Recovery Support Services (RSS) Initiative Kickoff with Recovery Centers

Vermont Department of Health

Division of Substance Use (DSU) Programs

January 13, 2025

VERMONT
DEPARTMENT OF HEALTH

Agenda

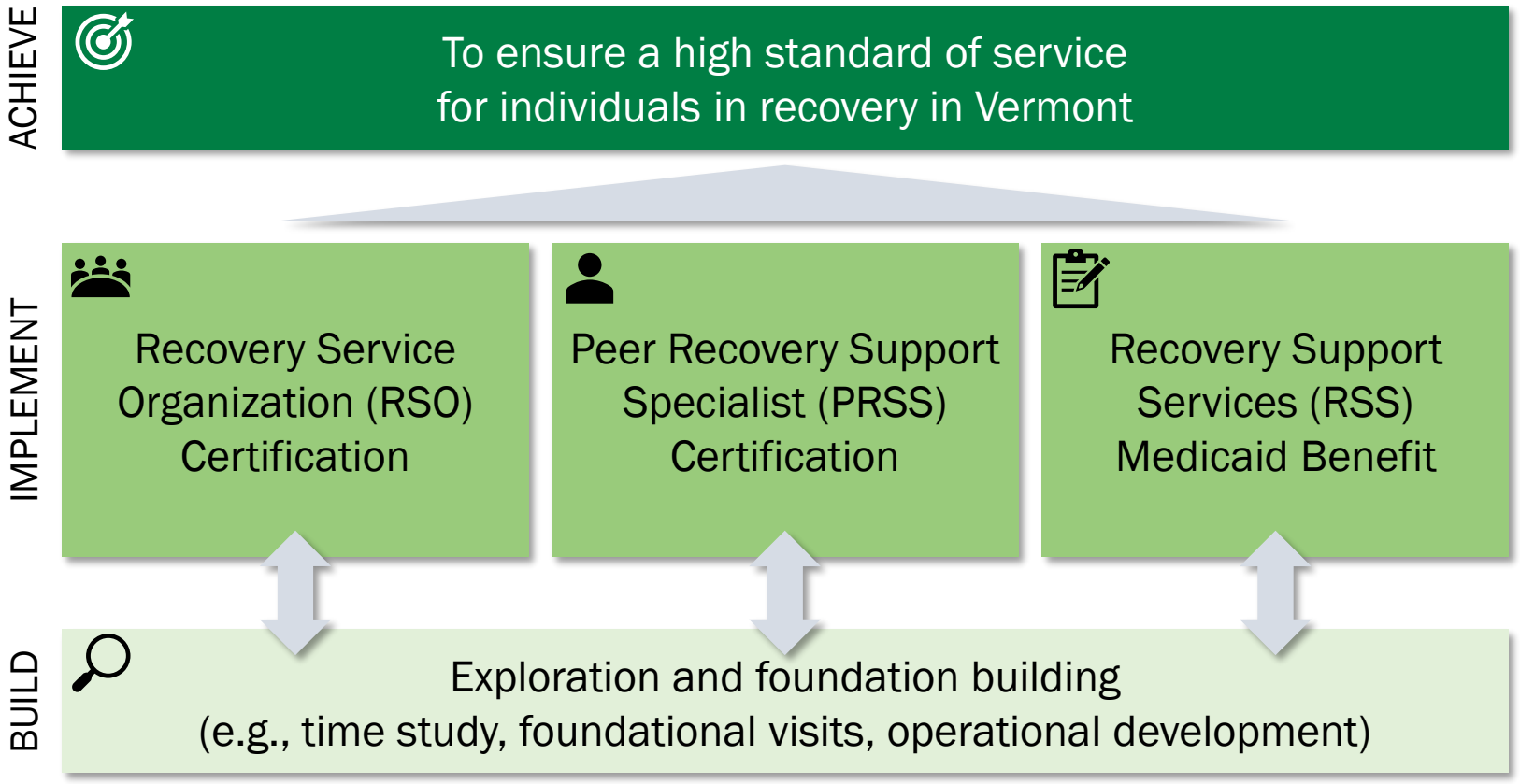
Morning: 9am-12pm

- Welcome and Introductions
- Coffee and Commissioners
- Value Discussion
- *Breakout Group Rotations:*
  - Time Study Results Presentation & Reflections
  - Foundational Visits Preview & Board Survey
- Closing out the Morning
- *Lunch*

Afternoon: 12:30-3pm

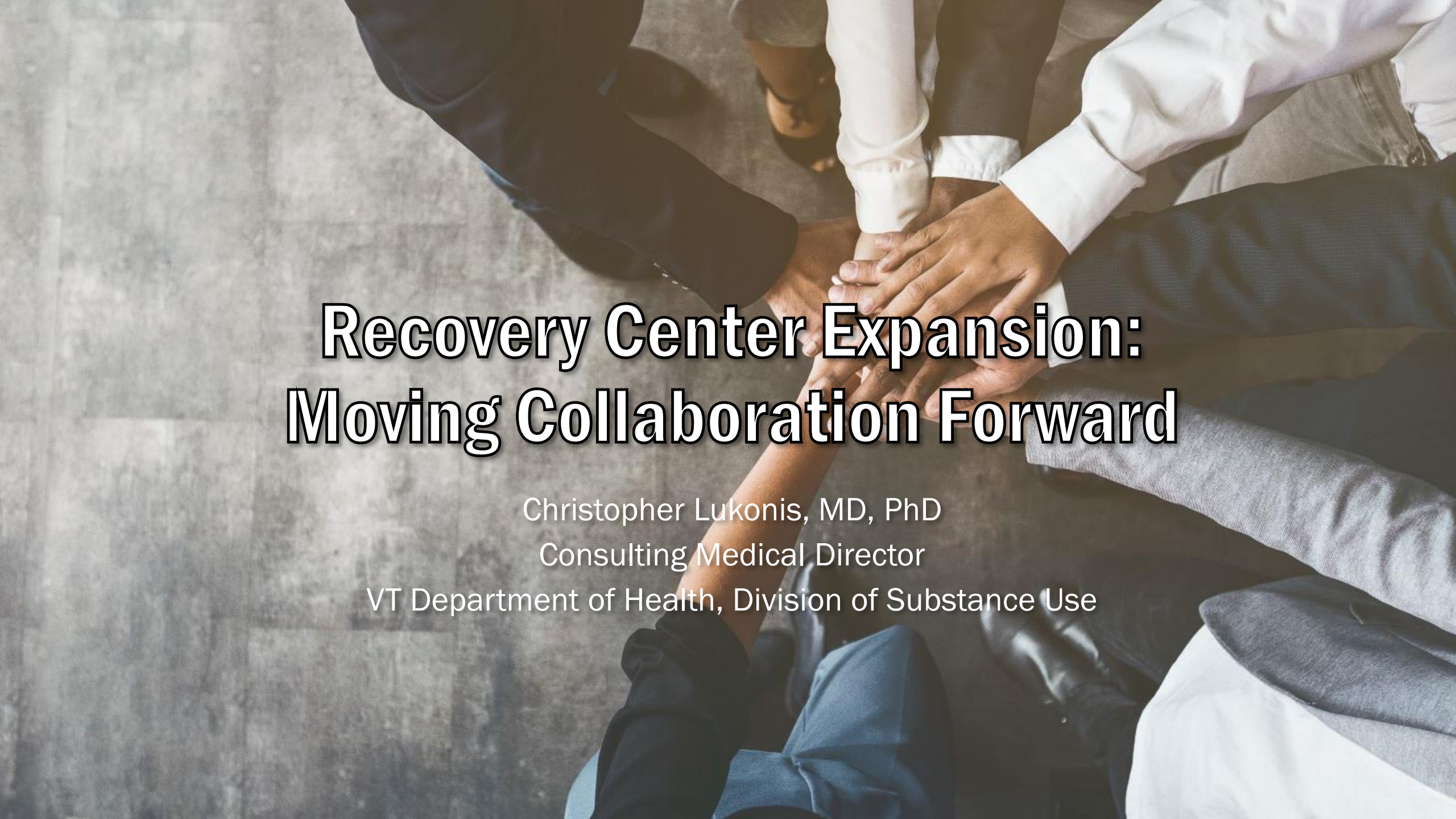
- Keynote Address with Dr. Christopher Lukonis
- Medicaid Overview
  - Medicaid Basics
  - RSS Medicaid Service Delivery Model
  - Medicaid Overview Debrief Discussion
- Attendee Survey
- Key Dates for 2025 & Close-Out

Recovery Support Services (RSS) Initiative



Keynote Address

Dr. Christopher Lukonis, MD, PhD
Consulting Medical Director
Vermont Department of Health, Division of Substance Use



Recovery Center Expansion: Moving Collaboration Forward

Christopher Lukonis, MD, PhD
Consulting Medical Director
VT Department of Health, Division of Substance Use

Way back in 2000ish..

SENDING FOLKS TO MEETINGS:

“NO A.A. MEMBER SHOULD “PLAY DOCTOR”; ALL MEDICAL ADVICE AND TREATMENT SHOULD COME FROM A QUALIFIED PHYSICIAN.”

YOU ARE NOT CLEAN. YOU ARE NOT SOBER. YOU DO NOT BELONG IN THIS MEETING…YOU ARE DIRTY…

How do we define “recovery”

Work with Reckitt-Benckiser

Do we all need a PhD?

What are our goals in helping?

“Habits”

Used to be called “Habit Management”

Recovery coaches broke that

Weekends, early morning, 6 AM even.

Groups that thrived.

The age of RAM

Here comes WCSRP

Awful name, good intentions (now CVPC)

Dr. Depman and Mashkuri saying, “wow we have lots of resources for the benefit of our patients, but no way of knowing how to access them”.

Collaborating was the key that made it work.

Hubs talking to spokes and to community organizations -to the state-to other states -to towns-to food banks- to perinatal providers-to everyone they could connect with.....they got them all informed and involved

Collaboration

HUBS TALK TO SPOKES

EDS TALK TO BOTH

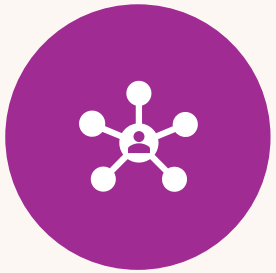
RECOVERY COACHES TALK TO ALL INVOLVED

Then here comes ROAD and now PREVENT

ON THE SPOT TREATMENT FOR AUD.

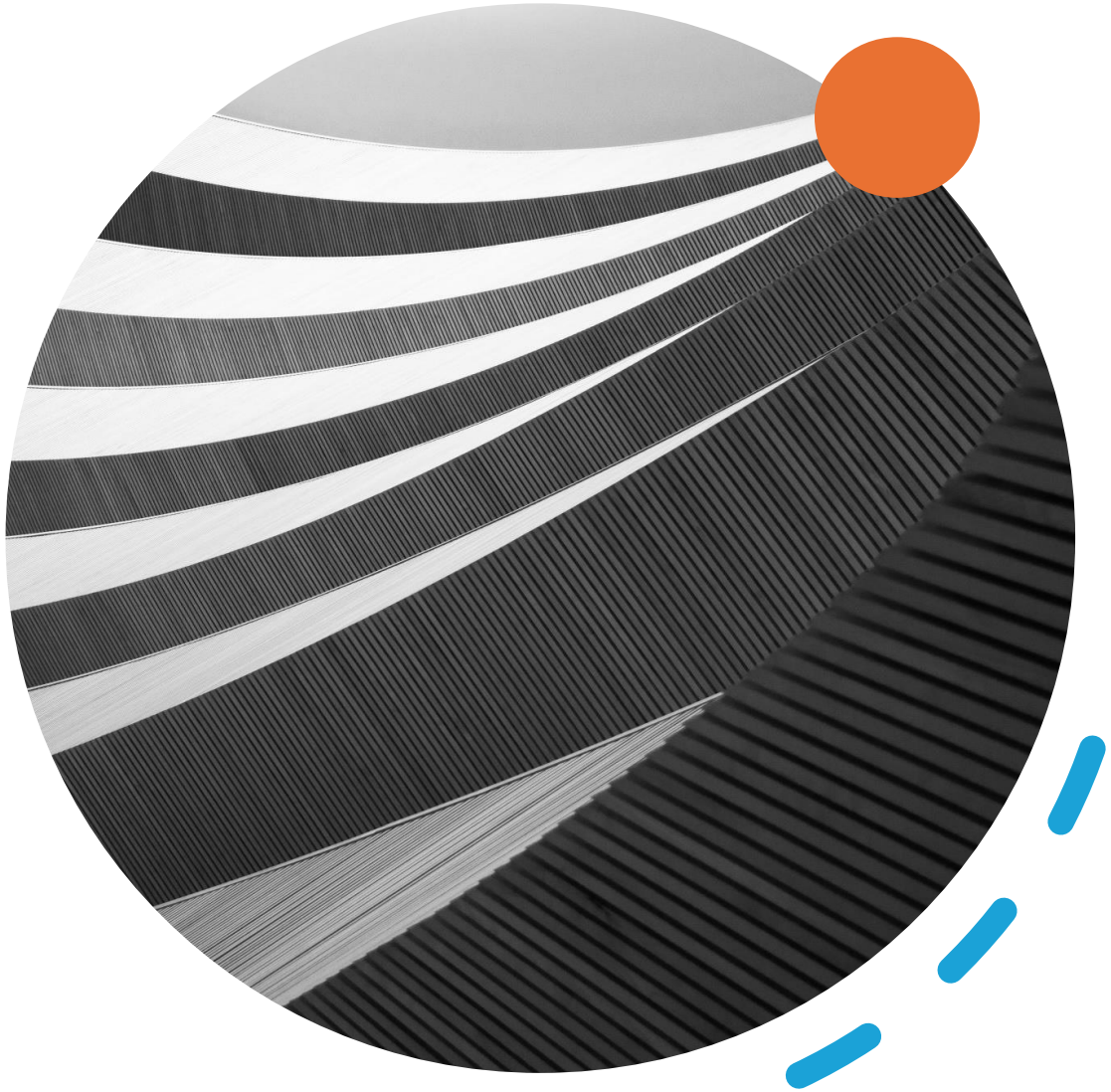
ON THE SPOT BUPRENORPHINE AFTER AN OPIOID OD.

MAKING EVERY DOOR AN OPEN DOOR FOR SUD TREATMENT.



ULTIMATELY ONLY FEASIBLY POSSIBLE WITH THE HELP OF THE RECOVERY NETWORK.

Gifford Program



"Super Spoke"

- Treatment for OUD
- Treatment for AUD
- Treatment for whatever needs to be addressed

New initiatives organized around person-centered recovery

The Group, an epiphany of sorts

- All Recovery!
- Patients bringing their partners to the group.
- The group welcoming folks who had issues with other substances.
- Meals together in the summer, and for Thanksgiving (it was a Thursday group).
- The group still met even when the leader was ill.
- There was collaboration, coherence and commitment.
- I did not have to be involved. It evolved without my influence, which probably would have been a detriment had I been involved.

The pendulum

Harm reduction vs. classic recovery.

How do we meet and engage people where they are at?

Let us meet on transport?

Meet them as adolescents?

Other ways?

Let us get your thoughts?

How do we engage and collaborate?

How can we continue to reinvent and improve ourselves?

- How do we perfect being person-centered?
- How do we expand access?
- How do we collaborate, communicate and connect?
- How do we welcome people back into our communities?

Let us chat…

- With the real experts
- That would be you all, here today
- How to engage even more
  - Help us learn
  - Help us deliver
  - Help us utilize your potential
  - Help us achieve our mutual goals of helping each other
  - How can we help others to collaborate?

Medicaid Basics Overview

Notes About This Presentation

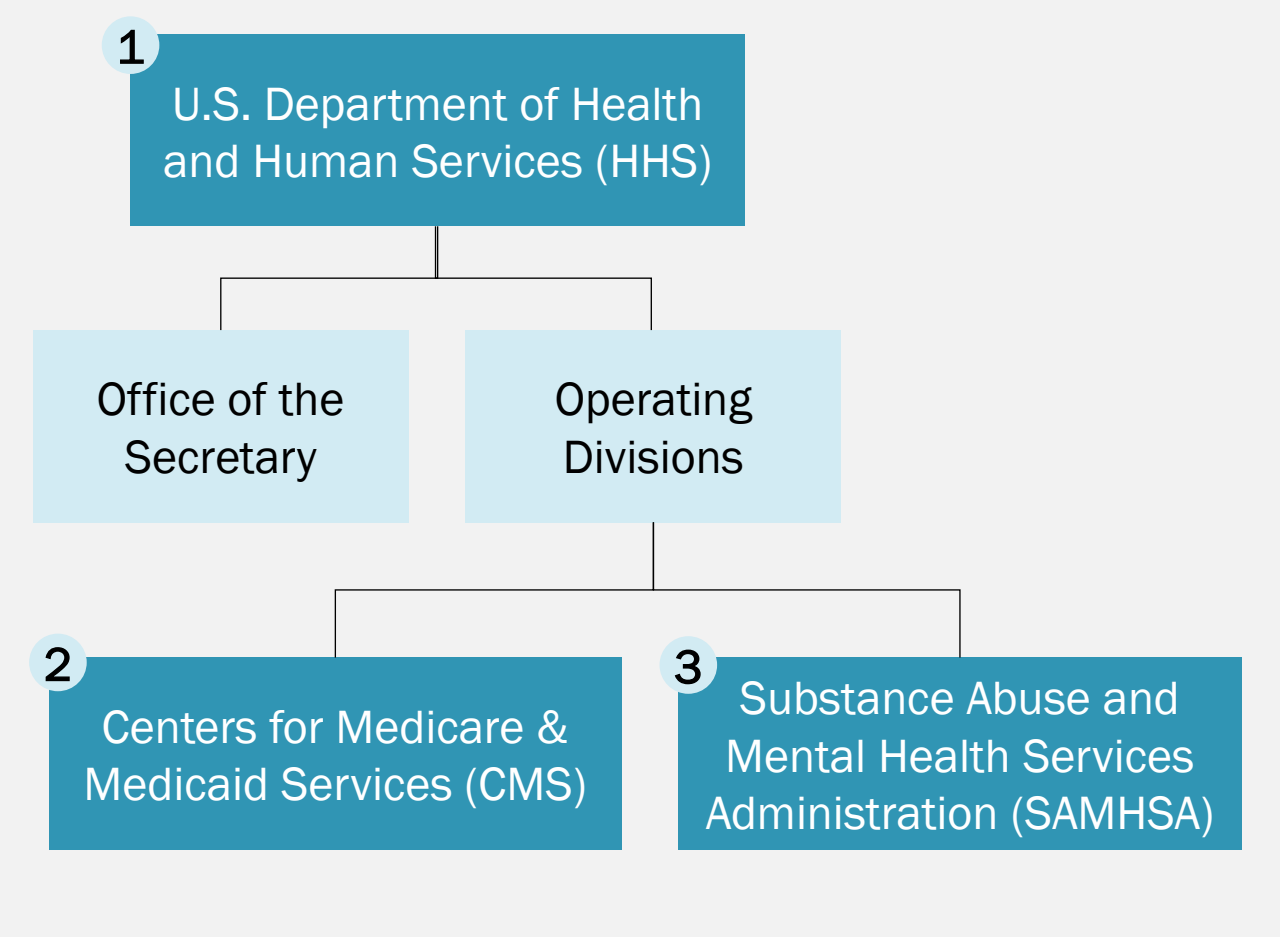
This Medicaid Basics Overview presentation is:

- An overview of Medicaid (generally)
  - This presentation is intended to highlight certain basic aspects of the Medicaid program and how they relate to substance use programs. It is not intended to be a comprehensive description of all Medicaid programming.

- First of several Medicaid specific presentations, trainings and discussions

Medicaid in Context

Federal Program in Context: U.S. HHS



1. HHS's mission is to **enhance the health and well-being of all Americans**, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

2. CMS provides **health coverage to more than 160 million individuals** through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to **improve the quality and equity of outcomes in the health care system.**

3. SAMHSA's mission is to **lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery** while ensuring equitable access and better outcomes.

Federal Program in Context: CMS and SAMHSA

In addition to other programming opportunities:

SAMHSA administers the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS or SUBG) in partnership with states.

→ **Vermont** administers Substance Use Disorder (SUD) programming in adherence to the SUBG.

CMS administers the Medicaid program in partnership with states.

→ **Vermont** administers its Medicaid programming in adherence to a Medicaid State Plan and an 1115 Waiver.*

*See 1115 Waiver section for more information

Medicaid Background

What is Medicaid?

- Enacted in 1965 as Title XIX of the Social Security Act
- Health care assistance for **individuals with low-income** (including children) (some states also have resource requirements)
- Financed through **a federal-state partnership** and **administered by states**
- **Each state designs and operates its own program** within broad federal guidelines
- Medicaid requires coverage of mandatory populations and mandatory services
  - States can also elect to expand coverage for optional services or optional populations

Medicaid.gov
Keeping America Healthy

Click to learn more

State Medicaid Administration

- Within broad federal guidelines, each state:
  - Develops and operates its Medicaid Program
  - Develops and maintains its Medicaid State Plan
  - Establishes its eligibility standards
  - Determines the type, amount, duration, and scope of services
  - Sets the payment rate for services
  - Evaluates its program's quality measures and considers improvement options
  - Partners with the Centers for Medicare & Medicaid Services (CMS) to administer its program
- States may change eligibility standards, services, and reimbursement subject to CMS approval

Vermont Medicaid Coverage
State Fiscal Year 2024*

Approximately 193,757 (or 30%) of individuals in Vermont received some form of assistance through Medicaid (including CHIP).

- Primary source of coverage:
  - ~**148,186** (or 23%) of Vermonters
- Partial or supplemental coverage (e.g., premium assistance, Rx assistance, etc.):
  - ~**41,024** (or 6%) of Vermonters

*Calculated based on average per month across SFY 2024 and compared to total Vermont population as of 7/1/2023; source data provided by AHS.

Vermont's Global Commitment to Health 1115 Demonstration Waiver

Vermont's Global Commitment to Health

- The Global Commitment to Health Section 1115 Demonstration Waiver ("the Waiver") is the name of the federal Medicaid (Section 1115) Waiver agreement between CMS and Vermont under which the majority of Vermont's Medicaid program is administered.
  - There is a section of the Waiver specific to SUD

- The Waiver has been in place since 2005

- The Waiver grants Vermont flexibility in administering our Medicaid program and waives certain federal requirements as agreed upon by CMS
  - For example: implementing a new eligibility group for Vermonters whose incomes are above Medicaid limits to access a defined set of SUD services

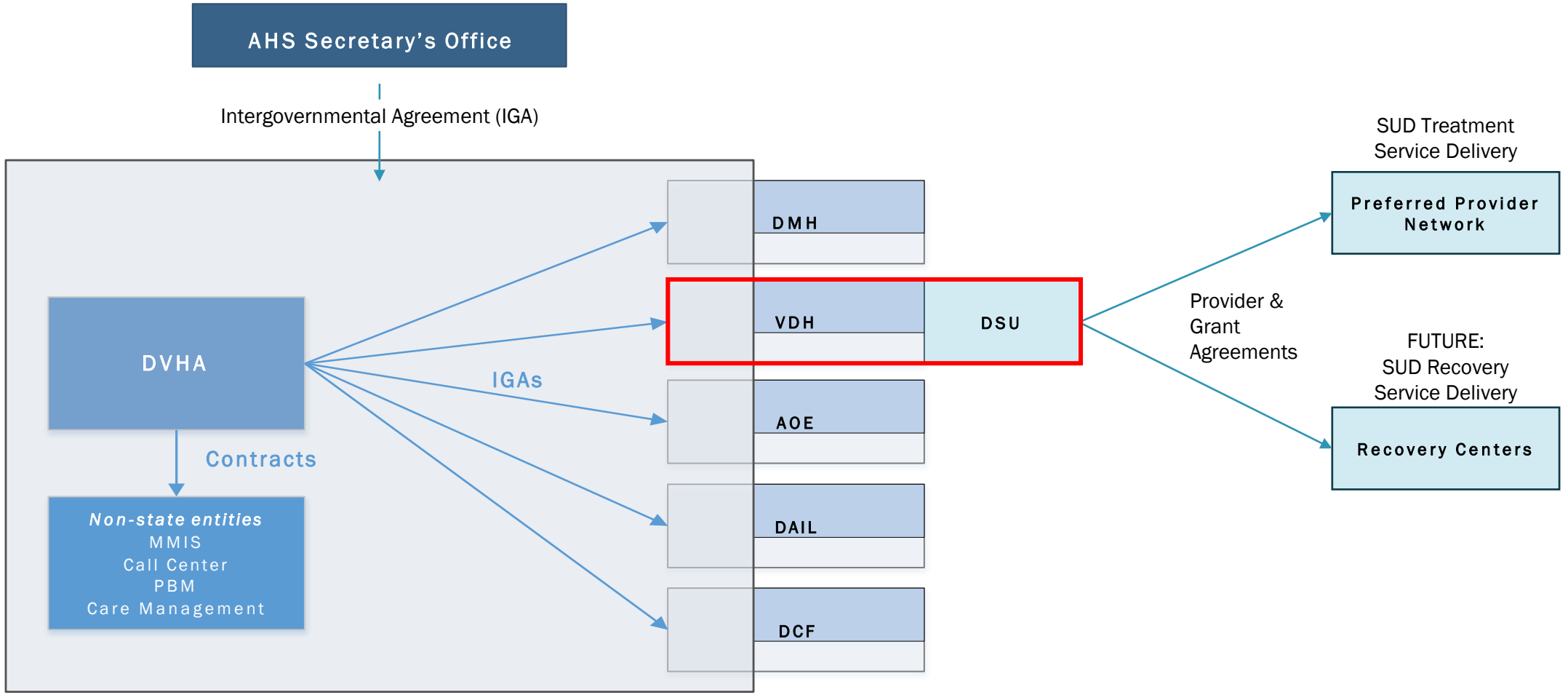
Vermont's Global Commitment to Health

- Waiver agreements, in combination with a state's Medicaid State Plan, generally reflect a state's priorities and goals.
  - As goals, priorities, and leadership (at both the state and federal levels) have changed since 2005, so has Global Commitment.

- The stated SUD goals in the current agreement are to:
  - Increase access to care
  - Improve quality of care
  - Contain health care cost
  - Eliminate institutional bias

- The terms and conditions lay out how the program will be administered including who and what services will be covered.

Waiver Delivery Model



Medicaid Resources

Federal and State Websites:

- CMS: https://www.cms.gov/
- State of Vermont Medicaid Program: https://dvha.vermont.gov/members
- State of Vermont, Current Approved Global Commitment Waiver: https://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-health-1115-waiver/1115-waiver-documents

Training Resources

- CMS National Training Program: Medicaid & the Children's Health Insurance Program (CHIP) PowerPoint Presentation

Recovery Support Services (RSS) Medicaid Service Delivery Model

Introduction

- The State of Vermont, through its approved 1115 Medicaid Demonstration Waiver, in conjunction with an Amendment to the Medicaid State Plan, is **seeking to establish Recovery Support Services (RSS) as a Medicaid benefit** for individuals covered under the Vermont Medicaid State Plan and the future SUD eligibility expansion group.

- The following slides outline key Medicaid service delivery requirements and Vermont's **proposed approach** to addressing each requirement for RSS. Please note that this approach is **subject to CMS approval**.

- The proposed service delivery model **builds off existing practices at Recovery Centers**, inclusive of future certification standards for RSOs and PRSS.

- The federal guidance on RSS largely stems from two sources published by CMS:
  - State Medicaid Director Letter (SMDL) #07-11
  - Frequently Asked Questions on Medicaid and CHIP Coverage of Peer Support Services.

Key Service Delivery Components

The following are key components of the RSS Medicaid service delivery model (based on federal Medicaid guidance):

1. Access to Care
2. Covered Services
3. Settings
4. Provider Qualifications
5. Oversight and Supervision Qualifications
6. Medical Necessity Determination
7. Documentation

This is not an inclusive list of components.

Proposed Medicaid Service Delivery: Access to Care, Covered Services, and Settings

Access to Care

- Medicaid-covered RSS will be provided through the **Recovery Service Organizations**, to help ensure statewide coverage.

Covered Services

- Medicaid-covered RSS will consist of **recovery coaching** services in the initial phase of implementation.

What is the Federal Guidance?

Individuals must have access to an adequate provider network that offers statewide coverage for any Medicaid covered service.

Source: 42 CFR 438.68

Locations

- Medicaid-covered RSS will be delivered during individual sessions at **RSOs.**
- It may also be delivered in **community and social service organizations or in other applicable locations (e.g., Emergency Departments).**

Proposed Medicaid Service Delivery: Provider Qualifications

- Individuals delivering Medicaid-covered RSS, and their employer organizations, will be required to be certified by the State of Vermont.
    - A certified **Peer Recovery Support Specialist** must complete training, an exam, and receive their credential from the *International Certification & Reciprocity Consortium (IC&RC).*
    - A certified **Recovery Service Organization (RSO)** will participate in state-led site visits to demonstrate alignment with the *RSO Standards.*

What is the Federal Guidance?

PRSS must complete training and certification and demonstrate their ability to support the recovery of others from SUD.

Individual states are responsible for establishing their own training and certification programs and standards.

- These certifications are aligned with current state operations at Recovery Centers and nationwide best-practices provided by SAMHSA.

Proposed Medicaid Service Delivery: Supervisor Qualifications

- Federal guidance from 2007 indicates that Medicaid-reimbursable PRSS be supervised by a "competent mental health professional."

The guidance provides discretion to individual states in defining this role, as well as in defining the level and frequency of supervision, which may vary depending on supervisor qualifications.

- **Further guidance from June 2024** clarified that states may include individuals with "more experience and training" in providing PRSS in their definition of supervisor qualifications.

- Vermont will work to define the proposed minimum supervisor qualifications and the requirements for the duration, frequency, and scope of supervision.

Proposed Medicaid Service Delivery: Medical Necessity

- Medical necessity refers to the determination that a service is both **necessary and reasonable relative to the individual's circumstance**.
- Federal guidance indicates that Medicaid-reimbursable PRSS include a process for ensuring medical necessity of services.
- The documentation of medical necessity supports billing of services *(e.g., Individualized Recovery Plan of Care; see next slide)*.
- Vermont will work to define an approach for determining the medical necessity of PRSS.

Proposed Medicaid Service Delivery: Documentation

- Per Act 170 (PRSS Certification legislation), RSS will be documented in a **written Individualized Recovery Plan of Care** that:
  - Documents the substance use disorder, and
  - Reflects the needs and preferences of the individual in achieving specific, individualized, and measurable goals.

What is the Federal Guidance?

Federal guidance indicates that PRSS services must be coordinated within the "context of a comprehensive individualized plan of care" that is goal-oriented and is created through a person-centered process.

- The plan will be updated on a regular basis (the exact frequency is to-be-determined) to reflect the ongoing needs of the individual and their progress toward their recovery goals.
- PRSS will document notes from each coaching session, documenting what occurs during meetings with participants; Documentation must be retained by RSOs following record retention requirements.

Key Dates for 2025

Key Dates and Timeline for CY 2025