



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

Global Commitment Register

July 16, 2024

GCR 24-017

FINAL

Hub Service Expansion

Policy Summary:

The Vermont Medicaid program will use this investment to supplement services and supplies offered in the Blueprint for Health Hub and Spoke program. As part of the pilot to expand the Hub and Spoke program, the Division of Substance Use Programs (DSU) will incur costs that are not a part of the current legislative appropriation for this pilot program. This investment will be used to purchase additional medical care supplies, durable medical equipment (not otherwise covered), and curriculum development for specific mental health and substance use conditions. These services and supplies will support the existing pilot and help DSU serve a greater number of Medicaid members.

Effective Date:

July 1, 2024

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 #29.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$500,000.

Public Comment Period:

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

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

Additional Information:

The new investment template can be found on the following pages.

ATTACHMENT S
New Investment Application Template

For each new investment, the state must submit the following information to CMS as described in STC 11.6.

Date	5/29/24
Investment Title	Hub Expansion Project
Estimated Amount	\$500,000
Time Period	July 2024 – October 2025
Department	Department of Health
Category	Increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The Department of Health, Division of Substance Use Programs (DSU) is seeking to use Global Commitment investment funding to enhance and expand care for the thousands of Vermonters with Opioid Use Disorder (OUD) and co-occurring conditions who receive care in the opioid treatment programs (in Vermont, opioid treatment programs are called “hubs”). Through this expansion DSU aims to improve retention in treatment programming with the implemented activities and acquisitions.</p> <p>The GC investment funding is for the following hub activities:</p> <ul style="list-style-type: none"> • Train staff to provide enhanced inclusion of available treatment programming for substance use other than OUD (e.g. people with alcohol use disorder, stimulant use disorder, people who use several substances simultaneously). • Increased expertise to provide individual and group mental health counseling for interested patients, regardless of payer—currently, counseling is primarily focused on substance use disorder. • Purchase durable medical equipment and supplies for wound care (to have readily available) as a result of increasing utilization of xylazine (a powerful animal tranquilizer which is being used illicitly). Injecting or otherwise ingesting substances containing xylazine can cause serious, recalcitrant skin ulcers and necrotizing wounds. • Purchase of an electrocardiogram (EKG) to screen for QTC prolongation (proper heart functioning) that will be administered by nursing staff. • Purchase standard and customizable “menu” of curricula for specific conditions (e.g., Matrix Model Care, Seeking Safety). <p>The hub expansion activities address several health equity concerns including:</p> <ol style="list-style-type: none"> 1) Hubs currently and have historically received ongoing state funding to serve un- and under-insured Vermonters and will also work to garner insurance for individuals. 2) Hubs utilize a collaborative care model and provide health home services, as appropriate. 3) The purchase of wound care and EKG machine would address transportation, timely care, and medical coordination limitations that may currently exist. 	

<p>4) The curricula outlined above emphasize further evidence-based programming and treatment for all of the patients receiving care.</p>
<p>Project Description This must include descriptions of specific terms associated with eligibility, benefits and services, and how the state intends to operationalize the program (e.g., population served, provider types, provider qualifications, methodology for incentive payments)</p>
<p>The GC investment funding of hub expansion activities will not effect the eligibility for the people seeking services through the hubs. Members with full Medicaid benefits have always been able to be served at the hubs. In addition, Medicare beneficiaries, Vermonters with third party insurers, and Vermonters who are under- or un-insured have been served by the hubs and their ability to continue doing so will remain unchanged.</p> <p>Hubs are considered to be opioid treatment programs (OTPs), which have significant federal oversight and compliance expectations, specifically from the U.S. Drug Enforcement Administration (DEA).</p> <p>Hubs currently employ a range of medical and clinical staff including nurses, physician, and licensed and credentialed clinical staff.</p> <p>The hubs are currently reimbursed through a per member per month (PMPM) methodology which is outside of this GC investment proposal.</p>
<p>How does the state ensure there is no duplication of federal funding?</p>
<p>The Agency of Human Services (AHS) operates under a Cost Allocation Plan (CAP) which is approved quarterly by HHS. The CAP ensures there is no duplication of funding because total expenses are allocated to the benefitting federal program.</p>
<p>Source of non-federal share</p>
<p>One-time legislative appropriation for hub expansion.</p>
<p>How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?</p>
<p>AHS staff have reviewed project descriptions to ensure that the investment does not include any activities listed in STC #11.5 and will monitor program expenditures to ensure continued compliance with this requirement.</p>
<p>The state assures that in reporting cost, the state and providers must adhere to 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. Pursuant to 45 CFR §75.302(a) the state must have proper fiscal control and accounting procedures in place to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of applicable statutes. Costs must be supported by adequate source documentation.</p>