

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

Global Commitment Register

March 29, 2024

GCR 23-124 PROPOSED

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 <u>GCR 22-007</u> 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 proposes to extend 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 <u>Agency of Human Services HCBS Enhanced Funding website</u> 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.

<u>Global Commitment to Health Waiver</u>: 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: March 29, 2024 – April 29, 2024

Send comments to: Medicaid Policy Unit 280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to <u>AHS.MedicaidPolicy@vermont.gov</u>.

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

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 DVHA at (802) 355-8843, or can be found on <u>Agency of Human Services website</u>.

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: 518 Provider Type: T25

Curit	Encounter			15 min			Encounter	Per Diem	Encounter		Month				-	Month		Month																	
Rates as of 4/1/2025 (without HCBS) and will be new base rate	\$206.11			\$29.70			\$110.26	\$162.37	\$158.53		\$388.88		\$388.88		\$388.88			\$388.88			\$388.88		\$388.88		\$388.88		\$388.88		\$388.88				Ş555.53		\$425.00
Rates with 5% increase as of 7/1/2023 (includes HCBS)	\$212.49 \$			\$30.62			\$113.67	\$167.40	\$163.43		\$400.90	-				Ş572.72		\$425.00																	
Modifier Explanation	adolescent (<18)	adult (18+)	adolescent (<18)	adult (18+)	adol (<18), without client present	adolescent (<18)	adult (18+)	adult (18+)	adult (18+) adolescent (<18)	Adol (<18), buprenorphine, no health home services	General pop, methadone, no health home services	Adult (18+), buprenorphine, no health home services	Adult (18+), methadone, no health home services	Adol (<18),buprenropine, with health home services	General pop, methadone, with health home services	Adult (18+), buprenorphine, with health home services	Adult (18+), methadone, with health home services	General pop, methadone																	
Modifiers	H0001HA	H0001HB	H0004HA	H0004HB	H0004HS	НОООБНА	НООО5НВ	HOO10HB	H0015HB H0015 HA	H0020HACG	H0020HGCG	H0020HBCG	H0020HBHGCG	H0020HASE	H0020HGSE	H0020HBSE	H0020HBHGSE	НоогонG																	
Procedure Description(Paid Claims)	ALCOHOL AND/OR DRUG ASSESSMENT			ש שראט אואר הבארוח נטטאאבנוואט אויט והבאמריז, רבא 15 MINUTES			ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOUR *SEE BOOK				ALCOHOL AND/OR DRUG SERVICES; METHADONE	ADMINISTRATION AND/OR SERVICE (PROVISION OF	DRUG BY LICENSED PROGRM)			ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)																	
Procedure Code	H0001			H0004			H0005	Н0010	H0015	Н0020					Н0020																				

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 with 5% Rates as of increase as of 4/1/2025 (without 7/1/2023 (includes HCBS) and will be HCBS) new base rate	Unit
		T1006	Any			
T1006	ALCUPUL AND/OK SUBS LANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	T1006HS	Adol (<18) without client present	\$153.11	\$148.52	Encounter
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: 518 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 with 5% increase Rates with 38% increase as of 7/1/2023 for residential services (includes HCBS) only as of 1/1/2024	tates with 38% increase Rates as of 4/1/2025 for residential services (without HCBS) and will be only as of 1/1/2024 new base rate	Unit
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)	Z
Bipolar Disorder	
Liver disease/Cirrhosis	
Gender Dysphoria	<
Eating Disorders	t
Diabetes	
Post Traumatic Stress Disorder	
Homeless	
Intellectual Disability	
Pregnancy	8
Personality disorders	
Endocarditis	
Deafness-bilateral	Ĺ
Psychotic disorders	J