder	
Liver disease/Cirrhosis	
Gender Dysphoria	
Eating Disorders	<b>A</b>
Diabetes	
Post Traumatic Stress Disorder	
Homeless	
Intellectual Disability	
Pregnancy	<b>B</b>
Personality disorders	
Endocarditis	
Deafness-bilateral	
Psychotic disorders	<b>C</b>