Vermont’s Substance Use Services

Recovery Services are Available to Those at All Service Levels

Vermont Agency of Human Services
Process for accessing treatment services in Vermont

Client is screened by a clinician or professional (i.e. physician, drug court case manager, AHS employee, etc.)

Client or provider contacts a treatment provider

Provider assesses client with evidence based tools to determine level of care needed using ASAM placement criteria

Provider refers client to the appropriate level of care

Outpatient

Intensive Outpatient

Residential

Medication Assisted Treatment

Recovery Center Referral for Support

Vermont Agency of Human Services
In SFY2017, 11,745 Vermonters received treatment services in the ADAP Preferred Provider substance use disorder treatment system:

- Outpatient
- Intensive Outpatient
- Residential
- Opioid Hubs and Spokes
Vermont Residential Treatment Facilities

- Recovery House, Wallingford – 34 beds, adult men and women
- Valley Vista, Bradford - 78 beds, adult men and women
- Valley Vista, Vergennes - 19 beds, adult women
- Valley Vista, Bradford - 13 adolescent beds converted to 16 – 22 year old young adults
- Phoenix House, Dublin NH – Referrals as needed
Adult Beds – Average monthly occupancy 73%

Adolescent Beds – Average monthly occupancy 59%
Funding Residential Programs

- Several funding sources, both state and federal
- Daily rates were set several years ago
- Current reimbursement requires concurrent review and authorization by DVHA
- Exploring value-based payment option
June 2017 – VT amended its 1115 waiver to include authority to pay for specific IMDs primary for the TX of SUD.

Requires statewide average of 30 day stays or less.

Removes the mandatory sunset of VT’s former financial arrangement.

Absent this amendment, VT would be required to begin phasing down federal funds for SUD treatment IMDs in 2021 and phase out completely at the end of 2025.

Amendment does nothing to address MH IMD phase down requirements.
Out of State Referrals

- Out of state referrals are done on a case-by-case basis
- Request is made to the ADAP Director of Clinical Services
- Clinical necessity is determined
- Coordination with Vermont Medicaid to determine appropriateness of provider and ability to bill
Treatment Standards

- Available Services
- Staffing
- Types of Therapy
- Documentation
- Medical Services

Vermont Department of Health
Discharge Planning

- Person served must participate in the development of their aftercare plans. The Plan:
  - Ensures seamless transition
  - Identifies the need for a recovery support system
  - Includes referral information with appointment dates, times, contact name, number & location
  - Includes recommendations for self-help and local peer recovery support services
Transitions of Care

- Ensure successful transition between clinically appropriate levels of care
- Must provide receiving provider the most recent assessment
- Upon discharge must document coordination of care with the PCP and/or prescribing professional for medications
2019

- **Additional Beds**
  - 10 additional residential beds in Rutland for less intensive longer lengths of stay

- **Centralized call center**
  - Facilitate admissions
  - Assist with transitions of care
  - Connect to recovery supports
  - Assist with transportation

Vermont Department of Health