Medicaid and CHIP State Plan, Waiver, and Program Submissions

1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	Vermont
Demonstration Name	Global Commitment to Health 1115 Demonstration
Approval Date	*June 28, 2022*
Approval Period	*July 1, 2022 to December 31, 2027*
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	1. Increase rates of identification, initiation, and engagement in treatment. 2. Improve access to care for physical health conditions among beneficiaries. 3. Increase adherence to and retention in treatment. 4. Reduce overdose deaths, particularly those due to opioids. 5. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilizationis preventable or medically inappropriate through improved access to other continuum of care services. 6. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.

2. Executive Summary

The executive summary should be reported in the fillable box below. This executive summary is intended for summary level information only. The recommended word count is 500 words or less.

Act 115 changed the name of the Division of Alcohol and Drug Abuse Programs (ADAP) to the Division of Substance Use Programs (DSU) as of July 1, 2022. Use of the "Division of Alcohol and Drug Abuse Programs" or "ADAP" will no longer be used in this report and has been replaced with "Division of Substance Use Programs" or "DSU".

The Division of Substance Use Programs (DSU) is in the initiation phase of the new projects authorized by the recently approved waiver, scheduled for January 1, 2025, implementation:
- Expanded eligibility group for people with a SUD diagnosis
- Recovery services provided directly to people will be eligible to be reimbursed by Medicaid
- Services provided in recovery housing will be eligible to be reimbursed by Medicaid
- Services provided in withdrawal management programs will be eligible to be reimbursed by Medicaid

All ASAM levels of care, including medications for opioid use disorder (MOUD), were available. Treatment providers continued to provide telemedicine, where appropriate, while others adjusted daily census as needed to mitigate fluctuating risk from COVID-19 and continued strategies to continue serving patients requiring in-person services during fluctuating COVID-19 levels in their communities.

DSU's Substance Use Disorder Treatment Standards and corresponding compliance assessment tool were effective January 1, 2020 and continue to be used on site visits.

DSU's team met with the DVHA Payment Reform team and is exploring the value-based payment model for residential programs, to align with its All-Payer Model Agreement with CMS, as a part of larger discussions around the SUD system of care redesign.

DSU's centralized intake and resource center, "VT Helplink: Alcohol and Drug Support Center" was launched in March 2020. From July 1 to September 30, 2022, VT Helplink received 361 calls and 12,361 website visits. In September, DSU began onboarding treatment providers into the VT Helplink Provider Portal; the Provider Portal allows providers access to their program's information (address, phone number, walk-in hours, treatments/services provided) and add available appointment spots to the VT Helplink Appointment Board so callers can schedule an appointment for SUD treatment when contacting VT Helplink.

The Substance Misuse Prevention Oversight and Advisory Council (SMPC) was established within the Vermont Department of Health and addresses all substances of misuse. The SMPC has three goals: 1) Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions; 2) Decrease risk factors for substance use in Vermont for individuals of all ages, cultures, and socioeconomic conditions; 3) Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable. Information on the SMPC can be found at: www.healthvermont.gov/SMPC

Vermont launched the Recovery Coaches in the Emergency Department Program on July 1, 2018. The final hospital (14 hospitals) will officially launch on or before January 1, 2023.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q1	3 Medicaid Beneficiaries with SUD Diagnosis (monthly) 4 Medicaid Beneficiaries with SUD Diagnosis (annually) 5 Medicaid Beneficiaries Treated in an IMD for SUD	DSU has worked with VT Helplink and SUD treatment providers to market and educate Vermonters that treatment services are available. Providers have continued to utilize telemedicine as allowable and clinically appropriate to increase options for individuals to seek treatment and to maximize the clinical workforce, which is experiencing shortages across nursing, clinician and allied healthcare sectors.
[Add rows as needed]			
☐ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the			

demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.			

☐ The state has no implementation update to report for this reporting topic.

2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)

2.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q1	7 Early Intervention	Services coded as early intervention have been consistently low (averaging one beneficiary per month) as most intervention services are provided through other mechanisms or funding.
[Add rows as needed]	DY1 Q1	8 Outpatient Service	All healthcare services in Vermont have been impacted by the pre-COVID workforce shortage across licensed professionals (nursing, clinicians) and allied staff, which was exacerbated during the pandemic.
	DY1 Q1	10 Residential and Inpatient Services	Residential providers are feeling the pressures of Vermont's workforce crisis, from clinical to milieu staff, which is at times also impacting census capacity and admissions pacing.
	DY1 Q1	12 Medication Assisted Treatment	The number of beneficiaries receiving medications for opioid use disorder has continued to increase quarterly.

☐ The state has no metrics trends to report for this reporting topic.

2.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan,			The Division of Substance Use Programs (DSU) is in the initiation phase of the new projects authorized by the recently approved waiver, scheduled for January 1, 2025, implementation:

have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?			• Expanded eligibility group for people with a SUD diagnosis • Recovery services provided directly to people will be eligible be reimbursed by Medicaid • Services provided in recovery housing will be eligible to be reimbursed by Medicaid • Services provided in withdrawal management programs will be eligible to be reimbursed by Medicaid
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			The Division of Substance Use Programs (DSU) is in the initiation phase of the new projects authorized by the recently approved waiver, scheduled for January 1, 2025, implementation: • Expanded eligibility group for people with a SUD diagnosis • Recovery services provided directly to people will be eligible to be reimbursed by Medicaid • Services provided in recovery housing will be eligible to be reimbursed by Medicaid

			• Services provided in withdrawal management programs will be eligible to be reimbursed by Medicaid
[Add rows as needed]			
☐ The state has no implementation updates to report for this reporting topic.			

3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)

3.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			
☐ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			

3.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: i. Beneficiaries have access to SUD services at the appropriate level of care?			The Substance Use Disorder Treatment Standards, effective January 1, 2020, is being used to certify Preferred Providers and is available at: https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider's level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used four times this quarter (31 in total) at treatment provider locations.

ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in residential treatment settings?			
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			DSU has met with the DVHA Payment Reform team and is in the process of requesting approval from CMS regarding the incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS.

☐ The state has no implementation updates to report for this reporting topic.

4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)

4.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			

☐ The state is reporting metrics related to Milestone 3 but has no metrics trends to report for this reporting topic.

☒ The state is not reporting any metrics related to this reporting topic.

4.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or			The Substance Use Disorder Treatment Standards, effective January 1, 2020, is being used to certify Preferred Providers and is available at: https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification

does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider's level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used 4 times this quarter (31 in total) at treatment provider locations.
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
[Add rows as needed]			
☐ The state has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			DSU has met with the DVHA Payment Reform team and is in the process of requesting approval from CMS regarding incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
[Add rows as needed]			
☐ The state has no implementation updates to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q1	22 Continuity of Pharmacotherapy for Opioid Use Disorder	The percentage of adults in continuous pharmacotherapy for OUD has decreased which may be an unintended consequence of Vermont's robust access to Medications for opioid use disorder. Individuals who may be ambivalent about treatment may be less concerned about leaving treatment since they know there will be no wait to get back in. Also, there are several cash-only and other Spoke options available which may lead to moremovement in and out of treatment. Anecdotal information from the Department of Corrections and the treatment field has indicated more patients seeking pathways for recovery that do not include medications, which may be impacting pharmacology numbers.
[Add rows as needed]			

☐ The state has no metrics trends to report for this reporting topic.

6.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			There are no planned changes to the prescribing guidelines and other interventions.
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse			

and OUD? If so, please describe these changes.			
[Add rows as needed]			
☒ The state has no implementation updates to report for this reporting topic.			

7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)

7.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q1	17 Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Vermont launched the Recovery Coaches in the Emergency Department Program on July 1, 2018. The final hospital (14 hospitals) will officially launch on or before January 1, 2023.
[Add rows as needed]			
☐ The state has no metrics trends to report for this reporting topic.			

7.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			

[Add rows as needed]			
☒ The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD?			The Vermont Prescription Monitoring System (VPMS) is in the process of testing integration with electronic health records. Once testing has been successfully completed, VPMS will be integrating with additional electronic health records and providers.

d. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels? e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
[Add rows as needed]			
☐ The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q1	26 Overdose Deaths (count) 27 Overdose Deaths (rate)	Overdose deaths are variable. Vermont has seen a significant increase in fentanyl involvement in opioid overdose fatalities. Fentanyl is 50-100 times stronger than heroin and the amount in the drug supply often isn't known to users until it is used. Fentanyl is currently the most prevalent substance involved in opioid-related deaths. Of note, deaths involving fentanyl can include prescription and/or illicit fentanyl and fentanyl analogs. DSU is increasingly seeing xylazine involvement which is

			concerning because it exacerbates opioid-related decreases in respiration and is not responsive to naloxone. Vermont has been working to decrease drug overdoses, and has published social autopsy reviews of all drug overdose deaths that occurred between 2017 and 2020. This shows places where individuals who died of a drug overdose interacted with a variety of Vermont programs. Fatal overdoses increased in 2020 and 2021 after a decrease in 2019. This is likely due to the stress, social isolation, and disruptions in services and drug supply associated with COVID-19 and a changing drug supply. There was a 38% reduction in people visiting sites where naloxone is distributed and a 20% decrease in naloxone kits distributed in 2020 compared to 2019.
[Add rows as needed]			

☐ The state has no metrics trends to report for this reporting topic.

9.2.2 Implementation Update

Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			The DSU continues taking the following actions to address the increase in drug overdoses: • Naloxone – provide naloxone and training through collaborations with community-based organizations, including getting naloxone to the motels where the state is housing people experiencing homelessness. • VT Helplink is a free and confidential referral service available to connect people to resources and treatment (802-565-LINK or www.VTHelplink.org) • Recovery Centers are conducting outreach to reduce relapse and prevent overdoses (e.g. Harm Reduction Pack distribution, peer support specialists, Recovery Coaching referrals, etc.) • Providers are increasing outreach to patients and are continually re-evaluating patients' stability to triage for in-person supports, decreased take-homes, etc.

			• Regular calls with Preferred Providers.
			• Receives critical incidents of overdoses from the Preferred Providers for people currently in treatment.
			• Overdoses were reported by providers to include people in longer-term recovery and people who had left treatment before COVID.
			• Disseminate of key harm reduction messaging on the increased risks associated with overdose and using alone.
[Add rows as needed]			

☐ The state has no implementation updates to report for this reporting topic.

10.2 Budget Neutrality

10.2.1 Current status and analysis

Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			Updates on Budget Neutrality can be found in Section V. *Financial/Budget Neutrality Development/Issues* of the Broad Demonstration Monitoring Report.
[Add rows as needed]			

☒ The state has no metrics trends to report for this reporting topic.

10.2.2 Implementation Update

Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
[Add rows as needed]			

☐ The state has no implementation updates to report for this reporting topic.

11.1 SUD-Related Demonstration Operations and Policy

11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			The Division of Substance Use Programs (DSU) is in the initiation phase of the new projects authorized by the recently approved waiver, scheduled for January 1, 2025, implementation: • Expanded eligibility group for people with a SUD diagnosis • Recovery services provided directly to people will be eligible be reimbursed by Medicaid • Services provided in recovery housing will be eligible to be reimbursed by Medicaid • Services provided in withdrawal management programs will be eligible to be reimbursed by Medicaid
[Add rows as needed]			
☐ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through			

the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			
[Add rows as needed]			
☒ The state has no implementation updates to report for this reporting topic.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 Narrative Information			
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due			Updates on the SUD evaluation work, deliverables and timeline can be found in Sections VIII. *Quality Improvement* and IX. *Demonstration Evaluation* of the Broad Demonstration Monitoring Report.

to CMS and the timing for the demonstration. See report template instructions for more details.			
Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
[Add rows as needed]			

☐ The state has no SUD demonstration evaluation update to report for this reporting topic.

13.1 Other Demonstration Reporting

13.1.1 General Reporting Requirements

Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			

Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			Updates on the Monitoring Protocol work, deliverables, and timeline can be found in Section X. *Compliance* of the Broad Demonstration Monitoring Report.
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			
[Add rows as needed]			

☐ The state has no updates on general reporting requirements to report for this reporting topic.

13.1.2 Post Award Public Forum			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
[Add rows as needed]			

⊠ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
[Add rows as needed]			
⊠ The state has no notable achievements or innovations to report for this reporting topic.			