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State/Territory Name: Vermont

State Plan Amendment (SPA) #: 24-0019

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages

VT - Submission Package - VT2024MS0002O - (VT-24-0019) - Administration; Health Homes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

January 17, 2025

Monica Ogelby
Medicaid Director
Vermont Agency of Human Services
280 State Drive
Center Building
Waterbury, VT 05671

Re: Approval of State Plan Amendment VT 24-0019 Administration

Dear Director Ogelby,

On December 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received Vermont State Plan Amendment (SPA) VT 24-0019 (Administration) to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. Vermont is also updating the converted MMDL language in the Health Homes SPA to include the assurance in accordance with federally mandated quality reporting for the Health Home Core Set as outlined with requirements in 42 CFR §§ 437.10 through 437.15 .

We approve Vermont State Plan Amendment (SPA) VT 24-0019 with an effective date of October 01, 2024.

If you have any questions regarding this amendment, please contact Gilson DaSilva at gilson.dasilva@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

VT - Submission Package - VT2024MS0002O - (VT-24-0019) - Administration; Health Homes

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | VT2024MS0002O | VT-24-0019 | MIGRATED_HH.VT Health Homes for Medication Assisted Therapy for Opioid Addiction: Phase II

CMS-10434 OMB 0938-1188

Package Header

Package ID VT2024MS0002O
SPA ID VT-24-0019
Submission Type Official
Initial Submission Date 12/31/2024
Approval Date 01/17/2025
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: Vermont
Medicaid Agency Name: Agency of Human Services

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

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SPA ID and Effective Date

SPA ID VT-24-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Intro	10/1/2024	VT-14-007
Health Homes Geographic Limitations	10/1/2024	VT-14-007
Health Homes Population and Enrollment Criteria	10/1/2024	VT-14-007
Health Homes Providers	10/1/2024	VT-14-007
Health Homes Service Delivery Systems	10/1/2024	VT-14-007
Health Homes Payment Methodologies	10/1/2024	VT-14-007
Health Homes Services	10/1/2024	VT-14-007
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	VT-14-007
Reporting	10/1/2024	None

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Health Homes | VT2024MS0002O | VT-24-0019 | MIGRATED_HH.VT Health Homes for Medication Assisted Therapy for Opioid Addiction: Phase II

Package Header

Package ID VT2024MS0002O

SPA ID VT-24-0019

Submission Type Official

Initial Submission Date 12/31/2024

Approval Date 01/17/2025

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Vermont is submitting this amendment due to CMS adding new Reporting Reviewable Units that attest to mandatory annual state reporting of the Child Core Set, the behavioral health measures on the Adult Core Set (SHO#23-005), and the core sets of Health Home Quality Measures (SMD#24-002). Vermont used this required attestation as an opportunity to update the converted MMDL language in the Health Home SPA and to be reflective of current practices. Vermont did not update the reimbursement methodology reviewable unit due to its existing 1115 Global Commitment waiver flexibility to set rates outside of the State Plan.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	$0
Second	2026	$0

Federal Statute / Regulation Citation

42 CFR §430.12(c)(1)(ii)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Superseded SPA ID N/A

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

Describe Approved by Secretary of Administration

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Health Homes Intro

MEDICAID | Medicaid State Plan | Administration, Health Homes | VT2024MS0002O | VT-24-0019 | MIGRATED_HH.VT Health Homes for Medication Assisted Therapy for Opioid Addiction: Phase II

CMS-10434 OMB 0938-1188

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Superseded SPA ID	VT-14-007		
	User-Entered		

Program Authority

1945 of the Social Security Act

The state elects to implement the Health Homes state plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program

MIGRATED_HH.VT Health Homes for Medication Assisted Therapy for Opioid Addiction: Phase II

Executive Summary

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used

Vermont's Health Homes (HH) are for beneficiaries receiving Medications for Opioid Use Disorder (MOUD) for the chronic disease condition of opioid use disorder. This integrated system builds on existing MOUD resources and the Vermont Blueprint for Health (Blueprint) primary care infrastructure of Patient-Centered Medical Homes (PCMH) and multidisciplinary Community Health Teams (CHT).

Currently, most MOUD patients are prescribed buprenorphine in Office-Based Opioid Treatment (OBOT) settings by licensed physicians, osteopaths, nurse practitioners, or physician assistants with limited access to mental health and use disorder services. A smaller number receive methadone treatment in highly regulated Opioid Treatment Programs (OTPs) with associated health and mental health care integration.

General Assurances

- [x] The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- [x] The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- [x] The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- [x] The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- [x] The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- [x] The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

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Health Homes Geographic Limitations

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- (●) Health Homes services will be available statewide
- ( ) Health Homes services will be limited to the following geographic areas
- ( ) Health Homes services will be provided in a geographic phased-in approach

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Health Homes Population and Enrollment Criteria

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Categories of Individuals and Populations Provided Health Home Services

The state will make Health Home services available to the following categories of Medicaid participants

☑ Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups

☑ Medically Needy Eligibility Groups

Mandatory Medically Needy

☑ Medically Needy Pregnant Women

☑ Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

Families and Adults

☐ Medically Needy Children Age 18 through 20

☐ Medically Needy Parents and Other Caretaker Relatives

Aged, Blind and Disabled

☐ Medically Needy Aged, Blind or Disabled

☐ Medically Needy Blind or Disabled Individuals Eligible in 1973

Health Homes Population and Enrollment Criteria

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Population Criteria

The state elects to offer Health Homes services to individuals with:

- [ ] Two or more chronic conditions
- [x] One chronic condition and the risk of developing another

Specify the conditions included:

- [ ] Mental Health Condition
- [ ] Substance Use Disorder
- [ ] Asthma
- [ ] Diabetes
- [ ] Heart Disease
- [ ] BMI over 25
- [x] Other (specify):

Name	Description
Opioid Addiction	As defined by the DSM-5 criteria.

Specify the criteria for at risk of developing another chronic condition:

Vermont Medicaid data consistent with national data that has found this population to be at high risk of having or developing other substance abuse disorders and co-occurring mental health conditions, especially depression and anxiety. Research shows that individuals with a dependency on drugs are much more likely to drink alcohol, and individuals with an alcohol dependency are far more likely than the general population to use other drugs (HHS, NIH, NIAAA. Alcohol Alert 76, 2008).

- [ ] One serious and persistent mental health condition

Health Homes Population and Enrollment Criteria

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Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home:

- ○ Opt-In to Health Homes provider
- ◉ Referral and assignment to Health Homes provider with opt-out
- ○ Other (describe)

Describe the process used:

MOUD patients receiving treatment at Health Home sites are eligible to always receive all Health Home services. The Health Home Teams at the Hub Designated Provider provides all six Health Home Services. Spoke Nurse and Clinician Case Manager teams also provide all six Health Home services. Individual beneficiaries may choose to decline any or all Health Home services based on their individual Plan of Care, but all six services remain available to them at any time.

☑ The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Home benefit or to change Health Home providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individual of the Health Home benefit and their rights to choose or change Health Home providers or to elect not to receive the benefit.

Name	Date Created	
Member Handbook Language	12/16/2024 8:50 AM EST	

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Health Homes Providers

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Types of Health Homes Providers

☑ Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

☐ Physicians
☐ Clinical Practices or Clinical Group Practices
☐ Rural Health Clinics
☐ Community Health Centers
☐ Community Mental Health Centers
☐ Home Health Agencies
☐ Case Management Agencies
☑ Community/Behavioral Health Agencies

Describe the Provider Qualifications and Standards

The Controlled Substances Act requires that any program dispensing opioid drugs for the treatment of opioid addiction must meet Federal Opioid Treatment Program (OTP) standards established by SAMHSA. An OTP must have a current, valid certification from SAMHSA to be qualified to dispense drugs for opioid addiction and meet the federal opioid treatment standards. Highlights of the certification and treatment standards include: Administrative and organizational structure to ensure quality of patient care and meet all local, state, and federal standards; A program sponsor and a medical director responsible for overseeing all care; A system of continuous quality improvement including annual reviews of program policies and procedures, and patient outcomes; Staff credentials, education, training, and experience to perform assigned duties and to comply with the credentialing requirements of their respective professions; Initial physical exam performed by a physician; Preparation of a treatment plan and periodic reassessment; Drug abuse testing services; System to ensure that patients are enrolled in only one OTP program at a time; Systems for medication administration, dispensing, and use including dosage ranges, witnessed dosing, protocols for take home medication; Security systems to assure safety of the medications.

The Vermont Department of Health (VDH) in Vermont is the single state entity charged with oversight and certification of OTP. The Hubs in the region supported by the SPA have a current, valid certification from SAMHSA, meets the VDH requirements and is also accredited by CARF as an OTP. Nurses and master's level clinicians working within their scope of practice, overseen by a program director who typically is also a clinician, will primarily be responsible for providing the Health Home services. The Hubs have agreed contractually to provide services in accordance with CMS' standards for the 11 core

functional components.

- [ ] Federally Qualified Health Centers (FQHC)
- [ ] Other (Specify)

Health Homes Providers

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☑ Teams of Health Care Professionals

Indicate the composition of the Health Homes Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards

☑ Physicians

Describe the Provider Qualifications and Standards

Buprenorphine prescribers must have completed federally required training and meet applicable federal requirements. They are required to adhere to Vermont's Buprenorphine Clinical Practice Guidelines and the Vermont Department of Health Medication Assisted Therapy for Opioid Dependence Rules.

☑ Nurse Practitioners

Describe the Provider Qualifications and Standards

Nurses with expertise in substance use disorder (SUD) treatment. These professionals will work under the Spoke model, supervised by a prescribing physician.

☑ Nurse Care Coordinators

Describe the Provider Qualifications and Standards

Nurses with expertise in substance use disorder (SUD) treatment. These professionals will work under the Spoke model, supervised by a prescribing physician.

☐ Nutritionists

☑ Social Workers

Describe the Provider Qualifications and Standards

Master's level social workers with experience in SUD treatment. These professionals will work under the Spoke model, supervised by a prescribing physician.

☑ Behavioral Health Professionals

Describe the Provider Qualifications and Standards

The Health Home behavioral health professionals are credentialed as providers in Vermont's Medicaid program. These are: master's level or Licensed Alcohol and Drug Abuse Counselors, master's level or Licensed Clinical Social Workers, master's level or Licensed Mental Health Counselors, Licensed Psychologists, and master's level or Licensed Marriage and Family Therapists. These professionals will work under the Spoke model, supervised by prescribing physician and a licensed supervisor.

☐ Other (Specify)

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Health Teams

Health Homes Providers

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Provider Infrastructure

Describe the infrastructure of provider arrangements for Health Home Services

Vermont's integrated MOUD system of care, referred to as the Hub and Spoke, provides Health Home services to MOUD patients. The Hub (OTP) is a regional specialty (SUD) treatment center that provides methadone MOUD, buprenorphine for clinically complex patients, and substance use consultation. Spokes are buprenorphine prescribers supported by a nurse and a master's level clinician case managers who assist MOUD patients with care coordination, counseling, enhanced self-management, education, and care transitions. Spoke staff are managed by the administrative entity (AE) in each Health Service Area (HSA) that oversees the Blueprint CHTs. Enhanced Hub and Spoke staffing provide Health Home services to Medicaid beneficiaries receiving MOUD.

The lead AEs are health care organizations with strong fiduciary and administrative capabilities, are Medicaid enrolled providers, and are recognized health care leaders in their communities. Examples include hospitals, FQHCs, and/or community mental health centers.

Supports for Health Homes Providers

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

Description

Current OTPs and OBOTs are supported in transforming into Hub and Spoke Health Homes through participation in regional and statewide learning activities, including learning collaboratives and trainings sponsored by the Department of Health/Division of Alcohol and Drug Abuse Programs and the Blueprint. Three types of learning collaboratives are planned or in progress: regional OBOT collaboratives, a state-wide Hub program collaborative, and a state-wide Spoke Staff learning community. Participation in the collaboratives is voluntary. The collaborative content is planned by clinical and scientific leaders in Vermont familiar with current programming and national practice standards. Led by a team with expertise in SUD treatment, meetings may include didactic learning, webinars, and updates on best clinical practices. Health Home staff will be able to document their clinical work with patients in the EMR used by each Health Home site to promote consistent access and documentation.

Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows

As the sole entity providing methadone treatment, the Hub must fulfill all federal requirements as an Opioid Treatment Program (OTP). It also must serve as the regional consultant/subject matter expert to Spoke providers on opioid dependence and treatment and must provide buprenorphine products to clinically complex patients. The Hubs will work under a performance-based contract with the State of Vermont that was developed to be consistent with the 11 required components for delivering Health Home services.

Name	Date Created	
No items available		

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VT - Submission Package - VT2024MS0002O - (VT-24-0019) - Administration; Health Homes

Health Homes Service Delivery Systems

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Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

- [ ] Fee for Service
- [ ] PCCM
- [ ] Risk Based Managed Care
- [x] Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the Team of health care professionals and how payment will be delivered to these providers

Spoke nurses and mental health clinicians are part of a team of health care professionals. Payment for Spoke Health Home services will be made to the AEs that oversee the Blueprint Community Health Teams (CHTs) so nurse care managers and clinician case managers can be hired to support MOUD patients served within the Health Services Area (HSA). Payments are based on the number of unique Medicaid patients at Spoke sites that are receiving a buprenorphine prescription. Payments will be added to DVHA's existing monthly payment to the AE for CHT services, which are covered by contracts the Blueprint already executes with the AEs to cover Blueprint administration and CHT payments. Spoke staff resources will be deployed to the prescribing practices proportionate to the number of patients served by each practice. Spoke physicians will continue to bill for all typical treatment services currently reimbursed by DVHA.

Hubs are VDH certified providers. Hub payments will be a single monthly rate per patient, with a percentage of the total payment linked directly to provision of Health Home services. The Hubs may initiate a claim through the MMIS on behalf of a patient for whom it can document 2 services during that month: 1 face-to-face typical treatment encounter (e.g. assessment, counseling, observed dosing), and 1 Health Home service. Only the HH service (30% of the total) will be paid using the enhanced funding match.

- [x] The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

Name	Date Created	
No items available		

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valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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VT - Submission Package - VT2024MS0002O - (VT-24-0019) - Administration; Health Homes

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Administration, Health Homes | VT2024MS0002O | VT-24-0019 | MIGRATED_HH.VT Health Homes for Medication Assisted Therapy for Opioid Addiction: Phase II

CMS-10434 OMB 0938-1188

Package Header

Package ID VT2024MS0002O
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Initial Submission Date 12/31/2024
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Payment Methodology

The State's Health Homes payment methodology will contain the following features

- ☐ Fee for Service
- ☐ PCCM (description included in Service Delivery section)
- ☐ Risk Based Managed Care (description included in Service Delivery section)
- ☑ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

☑ Tiered Rates based on

- ☐ Severity of each individual's chronic conditions
- ☐ Capabilities of the team of health care professionals, designated provider, or health team
- ☑ Other

Describe below

Rate only reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

N/A

Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

The funding methodology for Hub & Spokes is based on staff costs to provide health home services. The Hub methodology is based on the cost to employ key health professionals (salary and fringe benefits) to provide the Health Home services. The staffing enhancements are based on a model of 6 FTEs for every 400 MAT patients served. The enhanced staffing model represents a 43% increase over the current average rate for methadone treatment as usual.

The agency's fee schedule rate was set as of July 1, 2013, is effective for services provided on or after that date, and are the same for both private and public providers. All rates for both Hub and Spoke payments are published on the DVHA website: http://dvha.vermont.gov/for-providers/claims-processing-1.

The Hub payment is a monthly, bundled rate per patient. The Hub program makes a monthly claim with a Health Home modifier for each Medicaid Health Home member who receives at least one Health Home service in the month. The Health Home service is documented in the clinical chart of the Hub program. This documentation is auditable. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of addictions treatment services for patients receiving Medication Assisted Therapy (MAT).

Payment for Spoke Health Home services is based on the costs to employ 1 FTE RN and 1 FTE licensed clinician case manager for every 100 MAT patients across multiple providers. The patient count to determine the Spoke payment is based on the average monthly number of unique patients in each Health Services Area (HSA) for whom Medicaid paid a buprenorphine pharmacy claim during the most recent three-month period, in increments of 25 patients. Spoke staff resources are deployed to the prescribing practices proportionate to the number of patients served by each practice. Payments will be made to the lead Blueprint administrative agent in each HSA when staff provides at least one Health Home service per month to each Medicaid beneficiary on the Spoke Health Home caseload. Health Home services are documented in the clinical record of the prescribing physician's practice. This documentation is auditable.

The State will review service utilization rates annually to ensure that rates are economic and efficient based on analysis of care management costs and services provided by the team of health care professionals and its components for both the Hub and the Spoke programs.

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Assurances

☑ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved The Hub program and the Spoke program make a monthly claim with a Health Home modifier for each Medicaid Health Home member who receives at least one Health Home service in the month.

☑ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

☑ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

☑ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

Name	Date Created	
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VT - Submission Package - VT2024MS0002O - (VT-24-0019) - Administration; Health Homes

Health Homes Services

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Service Definitions

Provide the state's definitions of the following Health Homes services and the specific activities performed under each service

Comprehensive Care Management

Definition

Activities involve identifying patients for MOUD, conducting initial assessments, and formulating individual plans of care. Specific activities include identifying potential MOUD patients and conducting outreach, assessing preliminary service needs, treatment plan development and goal setting in conjunction with the patient, assigning Health Home team roles and responsibilities, developing treatment guidelines and protocols, monitoring the patient's health status and treatment progress, developing QI activities to improve care, and linkages with long term care services and supports.

Health Home Staff providing Comprehensive Care Management: Spoke Nurse and Spoke Clinician Care Manager; Hub Health Home Program Director, Hub supervising MD, Hub Nurse Supervisor, Hub Consulting Psychiatrist.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Treatment information will be documented in the EMR and communicated through Vermont's central clinical registry, which contains clinical information as well as documentation and tracking of self-management goals and action plans.

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

Description

The Hub Director, who typically is also a clinician, is involved in these activities, especially in developing the overall plan of care (POC). Hub and Spoke clinicians, who frequently are behavioral health professionals, are involved in developing and implementing comprehensive care management activities.

- [x] Nurse Practitioner

Description

Spoke Nurse Practitioners will be involved in developing and monitoring these activities.

- [x] Nurse Care Coordinators

Description

Spoke Nurse care coordinators will be involved in developing and monitoring these activities.

- [ ] Nurses
- [ ] Medical Specialists
- [x] Physicians

Description

Hub supervising physicians, consulting psychiatrists and Spoke prescribing physicians are actively involved in comprehensive care management activities and provide oversight and monitoring of the plan of care. PCPs also are involved in developing the plan of care, as needed.

- [ ] Physician's Assistants

- [ ] Pharmacists
- [x] Social Workers

Description

Master's level social workers may be Spoke clinician case managers and as such, will be involved in developing and implementing comprehensive care management activities.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [ ] Other (specify)

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Care Coordination

Definition

Care coordination activities involve implementing the Plan of Care through appropriate linkages, referrals, coordination and follow-up across treatment and human services settings and providers (medical, social, mental health and substance use, long-term care, corrections, education, and vocational).

Spoke nurses and clinicians share responsibility for all Health Home services. The Health Home Care Coordination functions are shared across four Health Home staff at the Hubs (the supervising MD, the consulting psychiatrist, the substance use counselors, and the clinicians).

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Information will be shared through the central clinical registry as well as through existing information sharing technologies and Electronic Medical Records (EMRs). Data sources include EMRs, hospital data systems, practice management systems, and direct data entry.

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

  Description

  HUB Clinicians, who often are behavioral health professionals, are key staff in providing care coordination services.

- [x] Nurse Practitioner

  Description

  Spoke Nurse Practitioners are key staff in providing these services.

- [x] Nurse Care Coordinators

  Description

  Spoke nurse care coordinators are key staff in providing these services.

- [ ] Nurses
- [ ] Medical Specialists
- [x] Physicians

  Description

  Hub supervising physicians, consulting psychiatrists and Spoke prescribing physicians are actively involved in comprehensive care management activities and provide oversight and monitoring of the plan of care. PCPs also are involved in developing the plan of care, as needed.

- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

  Description

  Master's level social workers may be Hub clinician case managers and would be key staff in providing care coordination services.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [ ] Other (specify)

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Health Promotion

Definition

Health Promotion activities include: health education specific to opioid dependence and treatment; health education regarding a patient's other chronic conditions; development of self-management plans; behavioral techniques (e.g., motivational interviewing) to engage patients in healthy lifestyles; supports for managing chronic pain, smoking cessation and reduction in use of alcohol and other drugs; promoting healthy lifestyle interventions such as nutritional counseling, obesity reduction, and increased physical activities; support for developing skills for emotional regulation and parenting; and support for improving social networks.

Health Home staffs providing Health Promotion Activities are the Spoke Nurse and Spoke Clinician Care Manager, and the Hub MA Substance Use Counselors and the MA Clinician Case Managers.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Data sources include EMRs, hospital data systems, practice management systems, and direct data entry. Data from these sources is sent to the clinical registry through Vermont's Health Information Exchange (VHIE) infrastructure run by Vermont Information Technology Leaders (VITL).

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

Description

Hub Nurses, Clinicians and the HUB and Spoke MA Clinician Case Managers are particularly involved with health education specific to opioid dependence and treatment, other substance issues, and with related behavioral interventions

- [x] Nurse Practitioner

Description

Spoke Nurse Practitioners are involved with health promotion regarding all health issues, particularly with health education regarding other chronic conditions and promoting healthy lifestyle interventions such as nutritional counseling, obesity reduction, and increased physical activities.

- [x] Nurse Care Coordinators

Description

Spoke nurse care coordinators are involved with health promotion regarding all health issues, particularly with health education regarding other chronic conditions and promoting healthy lifestyle interventions such as nutritional counseling, obesity reduction, and increased physical activities.

- [ ] Nurses
- [ ] Medical Specialists
- [ ] Physicians
- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

Description

HUB social workers are particularly involved with education and promotion of behavioral techniques and support for developing skills for emotional regulation, parenting, and improving social networks.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [ ] Other (specify)

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Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow-up)

Definition

Comprehensive transitional care focuses on streamlining movement of patients from one treatment setting to another, between levels of care, and between health, substance abuse and mental health service providers. These activities include developing collaborative relations between Health Home providers and hospital ERs, discharge planners, long-term care, corrections, probation and parole staff, residential treatment programs, primary care and specialty mental health and substance abuse treatment services. Care managers work with discharge planners to schedule follow-up appointments with primary or specialty care providers within seven days of discharge, and work with patients to help ensure attendance at scheduled appointments.

Spoke Nurse, the Hub Director, the Hub Supervising MD, the Hub Nurse Supervisor, and the Hub MA Clinician Case Managers will be involved with transitional care.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Concurrent review of hospital stays requires that Vermont Medicaid be notified when admissions occur.

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

  Description

  Especially involved in care transitions from inpatient stays for behavioral health issues, residential treatment programs, primary care and specialty mental health and substance abuse treatment services.

- [x] Nurse Practitioner

  Description

  Especially involved in transitions involving hospital settings and nursing facilities. Activities include developing collaborative relations between Health Home providers and hospital ERs and discharge planners to schedule follow up appointments with primary or specialty care providers and work with patients to ensure attendance at scheduled appointments.

- [x] Nurse Care Coordinators

  Description

  Especially involved in transitions involving hospital settings and nursing facilities. Activities include developing collaborative relations between Health Home providers and hospital ERs and discharge planners to schedule follow up appointments with primary or specialty care providers and work with patients to ensure attendance at scheduled appointments.

- [ ] Nurses
- [ ] Medical Specialists
- [x] Physicians

  Description

  Specifically assists with patient education about health conditions and recommended treatments and facilitating ongoing revisions to individual plans of care.

- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

  Description

  Especially involved in transitions involving corrections, probation and parole staff, and establishing supports and services in the community to facilitate successful transitions.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists

- [ ] Other (specify)

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Individual and Family Support (which includes authorized representatives)

Definition

These services promote recovery by supporting participation in treatment, reducing barriers to access to care, and supporting age and gender appropriate adult role functioning. Activities include advocacy, assessing individual and family strengths and needs, providing information about services and education about health conditions, assistance with navigating the health and human services systems, support and outreach to key caregivers, and assistance with adhering to treatment plans.

Nurse, Spoke Clinician Case Manager, the Hub Supervising MD, the Hub Counselors, and the Hub Case Managers will be involved with individual and family support.

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

EHR systems can make specific information related to a patient's care available for reference in Individual and Family Support Services, and more clinical data is continuously being made available through VITL.

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

  Description

  Especially involved with assessing individual and family strengths and needs, and linking individuals and families with appropriate supports and services.

- [x] Nurse Practitioner

  Description

  Especially involved with providing information and education to family and other support persons on ways they can support the patient in establishing healthy behaviors, particularly around chronic health conditions.

- [x] Nurse Care Coordinators

  Description

  Especially involved with providing information and education to family and other support persons on ways they can support the patient in establishing healthy behaviors, particularly around chronic health conditions.

- [ ] Nurses
- [ ] Medical Specialists
- [x] Physicians

  Description

  Especially involved with advocacy, assessing individual and family strengths and needs, providing information about services and assistance with navigating the health and human services systems, and providing support and outreach to key caregivers.

- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

  Description

  Especially involved with advocacy, assessing individual and family strengths and needs, providing information about services and assistance with navigating the health and human services systems, and providing support and outreach to key caregivers.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [ ] Other (specify)

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Referral to Community and Social Support Services

Definition

Activities include developing information about formal and informal resources including peer and community-based programs, assistance with accessing resources based on patient needs and goals, and supporting patients in obtaining supports and entitlements for which they are eligible (e.g., income, housing, food assistance, vocational and employment services to promote self-sufficiency).

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum

Central clinical registry secure electronic fax functions may be used with all providers, including community and social support service agencies, to transmit and share appropriate patient information.

Scope of service

The service can be provided by the following provider types

- [x] Behavioral Health Professionals or Specialists

Description

Case managers, including behavioral health professionals, are the primary Health Home staff providing these services.

- [x] Nurse Practitioner

Description

Nurse Practitioner Care Coordinators are involved with identifying and coordinating with community services, especially those pertaining to chronic health conditions and healthy behaviors.

- [x] Nurse Care Coordinators

Description

Nurse Care Coordinators are involved with identifying and coordinating with community services, especially those pertaining to chronic health conditions and healthy behaviors.

- [ ] Nurses
- [ ] Medical Specialists
- [ ] Physicians
- [ ] Physician's Assistants
- [ ] Pharmacists
- [x] Social Workers

Description

Clinician case managers, including social workers, are the primary Health Home staff providing these services.

- [ ] Doctors of Chiropractic
- [ ] Licensed Complementary and alternative Medicine Practitioners
- [ ] Dieticians
- [ ] Nutritionists
- [ ] Other (specify)

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Health Homes Patient Flow

Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes individual would encounter

Members who are treated with buprenorphine can receive care in either a Spoke or Hub. The decision about which site is the most appropriate is a clinical one. In general, the Hub setting provides more intensive structure and has the capacity to see members on a daily basis. Typical Spoke OBOT providers see patients twice a month and as frequently as three times a week but can rarely sustain daily contact over time. Therefore, a patient receiving buprenorphine care that is relatively stable can be well supported in a Spoke. If the patient is experiencing relapse or acute exacerbation of other mental health or health conditions, they can be treated in a Hub. The Hub and Spoke Health Home supports movement of members based on clinical needs between both types of providers. By federal regulation, any member receiving methadone for the management of opioid dependence can only be served in an OTP Hub program.

Name	Date Created	
Hub and Spoke Flow Chart	12/16/2024 8:46 AM EST	

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Health Homes Monitoring, Quality Measurement and Evaluation

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Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

Vermont will annually assess cost savings using a pre/post comparison approach that analyzes and compares cost outcomes for the Medicaid Health Home Population and Medicaid non-Health Home populations seeking treatment for OUD over a 5-year period. Costs will be divided into a variety of expenditure categories, including but not limited to: OUD treatment costs, emergency department expenditures, SMS expenditures, mental health expenditures, overall expenditures, etc.

Data source: Claims.
Measure: Medicaid expenditures in the selected cost categories for the target population.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

The Hub & Spoke system will build on the Blueprint's Health Information architecture, which includes a central clinical registry, use of the Vermont Health Information Exchange (VHIE), and a communication tool (ProviderLink) that facilitates the secure transmission of clinical information between health providers. This health information architecture supports guideline-based preventive healthcare, coordinated health services, an integrated health record across services and organizations, and flexible reporting. Hub and Spoke Health Home staff will document directly in the practice EMR. The goal is to have information on day-to-day provisions of care documented in practice EMRs, hospital data systems, and practice management systems and then transmitted via interfaces to the Health Information Exchange (VHIE). Data sources include EMRs, hospital data systems, practice management systems, and direct data entry.

Health Homes Monitoring, Quality Measurement and Evaluation

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Quality Measurement and Evaluation

- [x] The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- [x] The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- [x] The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- [x] The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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