



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

Global Commitment Register

July 16, 2024

GCR 24-041

FINAL

Medicaid Investment: Bennington Vermont Hub

Policy Summary:

The Vermont Medicaid program will use Medicaid Investment funding to improve geographic equity and access to Hub services and improve retention in treatment programming with the reduction in travel time for patients to receive treatment and medication for opioid use disorder (MOUD) in Bennington County. Hubs, also known as "opioid treatment programs" (OTPs), are regional centers providing comprehensive substance use disorder treatment, health home, and rehabilitation services for individuals receiving methadone maintenance treatment, and dispensed buprenorphine to clinically complex individuals.

Vermont's Global Commitment to Health Section 1115 Demonstration authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This investment increases the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries in Vermont.

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 #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$1,008,645.

Public Comment Period:

The public comment period ended June 30, 2024. No comments were received.

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

Additional Information:

The Medicaid 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	5/31/24
Investment Title	Bennington Hub
Estimated Amount	\$1,008,645.40
Time Period	7/1/24-10/31/25
Department	Vermont 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 expand access to care for Vermonters with Opioid Use Disorder (OUD) and co-occurring conditions who need to receive care in the opioid treatment programs (in Vermont, opioid treatment programs are called “hubs”). Through this expansion of Hub services to Bennington County, DSU aims to improve geographic equity and access to Hub services and improve retention in treatment programming with the reduction in travel time for patients which is a current barrier to treatment.</p> <p>The GC investment funding is for one-time expenditures related to the start-up of an Opioid Treatment Program (OTP), known in Vermont as “Hubs”. Expenditures will include staffing and related costs required for the implementation of an opioid treatment program (OTP/HUB). OTPs are heavily federally regulated and are dually federally and state licensed/certified. For programs to be certified/licensed, a number of essential staffing positions and other program requirements must be in place. Since this happens prior to programs opening and attaining full census, this funding will support this required work as the program builds to its full census.</p> <p>This investment will help to fund several FTEs including the OTP Director, physicians, and physician extenders sufficient to provide admissions physicals and ongoing evaluation and management for census growth, dispensing and supervising nurses sufficient to allow for admissions and census growth, counseling staff, and counseling supervisors sufficient to allow for admissions and census growth.</p> <p>In addition to FTEs, this funding will also support program start-up costs related to required equipment and licensing including but not limited to exam tables and medical examination equipment necessary to provide required physical assessments, dispensing equipment, urinalysis equipment, and licensing fees for required dispensing equipment.</p> <p>Short term, DSU will track improved capacity to serve Vermonters within the state to measure the impact of this investment. This will be measured as DSU builds census and begins serving individuals with OUD and co-occurring disorders. DSU will also track their success in hiring and retaining FTE funded as by this investment. Hiring and retaining FTEs as outlined in this investment will demonstrate the successful implementation of these investment funds.</p>	

<p>Long term, DSU will track specific outcomes related to the impact of this investment on increased retention, including 90-day retention in the Bennington Hub. Tracking 90-day retention will help DSU to understand the impact of this Hub location on access to OUD services in the Bennington area. Additionally, for members who receive Non-emergency Medical Transportation to their Hub appointments, DSU will measure the reduction in patient travel time. Members in this service area are currently being driven to Massachusetts to receive treatment in a Hub, so the Bennington Hub should positively impact transportation time – hopefully also working to improve treatment retention by reducing barriers to 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 for the development of a Hub in Bennington County will not affect the eligibility of the people seeking services through the hubs. Members with full Medicaid benefits have always been able to be served at the hubs. The development of the Hub in Bennington County will enhance geographic equity and access to Hub services to Vermonters in southeastern Vermont. In addition, Medicare beneficiaries, Vermonters with third-party insurers, and Vermonters who are under or uninsured have been served by the hubs and their ability to continue doing so will remain unchanged.</p> <p>Hubs currently employ a range of medical and clinical staff including nurses, physicians, and licensed and credentialed staff who help to provide critical care to individuals seeking treatment in the Hubs. The provider types and required qualifications of those employed by Hubs will not change. 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). All Hubs in Vermont will continue to comply with these regulations and requirements</p> <p>The hubs are currently reimbursed through a per member per month (PMPM) methodology which is outside of this GC investment proposal. This GC investment will be used to fund activities and services not eligible to be included in the PMPM bundled payment.</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>State General Fund.</p>
<p>How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?</p>

Attachment S

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.

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.