Recovery Support Services (RSS) Initiative Meeting with Recovery Centers

Vermont Department of Health
April 13, 2026

VERMONT
DEPARTMENT OF HEALTH

Welcome

Agenda

Morning: 9am-12pm

- Welcome
- Where are we in the process?
- PRSS Certification Discussion
- Change Management Applications
- *Break*
- Workflow Discussion
- Board Survey Results – Group Level
- *Lunch 12pm-12:45pm*

Afternoon: 12:45pm-3pm

- Leadership Development
- Medicaid
- *Break*
- Collaborative Sessions
  - Electronic Recovery Record Working Group
  - RSO Certification Working Group
  - PRSS Certification Listening Session
- Looking Ahead
  - Site Visit Information
- Attendee Survey
- Closing

Where are we in the Process?

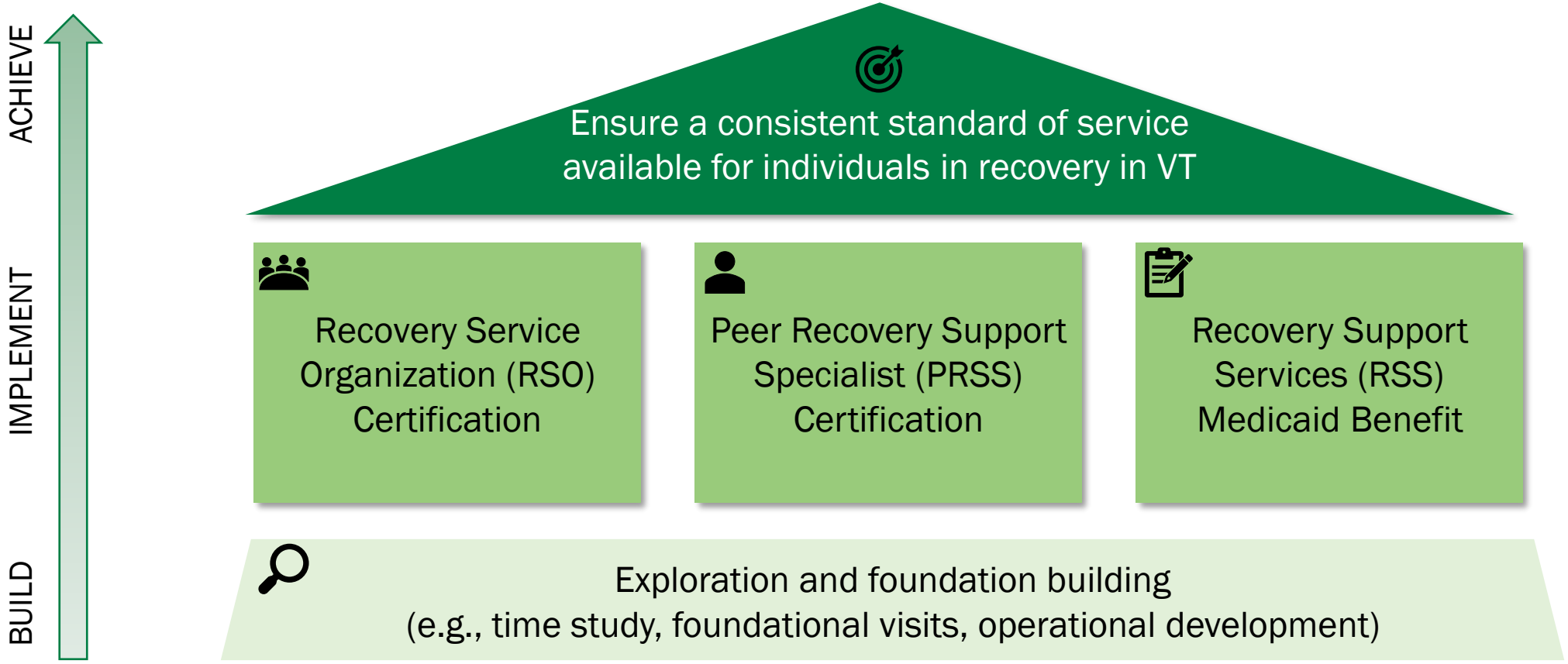
Recap of Key Accomplishments

There have been several key accomplishments across the RSS initiative since our last in-person meeting in October 2025! 🎉

- ✓ All Recovery Centers submitted applications for RSO Certification by the deadline of October 31, 2025
- ✓ As of April 1, six Recovery Centers have achieved RSO Certification
- ✓ Eight Recovery Centers have completed their certification site visits, with two more planned this month
- ✓ Around 40 individuals have achieved PRSS Certification since October

Are there other recent accomplishments that you have achieved as a group or within your individual organizations that you would like to share today?

Refresher: Recovery Support Services (RSS) Initiative



RSS Initiative Status Update Overview

Workstream	Objective	Status
Peer Recovery Support Specialist (PRSS) Certification	Develop and operationalize a process for PRSS certification via the Office of Professional Regulation (OPR).	Since the application opened last summer, recovery coaches throughout the state have been obtaining **PRSS Certification** through OPR to demonstrate they are meeting professional standards. VDH is working on developing a **PRSS Manual** and continues to work with **Prevention Works!VT** on credentialing and training opportunities.
Recovery Services Organization (RSO) Certification	Develop and operationalize a process for certification of RSOs, building upon existing work to accredit organizations who maintain a high standard of service.	Organizations are moving through the **RSO Certification process**, with initial **site visits** expected to conclude this spring. VDH launched a **technical assistance series** to support RSO leadership, staff and board members in their understanding of the RSO Standards.
Foundation Building Exercises	Learn more about RSO operations and areas of support needed for upcoming certifications and for Medicaid.	RSOs participated in a second round of **Executive Director and board surveys** to gauge progress around key areas of organizational development. VDH is planning for follow up **in-person foundational visits** for this spring, beginning with Certified RSOs.
Medicaid Benefit Design & Rollout	Design and implement Medicaid benefit system for RSS and to make any necessary adjustments to support Medicaid reimbursement of RSS.	VDH is coordinating with partners to finalize key components of the RSS Medicaid benefit and develop a draft **RSS Medicaid provider readiness plan.**

Status Update: Peer Recovery Support Specialist (PRSS) Certification

Peer Recovery Support Specialist (PRSS) Certification

Key Objective

To develop and operationalize a process for PRSS certification via the Office of Professional Regulation (OPR) based on the International Certification & Reciprocity Consortium (IC&RC) Peer Recovery credential.

Current Status

- Since the application opened last summer, recovery coaches throughout the state have been obtaining **PRSS Certification** through OPR to demonstrate they are meeting professional standards
- VDH is working on developing a **PRSS Manual** and continues to work with **Prevention Works!VT** on credentialing and training opportunities

Status Update: Recovery Services Organization (RSO) Certification

RSO Certification

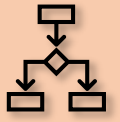
Key Objective

To develop and operationalize a process for certification of RSOs, building upon existing work to accredit organizations who maintain a high standard of service.

Current Status

- Organizations are moving through the **RSO Certification process**, with initial **site visits** expected to conclude this spring
- VDH launched a **technical assistance series** to support RSO leadership, staff and board members in their understanding of the RSO Standards

Status Update: Foundation Building Exercises



Foundation Building Exercises

Key Objective

To learn more about Recovery Center operations and areas of support needed for upcoming certifications and for Medicaid.

Current Status

- RSOs participated in a second round of **Executive Director and board surveys** to gauge progress around key areas of organizational development
- VDH is planning for follow up **in-person foundational visits** for this spring, beginning with Certified RSOs

Status Update: Medicaid Benefit Design & Rollout

Medicaid Benefit Design & Rollout

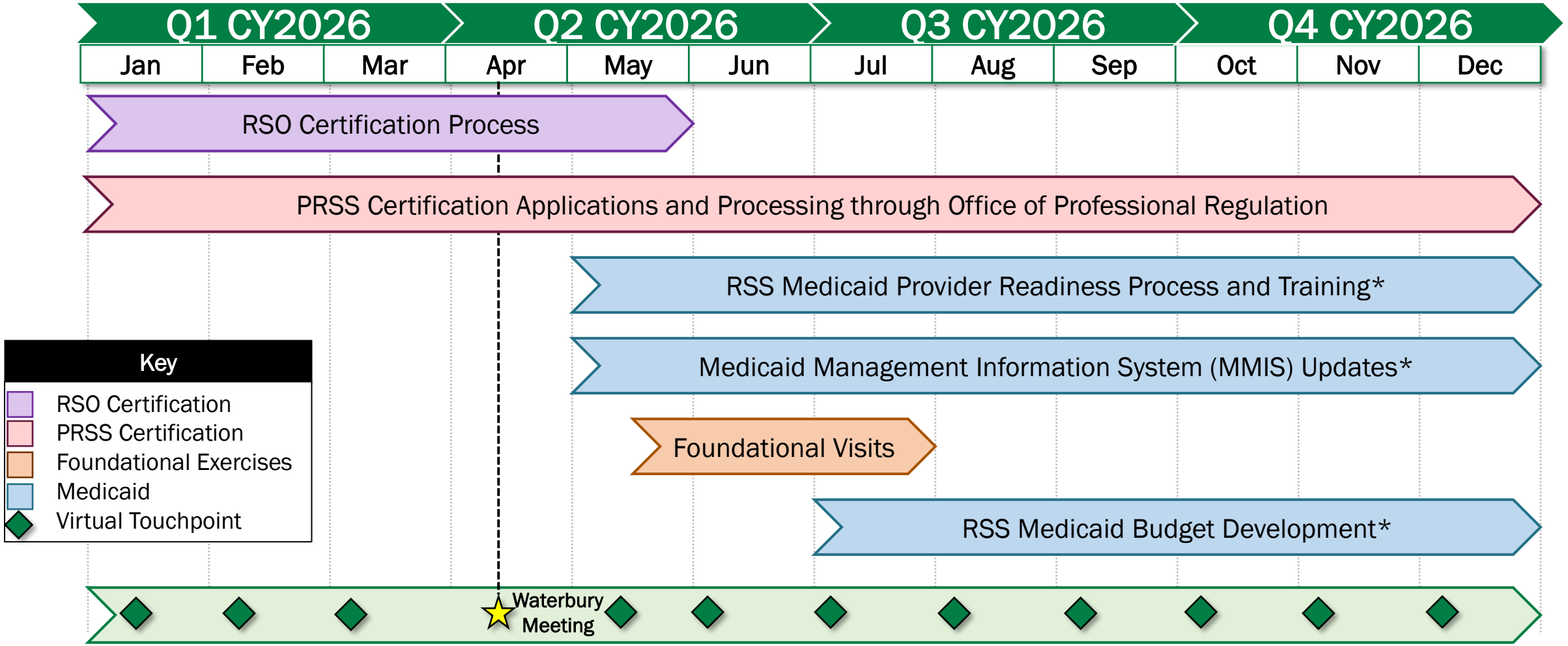
Key Objective

To design and implement a Medicaid benefit system for RSS and to make any necessary adjustments to support Medicaid reimbursement of RSS.

Current Status

- VDH is coordinating with partners to finalize key components of the RSS Medicaid benefit and develop a **draft RSS Medicaid provider readiness plan**

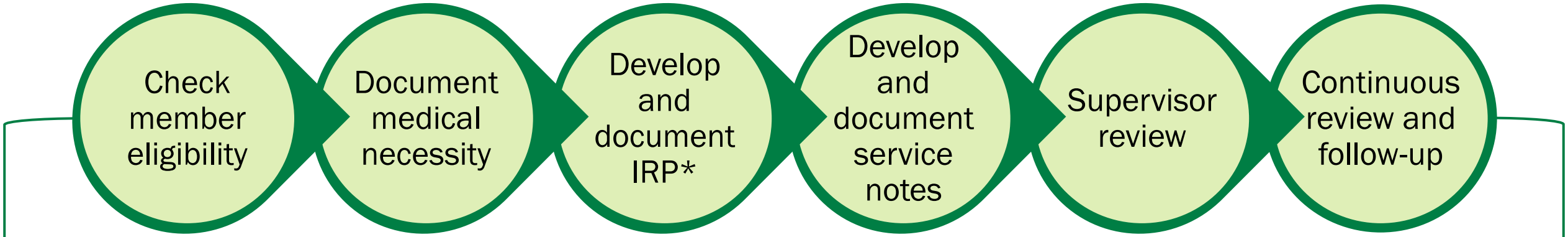
Draft High-Level RSS Timeline 2026: Where we're going



**Timeline subject to change; activity involves significant engagement with external parties outside of VDH*

Focus on Service Delivery

Service quality and delivery are the foundation of the RSS initiative – The RSO staff follow a person-centered approach, ensuring that each interaction with participants is consistent and transparent at every stage – before, during, and after.



RSO Standards require documentation of the person served

Documenting IRPs is a required part of the scope of practice for **Certified PRSS**

Medicaid claims must be supported by appropriate documentation to qualify for reimbursement

**IRP stands for Individualized Recovery Plan*

Individualized Recovery Plan (IRP) Minimum Requirements

- A core component of recovery coaching service delivery includes documenting information about the participant in a person-centered recovery plan.
- The individualized recovery plan, or “IRP,” must meet the requirements outlined in **RSO Standards 10 and 11.**
- VDH is currently developing resources to help you ensure that IRPs are meeting the standards. Please be on the lookout for these materials shared over email in the coming weeks.
- We plan to do a deeper dive into IRP requirements and talk about your feedback and questions during the May virtual touchpoint.

How did we get here and why did we take on this work?

- In 2018/2019 there were concerns about the longevity of Medicaid investment dollars with changes at the federal level.
- The entirety of Recovery Base grants are paid through Medicaid investment dollars.
- As one way to protect these dollars, VDH and AHS submitted a proposal to Centers for Medicare and Medicaid Services (CMS) to make Recovery Support Services a Medicaid billable service in Vermont.

Medicaid billable services = more protected than Medicaid investment dollars

VDH Perspective on Current Financial Picture

- Clarification around Medicaid funding approach:
  - Currently programming is supported through Medicaid investment dollars and state allocated funds. A portion of Base grants will move to the Medicaid fee for service dollars; as of now in our planning there is no cap on fee for service.
  - We anticipate continuing the Base grant for as long as funding allows to cover essential services such as group meetings that would not be covered by Medicaid dollars. We are starting with Medicaid fee for service dollars to cover Recovery Coaching services.
  - The Base grant would also fund services provided to those who are uninsured or underinsured.
- Level-set on current federal funding landscape

PRSS Certification Discussion

PRSS Certification

PRSS Certification is a critical component of ensuring that services are delivered to the highest professional standard to safely and effectively support individuals in their recovery.

Employing Certified PRSS, along with achieving RSO Certification, distinguishes your organization within Vermont's recovery landscape as a credible and quality provider of recovery services

PRSS Certification provides professional oversight through OPR, ensuring compliance with practice standards

Individuals delivering recovery services must be appropriately credentialed because they work with high-risk populations

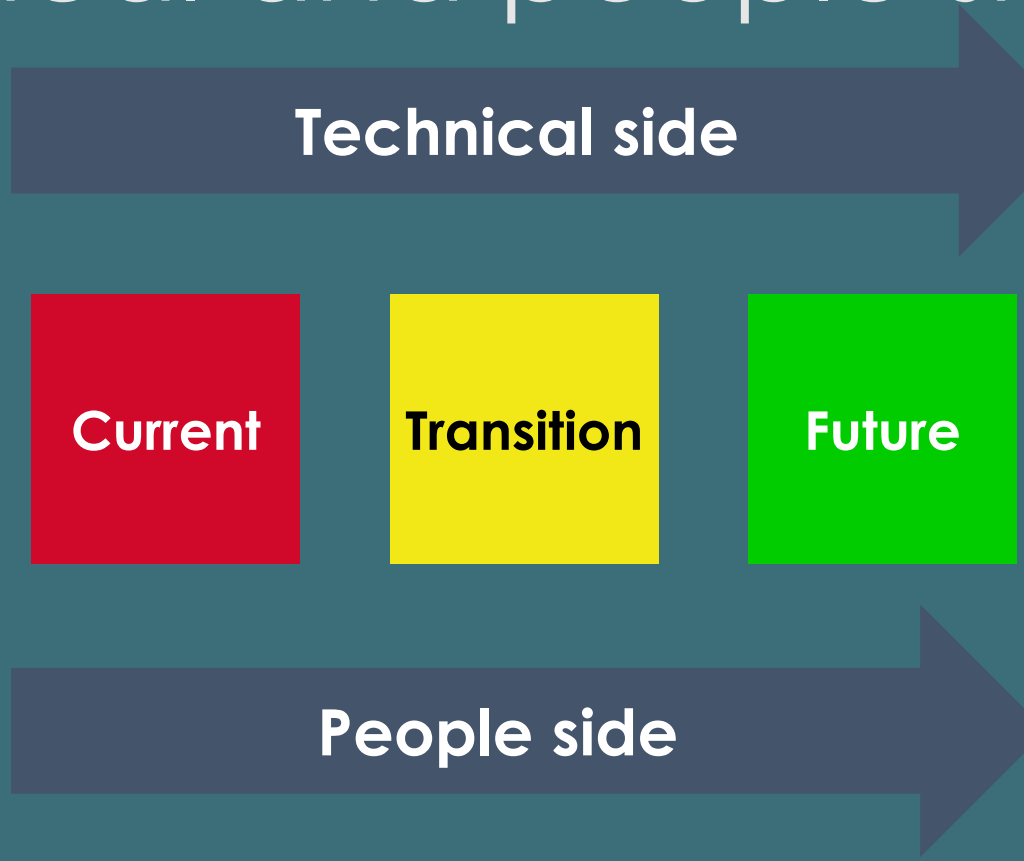
PRSS Certification

- VDH recognizes the challenges that individuals can face in achieving PRSS Certification and is committed to helping address barriers, including grant funding for individuals who work at RSOs to become certified
- FY27 grants include updated reporting requirements for RSOs to provide information about the certification status of staff and performance measures related to increasing the number of certified coaches

Are there questions or concerns about the PRSS Certification process that you would like to discuss today?

Change Management Applications

Successful change requires both the technical and people sides



Design
Develop
Deliver

+

Embrace
Adopt
Use

Project management and change management have a joint value proposition oriented toward business results.

The 5 Building Blocks of Individual Change

Awareness

Desire

Knowledge

Ability

Reinforcement

Successful individual change
can be modeled and repeated

Prosci ADKAR Model On-a-Page

	ADKAR element:	Definition:	What you hear:	Triggers for building:
A	Awareness	Of the need for change	"I understand why…"	Why? Why now? What if we don't?
D	Desire	To participate and support the change	"I have decided to…"	WIIFM Personal motivators Organizational motivators
K	Knowledge	On how to change	"I know how to…"	Within context (after A&D) Need to know *during* Need to know *after*
A	Ability	To implement required skills and behaviors	"I am able to…"	Size of the K-A Gaps Barriers/Capacity Practice/Coaching
R	Reinforcement	To sustain the change	"I will continue to…"	Mechanisms Measurements Sustainment

Recovery Coaching Data Collection Follow-up

The Department of Health received recovery coaching data from all Recovery Centers to inform the draft RSS Medicaid budget. Key findings from the data can be found below:

Question: How many unique individuals received Recovery Coaching through your Center during FY25?

Total across RSOs: 2,945 individuals

Average per RSO: 245 individuals

Question: What is the average number of Recovery Coaching sessions per participant received at your Center in FY25?

Minimum: 2 sessions

Maximum: 45 sessions

Mode (most commonly reported number): 11 sessions

Break

15 minutes

Workflow Discussion

PROCESS IMPROVEMENT: Documentation and Service Delivery

Introduction to Workflow Mapping

What it is, why it matters, and how to do it well

6-Slide Overview

What Is Workflow Mapping?

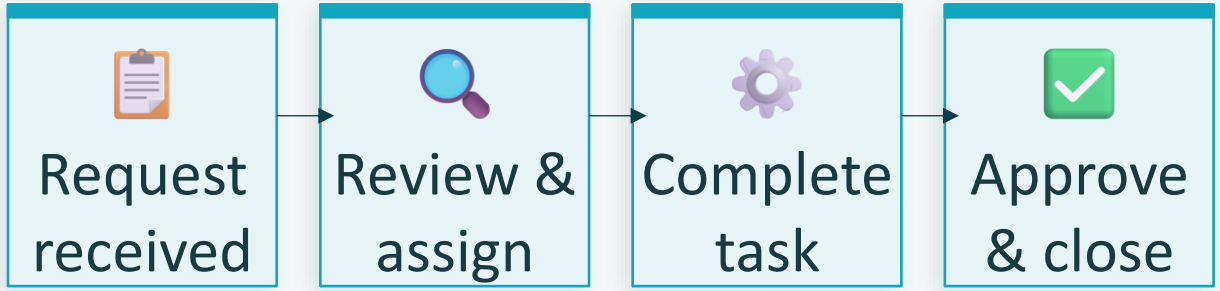
Definition

A workflow map is a visual diagram that shows every step in a process — who does it, in what order, and how steps connect to each other.

Also called: process maps, flowcharts, swim lane diagrams.

Think of it as a map of your work — not what you think happens, but what actually happens.

A simple workflow:



A workflow map captures:

- → Steps and their sequence
- → Decision points and branches
- → Who is responsible for each step
- → Handoffs between people or teams
- → Delays, loops, and rework

Why Workflow Mapping?

Makes the invisible visible

Most people only see their piece of a process. A map lets everyone see the whole — revealing where work piles up, gets lost, or duplicated.

Creates shared understanding

When a team maps a workflow together, disagreements surface immediately. 'I thought you handled that step' — resolved before it becomes a problem.

Finds inefficiency fast

Bottlenecks, inefficiencies, and issues become obvious on paper. You can't fix what you can't see.

Supports training & consistency

A clear map becomes a training tool. New staff learn the process — not just one person's version of it.

The Rules of Workflow Mapping

Follow these conventions so your maps are readable by everyone — not just the person who drew them.

1 Always flow left to right

✓ DO THIS

Readers naturally scan left to right. Going right-to-left or up-and-down creates confusion. Start at the left edge; end at the right.

2 Use standard shapes consistently

✓ DO THIS

Rectangles = steps/tasks. Diamonds = decisions (yes/no). Ovals = start/end. Arrows = flow. Don't invent your own shapes.

3 Name who does each step

✓ DO THIS

Every task box should have an owner — a role, not just a department. Use swim lanes to separate responsibilities across rows.

4 One process per map

✓ DO THIS

Resist the urge to show everything. One map = one process. If it feels too big, it probably needs to be split into sub-processes.

5 Map what IS, not what should be

⚠ WATCH OUT

Your first map should capture current reality — even the messy parts. A 'future state' map comes later, after you understand the present.

Key Principles for Effective Mapping

Rules tell you how to draw a map. Principles tell you how to think about it.

Catch mistakes early

The further a problem travels downstream, the more expensive it becomes to fix. Mapping forces you to spot broken handoffs and missing steps before they cause real harm — at the cost of a conversation, not a crisis.

Include the people who do the work

Managers rarely know every step. The person closest to the task knows where the workarounds, delays, and unofficial fixes live. Build the map with them — not for them.

Expect iteration

Your first map will be wrong. That's fine. Each pass reveals something new. Plan for a few rounds of refinement before the map is reliable.

The right level of detail matters

Too vague and the map is useless. Too granular and no one can follow it. Aim for steps that are roughly the same size and specificity — if one box takes 2 minutes and another takes 2 weeks, you need to zoom in on the slow one.

NEXT STEPS

How to Get Started

1

Pick one process

Start small — a referral intake, a purchase request, an onboarding sequence. Not your biggest or most complex workflow.

2

Gather the right people

Invite 3–6 people who actually do the work. Block 60–90 minutes. Bring sticky notes or a whiteboard.

3

Walk through it step by step

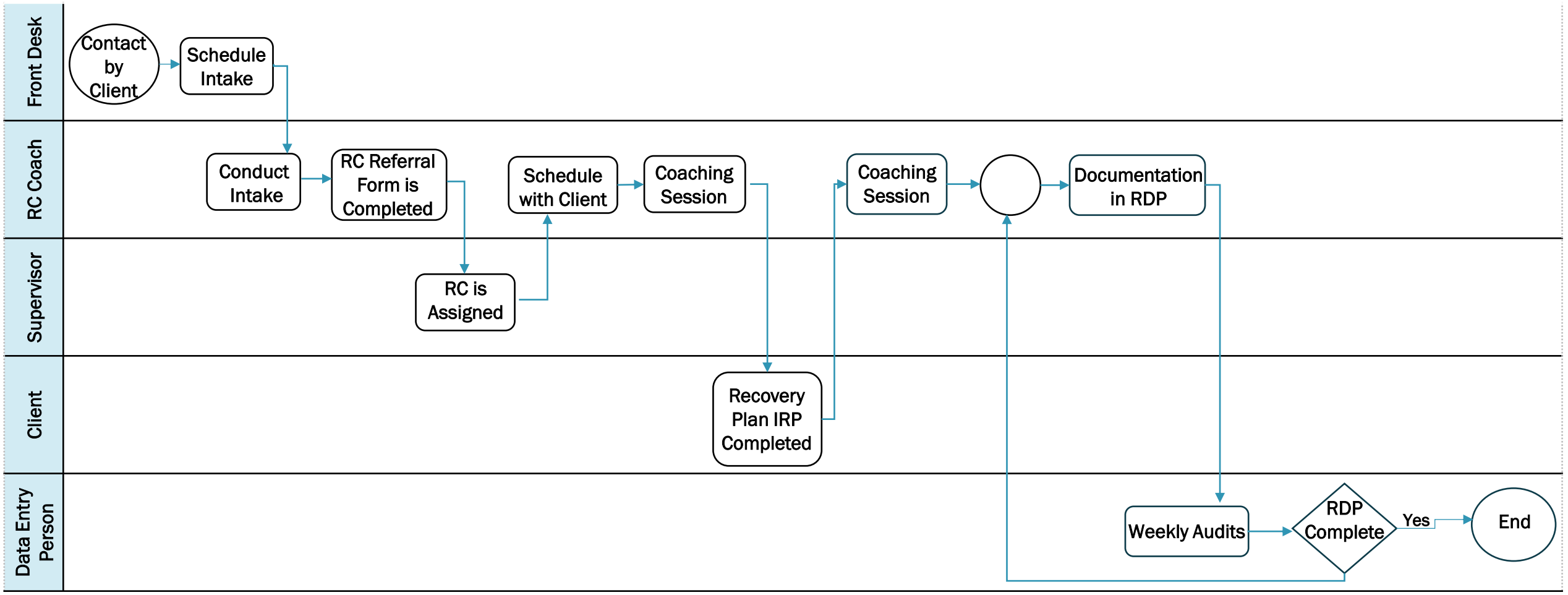
Ask: 'What happens first? Then what? Who does that? **What could go wrong here?'** Write each step on its own sticky note.

4

Draw, refine, validate

Sketch the flow. Then walk it back through the team — someone will say 'that's not quite right.' Fix it. That's the point.

RSO Documentation Process: Example Workflow with "Swim lanes"



Board Survey Results

RECOVERY SUPPORT ORGANIZATION

Board Survey Comparison Report

2025 vs. 2026 · All 12 Vermont Centers

2025 BASELINE n=67

2026 RESULTS n=73

Prepared March 2026

Strong Network-Wide Progress

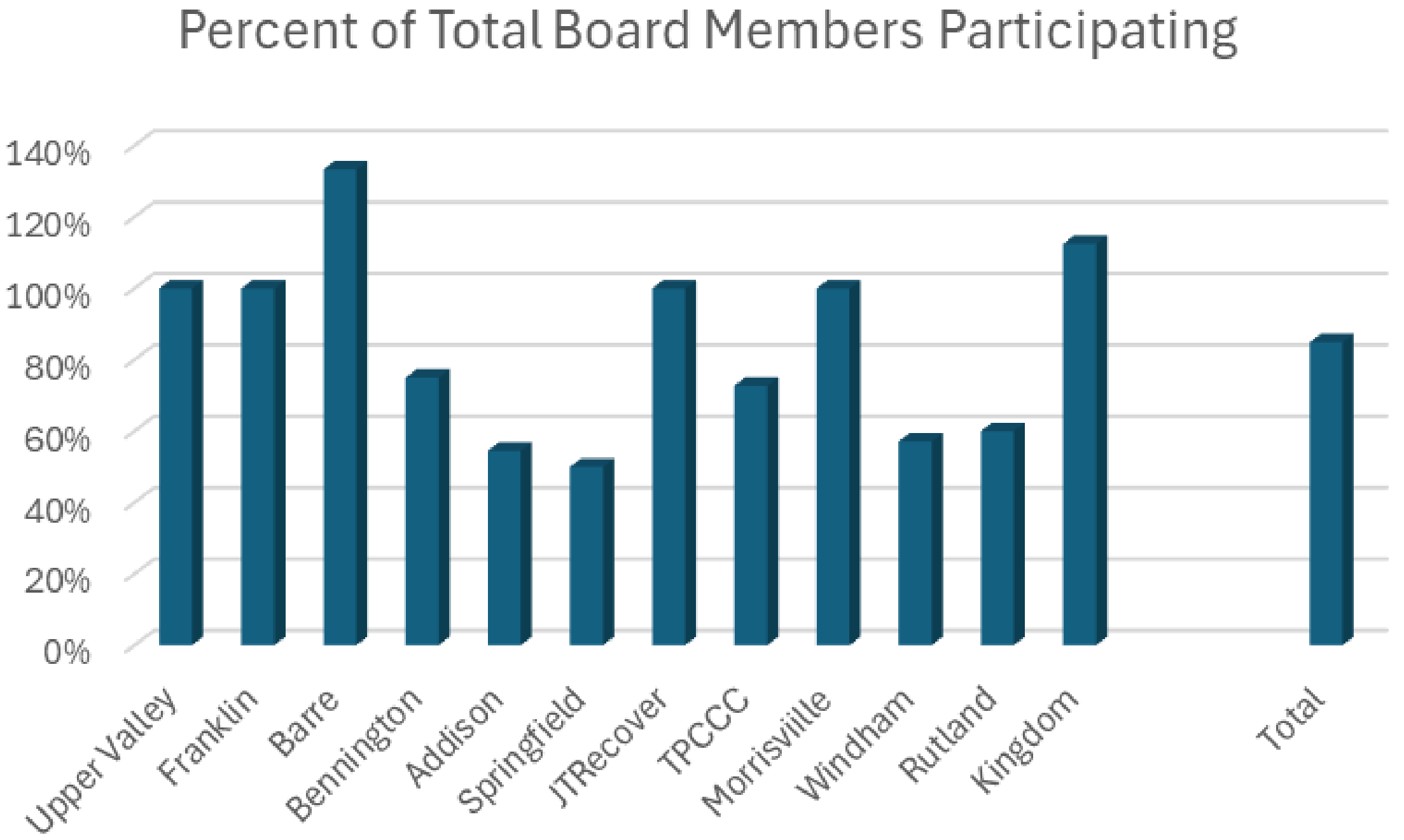
16 of 17 comparable metrics improved from 2025 to 2026 across all 12 Vermont recovery centers (67→73 respondents). Biggest gains in strategic planning (+32 pts), board job descriptions (+30 pts), and strategy-vs-operations focus (+30 pts).

Officer Insights — Mixed Picture

89% of chairs meet monthly with their ED — a clear strength. However, only 33% have a succession plan. 29% of vice chairs feel unprepared to lead. 40% of treasurers aren't presenting financials monthly.

Persistent Gaps to Address

Board recruitment pipeline scores lowest at 49% Good/Excellent. Fundraising participation remains flat (~55-56%). Committee delegation is newly measured and low at 59%. Board calendars are underutilized.


Percent of Total Board Members Participating
140%
120%
100%
80%
60%
40%
20%
0%
Upper Valley
Franklin
Barre
Bennington
Addison
Springfield
JTRecover
TPCCC
Morrisville
Windham
Rutland
Kingdom
Total

At a Glance — 2026 Highlights

SNAPSHOT

16/17

Metrics improved year over year

+32%

Biggest gain (Strategic planning)

95%

Members say their board is well-run

98%

Members feel engaged in meetings

✓ Notable Wins

- Mission-driven decisions: 81% → 96%
- Strategic planning: 57% → 89% (+32 pts)
- Board job descriptions: 57% → 87% (+30 pts)
- ED annual evaluation: 73% → 84%
- Financial report comprehension: 60% → 76%

⚠ Areas of Concern

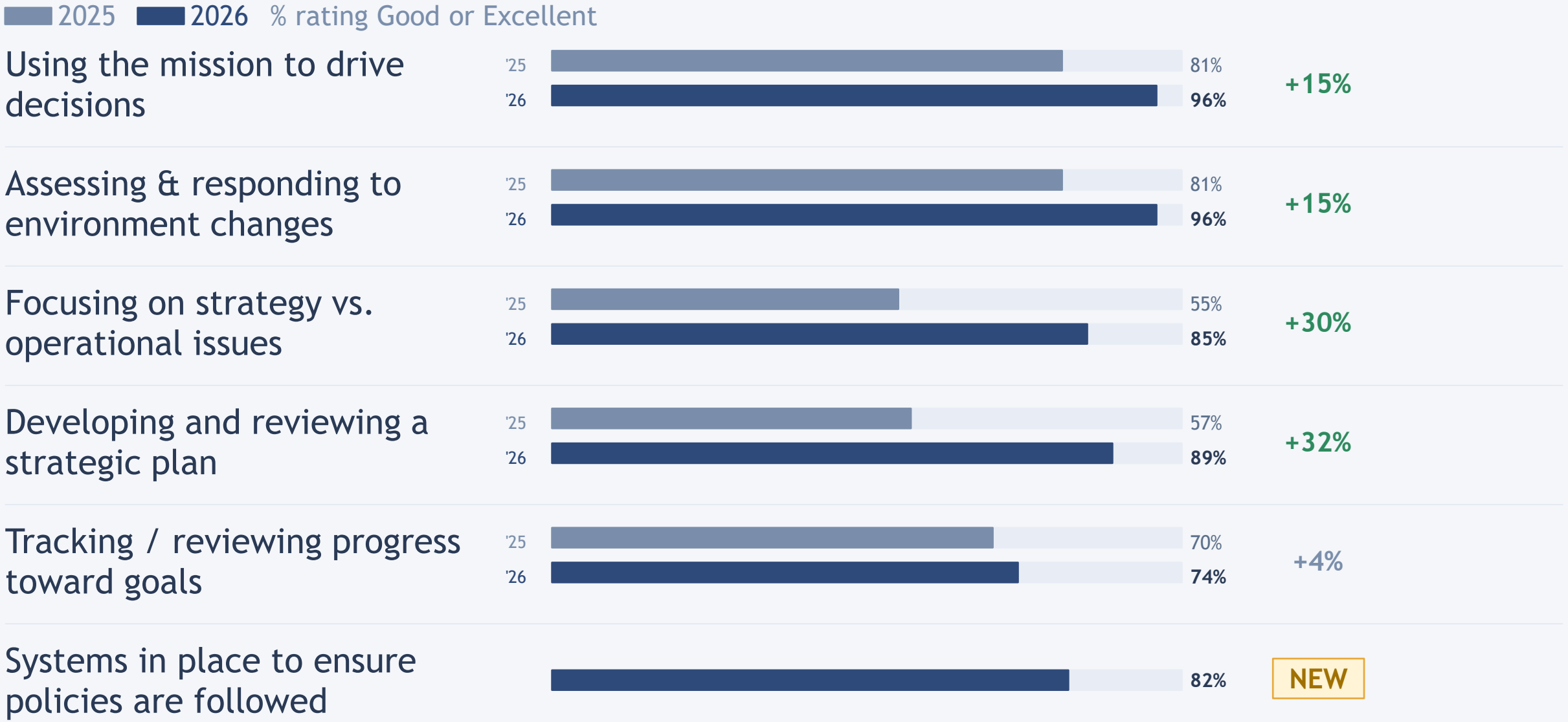
- Recruitment pipeline weakest area (49% G/E)
- Fundraising flat both years: 55% → 56%
- Only 33% of chairs have a succession plan
- 29% of vice chairs feel unprepared for chair role
- 40% of treasurers not presenting financials monthly

Mission, Strategy & Planning

SECTION 1 OF 4

Mission, Strategy & Planning

SECTION 1



Executive Director Oversight & Partnership

SECTION 2 OF 4

Executive Director Oversight & Partnership

Key strength: Boards are increasingly willing to both support and challenge their EDs — ambassador support reached 91% while hard-question-asking stands at 89%.

Board Culture, Recruitment & Operations

SECTION 3 OF 4

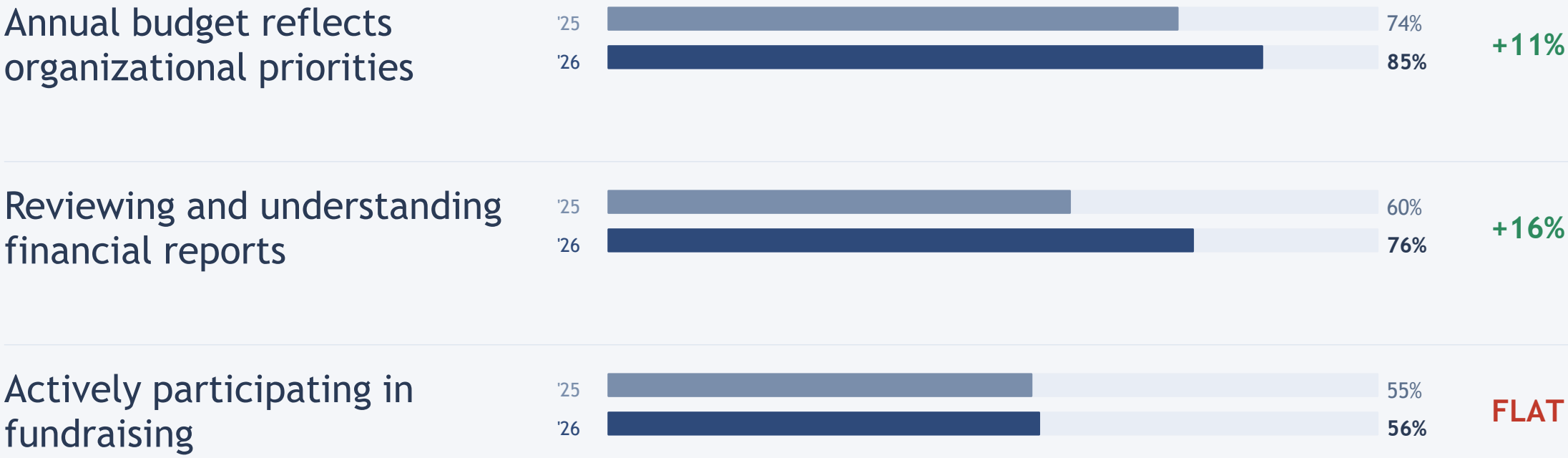
Board Culture, Recruitment & Operations

Financial Oversight & Fundraising

SECTION 4 OF 4

Financial Oversight & Fundraising

SECTION 4



Fundraising: A Persistent Gap

Fundraising participation has been the network's lowest-rated financial metric for two consecutive years, with roughly 1 in 6 respondents rating their board Poor or Fair. This warrants dedicated attention — whether through role clarity, training, or revised board expectations around fund development.

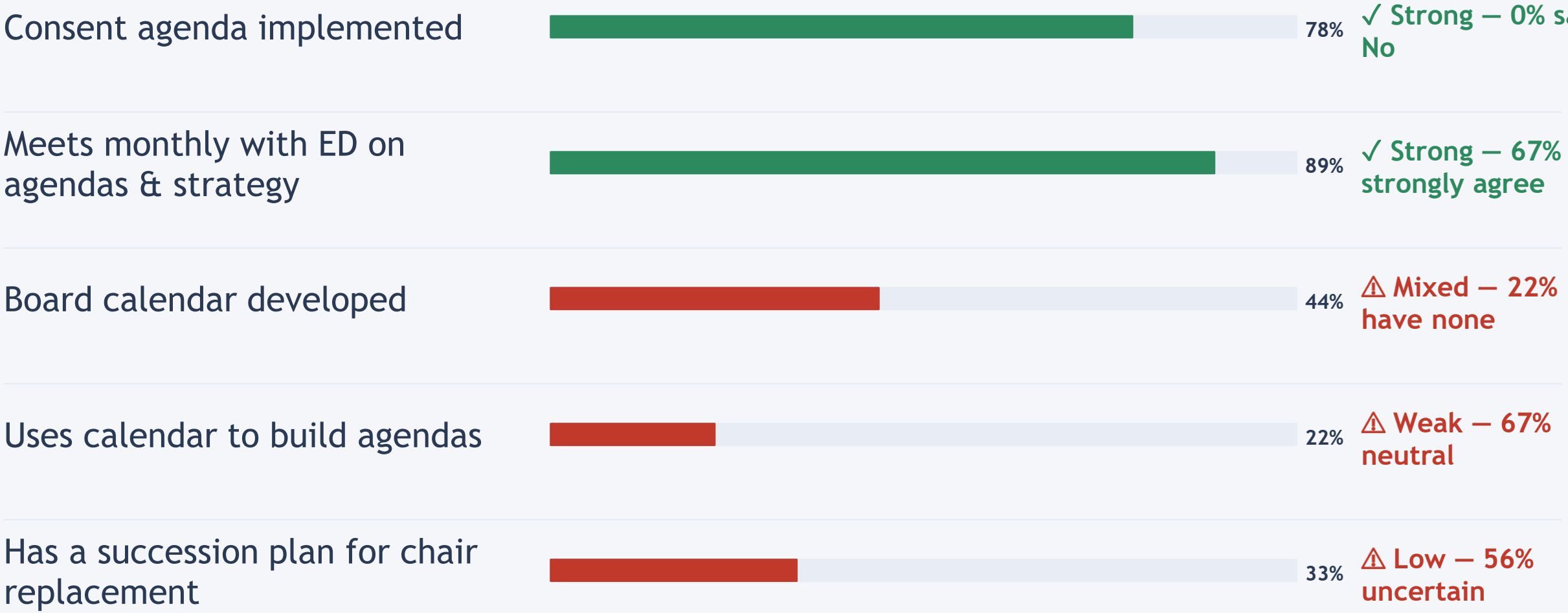
Officer-Specific Findings — 2026

BONUS SECTION

Board Chairs (n=9)

OFFICER FINDINGS

Questions answered by board chairs only

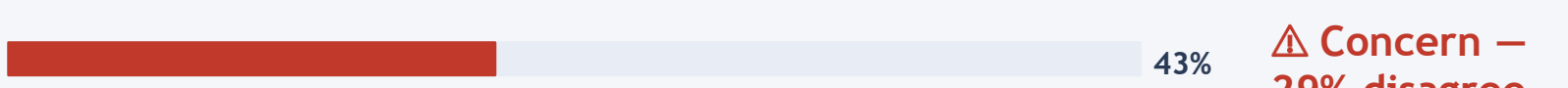


Priority: Chair succession planning is critically underdeveloped — only 1 in 3 chairs has a plan. This needs immediate attention across the network.

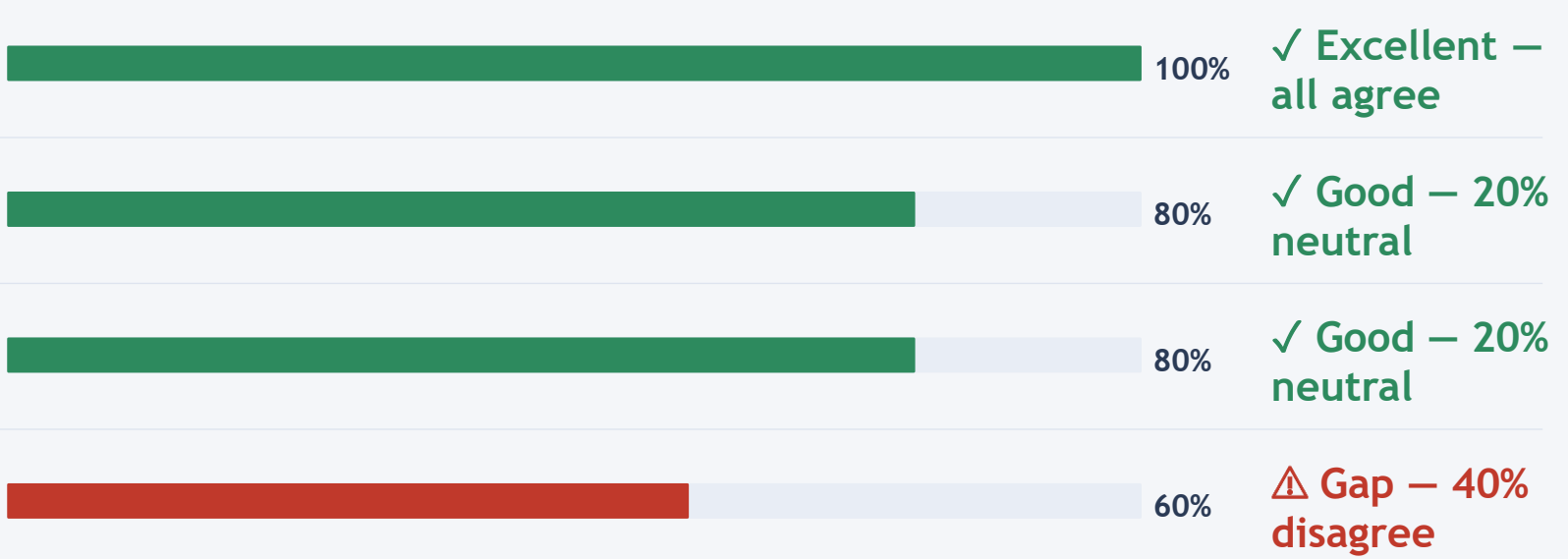
Vice Chairs & Treasurers

OFFICER FINDINGS

VICE CHAIRS (n=7)



TREASURERS (n=5)



Member Sentiment — All Board Members (n=44)

MEMBER SURVEY

Questions answered by all board members

Member sentiment is the network's clearest strength — near-universal engagement and confidence in board quality are a strong foundation to build on.

RECOMMENDED PRIORITIES

Looking Ahead

1

Chair Succession Planning

Only 33% of chairs have a plan. Establish a network-wide expectation and template for succession planning.

2

Vice Chair Readiness

Nearly 1 in 3 vice chairs feel unprepared. Create mentorship pathways and clear role preparation plans.

3

Treasurer Financial Reporting

40% of treasurers aren't presenting reports monthly. Clarify this as a core officer expectation.

4

Board Recruitment Pipeline

The weakest network metric at 49%. Assign clear ownership and develop prospecting tools for all centers.

5

Fundraising Engagement

Persistently flat at ~55%. Revisit board job descriptions and expectations around fund development.

Lunch

Reconvene in 45 minutes

Leadership Development: Having Difficult Conversations

Think of a Difficult Conversation That You Need to Have

- Your board secretary is not taking notes, and you are worried about certification.
- A key employee is chronically late, but often has a good reason.
- Your board chair runs a very “loose” meeting, and you think he/she should not allow so many tangents.
- Your treasurer is not presenting the finances in a way that you think most board members understand—or not presenting them at all.
- Staff are not reading or implementing new policies (or maybe old ones).
- A board member keeps saying they will make a fund raising ask but is not following through.

Three Kinds of Difficult Conversations

- Accountability
- Feedback
- Negotiation

Conflict and Feedback

- Adam Grant: **"I'm giving you this feedback because I have very high expectations for you and I know that you can reach them."**
- Use the STAR method.
- Keep it brief.

Three Universal Needs/Key Principles

- To be heard (you get it)
- To be respected (treat me as if I matter—be clear and kind)
- To save face (not to be blamed)

Barriers to Using the Skills We Know

- Bad Habits
- Strong Emotions
- Engrained (and often flawed) Thinking

CBT Thought Record Exercise

Resource from Think CBT©

Today we will work together on a CBT Thought Record exercise which can be used to identify and change your reaction to difficult or challenging situations.

The handout we will share includes space for reflection on a specific situation or trigger, along with your thoughts on the following:

- Initial Reaction
- Negative Automatic Thoughts
- Supporting Evidence
- Opposing Evidence
- Balanced Alternative Thought
- Outcome/Learning

Try It On

1. Get into groups of three
2. Choose roles (one person is initiating the conversation, another is observing, and a third is receiving the information)
3. Think of a difficult conversation you need to have (maybe the one you wrote about)
4. Tell the receiver (the person who is not taking notes, or arriving late…) a short paragraph about the situation
5. Initiate the conversation and role play it for 2-4 minutes
6. Allow the observer to give feedback on the key principles
7. Switch roles

Medicaid

RSS Medicaid Transition Questions Received

VDH would like to acknowledge the following questions received from RSOs – the State is tracking these and other questions and will follow up in a future touchpoint to provide responses to questions that have not already been addressed.

Medicaid Billing:

- What does the Medicaid billing process look like? (Claims form basics to be shared today)
- If someone does not show up for a scheduled appointment, would RSOs still be able to bill?
- How would an RSO reduce redundant notetaking with the billing platform and RDP?
- How will individuals with private insurance be processed?

System Requirements:

- What data systems/data requirements will be needed to bill Medicaid?

Funding Considerations:

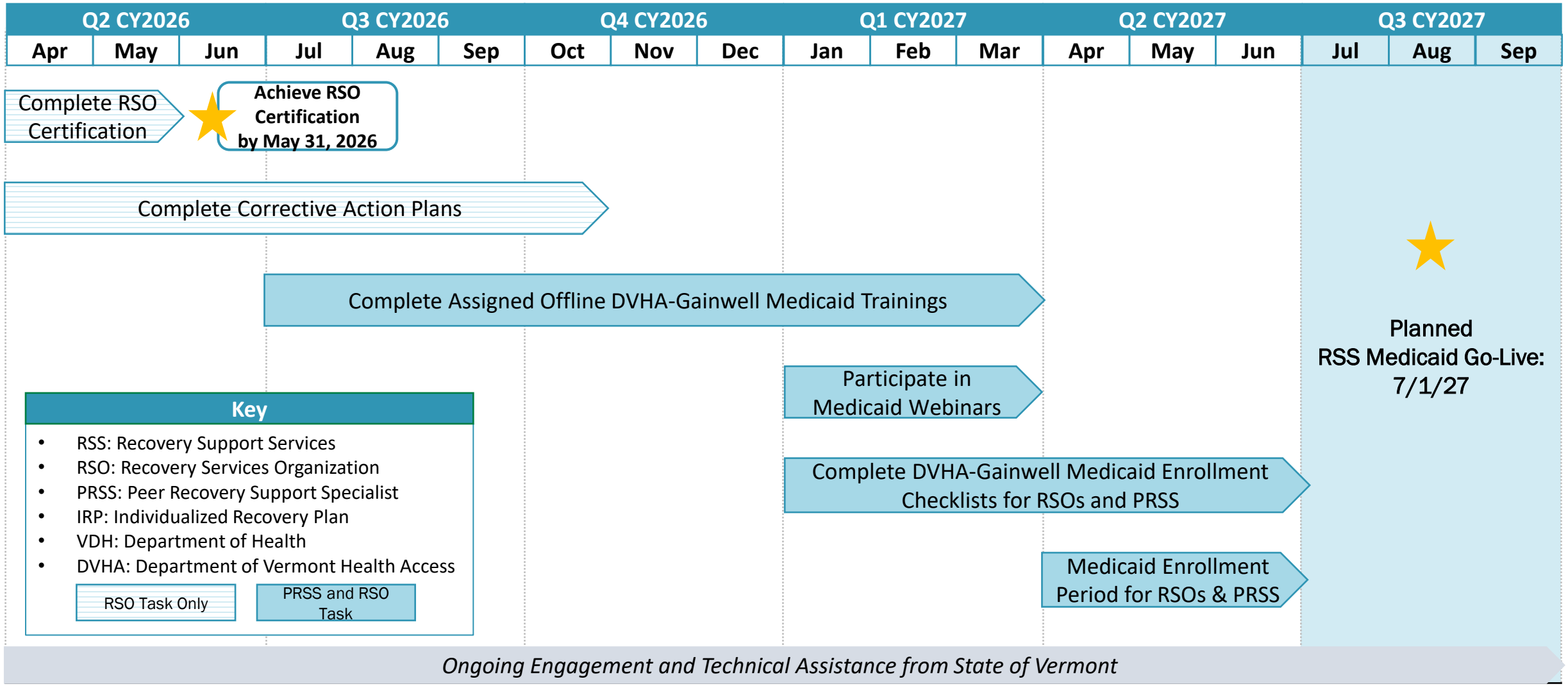
- What will grant funding look like once Centers start billing Medicaid?
- Will Medicaid funding be in addition to Base grants? (Addressed during October 2025 meeting and reiterated today)
- Will VDH engage in further discourse on the proposed rate for reimbursement?

Overview of MMIS and Work with DVHA-Gainwell

- The **Department of Vermont Health Access (DVHA) administers the Medicaid program** in the State of Vermont in coordination with other departments, such as with VDH for the provision of substance use services
  - **Gainwell** is DVHA's vendor that manages **Vermont's Medicaid IT Systems**, including the Medicaid Management Information System (MMIS)
  - Providers will **enroll in and bill to Medicaid** through the MMIS system

- VDH has been working with DVHA and Gainwell to implement the necessary MMIS updates to **support enrollment and billing** for the RSS Medicaid Benefit
  - MMIS updates are expected to be completed by **1/1/2027**
  - Group enrollment (for Certified RSOs), and individual within group enrollment (for Certified PRSS), is expected begin **90 days** before the go-live date of 7/1/2027 on **4/1/2027**

Draft RSS Medicaid Provider Readiness Timeline



Medicaid Provider Readiness – DVHA-Gainwell Training

- RSOs and PRSS will participate in trainings on **DVHA-Gainwell's learning management system** for Medicaid enrollment and billing in late 2026 and 2027 *(See table)*
- DVHA-Gainwell will host **in-person trainings** with the RSOs towards the end of 2026/early 2027
- RSOs will be able to contact someone from DVHA-Gainwell once set up for billing for assistance and to ask questions

Training Topics	Key Topics Covered
Introductory	• Enrollment Procedures • Claims Processing and Payment • Gainwell Resources • Introduction to Gainwell & MMIS • Eligibility Check Process • Available Resources from Gainwell
Medicaid Enrollment	• Enrollment Procedures • DVHA-Gainwell Resources
Medicaid Billing	• Claims Processing and Payments • Introduction to MMIS

Do you have any questions on the Medicaid Provider Training topics or process?

What goes in a Medicaid claim?

Medicaid-reimbursable recovery support services will be billed using the CMS 1500 claim form. In Vermont, most claims are submitted electronically but paper forms are also available. The following slides highlight the basic components that must be included in a Medicaid claim. *Please note that this list is not exhaustive and is being shared for informational purposes.*

Please bear in mind that prior to delivering Medicaid-reimbursable service and submitting a claim, the following steps must be completed:

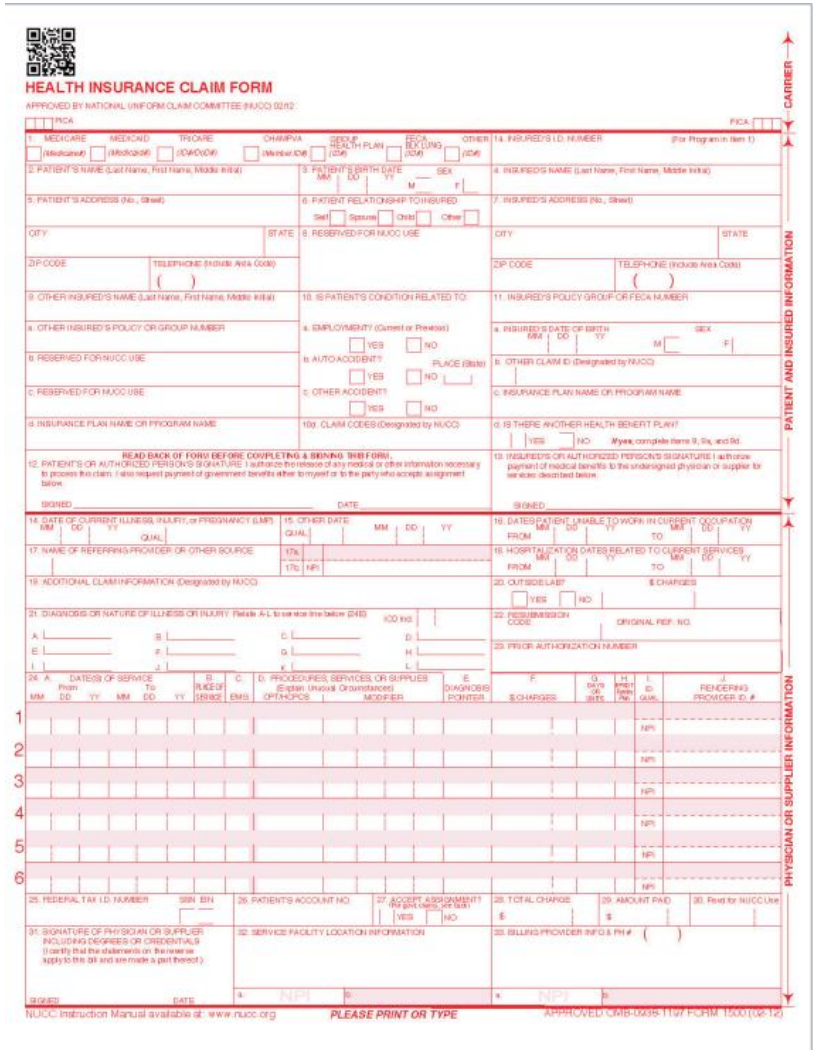
1. Certified RSOs and Certified PRSS must be actively enrolled in Medicaid
2. The participant must be enrolled in VT Medicaid and covered by Medicaid for this service
3. Certified PRSS must deliver service within their scope of practice
4. There must be a complete record of the service (e.g., medical necessity documentation, IRP, service notes)

Medicaid Claims Basics: Header

Information about the person served:

- ❑ Name of person served
- ❑ Birth date of person served
- ❑ Address of person served
- ❑ Insured person's ID number
- ❑ Insurance Plan name or program name*

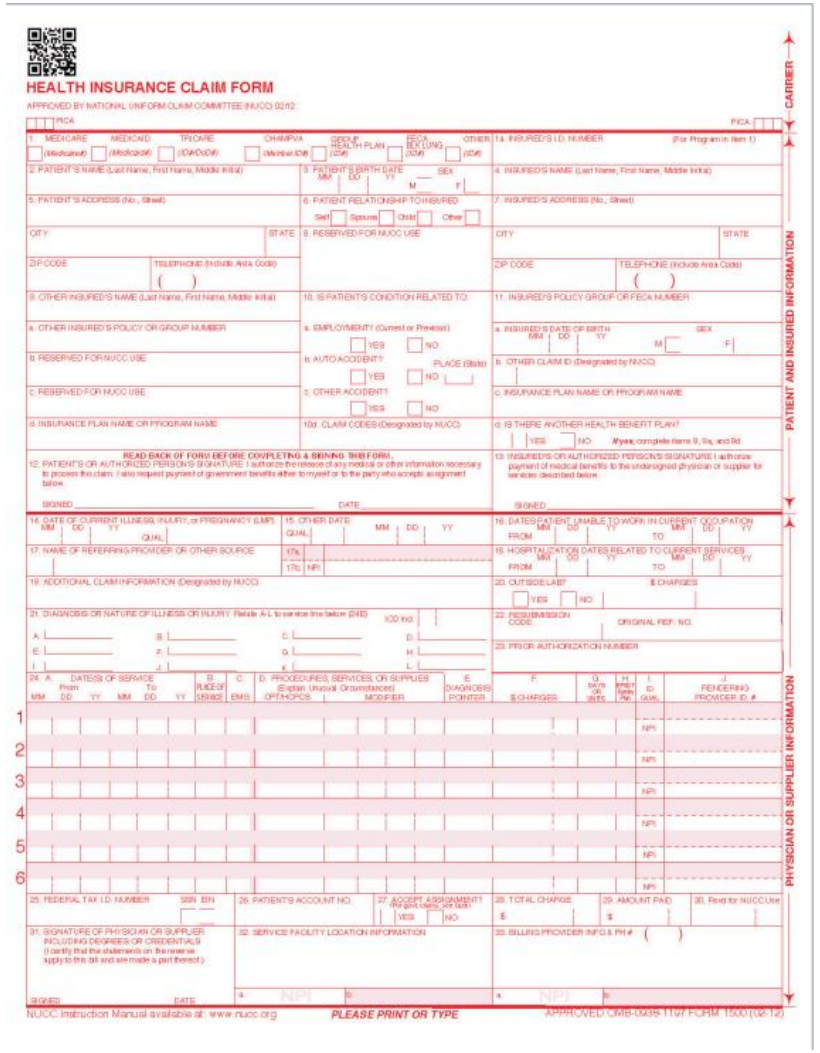
*Note that the biller will need to add other insurance payment information if the person served is covered by another payer (not Medicaid) for the dates of service



Medicaid Claims Basics: Details

Details about the services provided:

- ❑ Diagnosis code(s)
- ❑ Date(s) of Service
- ❑ Place of Service
- ❑ Procedure code(s)
- ❑ Units of Service
- ❑ Total Charge
- ❑ Amount Paid


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE MM DD YY QUAL

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. #

1 NPI

2 NPI

3 NPI

4 NPI

5 NPI

6 NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

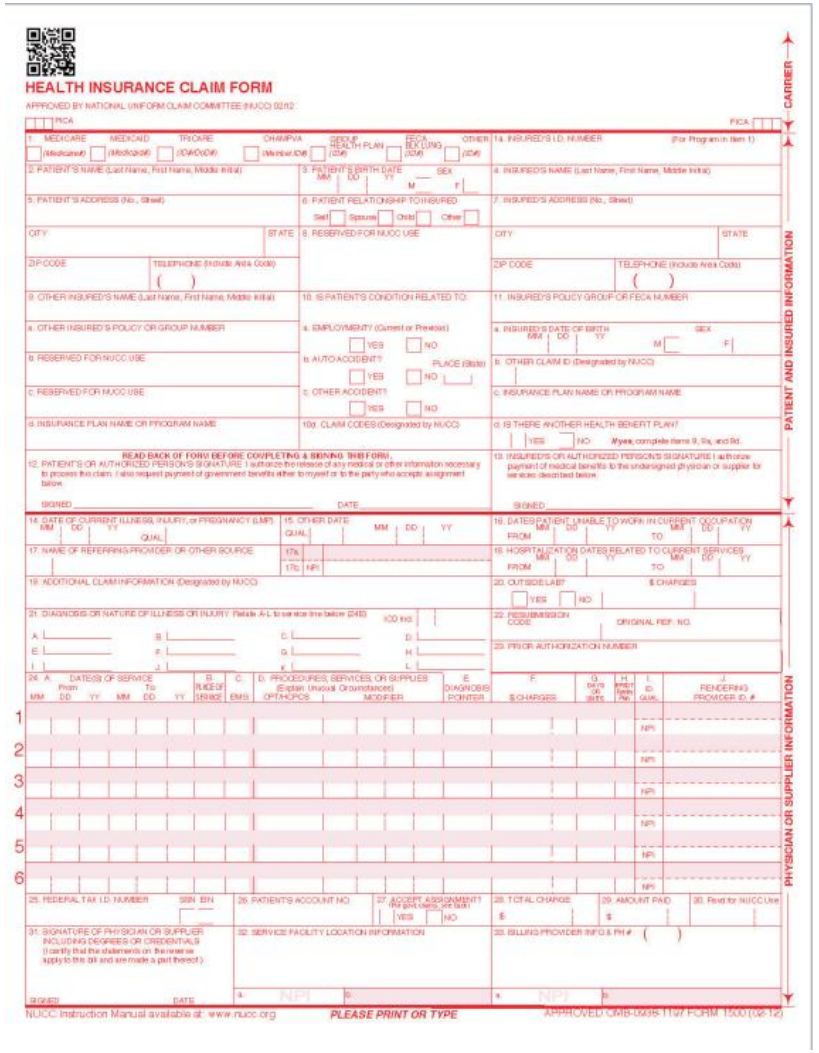
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Medicaid Claims Basics: Provider Information

Information about the provider delivering services:

- ❑ Federal Tax ID number
- ❑ Signature of Physician or Supplier including Degrees or Credentials
- ❑ Service Facility Location Information
- ❑ Billing provider info
- ❑ Billing Provider's NPI
- ❑ Service Provider's Organization's NPI #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a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

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c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

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10d. CLAIM CODES (Designated by NUCC)

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Additional Resources

- An example CMS 1500 claim form can be found in the VT Medicaid CMS 1500 and UB04 Billing Guide (please see page 3)
- DVHA-Gainwell offer trainings through their learning management system that focus on claims information and common claims denial reasons; these trainings will be made available to RSOs as part of the provider readiness process

Recovery Coaching Data Collection Follow-up (1 of 3)

The Department of Health received recovery coaching data from all Recovery Centers to inform the draft RSS Medicaid budget. Key findings from the data can be found below:

Question: How many unique individuals received Recovery Coaching through your Center during FY25?

Total across RSOs: 2,945 individuals

Average per RSO: 245 individuals

Question: What is the average number of Recovery Coaching sessions per participant received at your Center in FY25?

Minimum: 2 sessions

Maximum: 45 sessions

Mode (most commonly reported number): 11 sessions

Recovery Coaching Data Collection Follow-up (2 of 3)

The draft RSS Medicaid budget shared in October 2025 included the following assumptions:

Category	Amount
Average Number of Recovery Coaching Sessions per Participant	6
Average Length of Session	1 hour
# Served	3,107*
Number of Sessions (# served multiplied by 6 average coaching sessions per participant)	18,642
Average Hourly Rate	$49.34
Estimated Annual Budget Across all 12 RSOs	$919,796

**Note: 3,107 individuals served is an average of ~250 per Center.*

Recovery Coaching Data Collection Follow-up (3 of 3)

Below is an updated RSS Medicaid budget estimate based on recent data received (changes from Oct in orange).

Category	Amount
Average Number of Recovery Coaching Sessions per Participant	11*
Average Length of Session	1 hour
# Served	2,945
Number of Sessions (# served multiplied by 11 average coaching sessions per participant)	32,395
Average Hourly Rate	$49.34
Estimated Annual Budget Across all 12 RSOs	$1,598,369

**Note: This number represents the mode from the data received.*

Electronic Recovery Record (ERR) System

In order to prepare for Medicaid implementation in 2027, RSOs will need to have in place a data system or platform such as an Electronic Recovery Record (ERR) that can be **used to prepare claims for submission in MMIS.**

- Note: Current RDP licenses expire on November 30, 2026
- VDH is unable to recommend a specific data system or platform but is supportive of any platform that RSOs choose to use going forward, provided the system:
  - Meets documentation requirements
  - Meets RSOs' reporting and billing needs
  - Complies with State and applicable Federal requirements

What additional resources or information do you need from the State to move forward with the process of determining a system to use in the future?

Break

10 minutes

Collaborative Sessions

Discussion Groups

Electronic Recovery Record (ERR)

- *Based on what you've heard from VDH today, what are next steps to take as a group for determining the ERR system?*
- *Are there takeaways from the workflow exercise that could be implemented to address operational challenges with RDP 2.0?*
- *What additional questions do you have?*

RSO Certification Process

- *Review of Documentation Handout*
- *What are some improvements that you want to prioritize through the RSO corrective action planning process?*

PRSS Certification Listening Session

- *Please bring your questions and comments related to PRSS Certification requirements*

Sticky Note Share-Out

Share your Key Takeaways

Write two **exciting ideas or takeaways** from the day to date on sticky notes **(1 min)**

Stand up, find a partner and share your ideas (3 min)

Post your notes on the wall **(1 min)**

Looking Ahead and Reminders

Looking Ahead and Reminders

Looking Ahead

- Site visit information
- Next virtual touchpoint scheduled for **May 7**

Reminders

- The *RSS Connect newsletter* is issued quarterly and includes key information and updates related to the RSS initiative
  - Those who would like to sign up for the newsletter can do so through the form here
- The RSS Webpage includes information about RSS initiative activities and houses all meeting materials for future reference
- Please continue to share your thoughts with the DSU Recovery Team using this feedback form

Attendee Survey

Thank You & Closing