STATE OF VERMONT: CONCEPT FOR MEDICAID HEALTH HOME PROGRAM

Introduction

Vermont is proposing a Medicaid Health Home program under Section 2703 of the Affordable Care Act to create a coordinated, systemic response to the complex issues of opioid addiction among Vermont's Medicaid population, focusing specifically on medication assisted therapy (MAT) for individuals with opioid dependence. Overall health care costs are approximately three times higher among MAT patients than within the general Medicaid population. In addition to the costs directly associated with medication assisted therapy, these individuals have high rates of co-occurring mental health and other health issues and are high users of emergency rooms, pharmacy benefits, and other health care services. MAT, such as methadone and buprenorphine in combination with counseling, has long been recognized as the most effective treatment for opiate addiction.

Vermont's Health Home approach targets Medicaid beneficiaries with a substance use disorder (i.e., one chronic condition) and will provide a framework for integrating MAT, services for other substance abuse issues, and co-occurring mental health disorders into Vermont's patient-centered medical home initiative through a managed approach to care. The initiative will be implemented in two stages through two State Plan Amendments: (1) in the counties covering the western region of the state beginning January 1, 2013, and; (2) in the remaining regions of the state beginning July 1, 2013. The western region of the state has a more robust existing infrastructure upon which to build the health home services, while greater system development is needed in the remaining regions, including a current RFP process underway to select methadone providers. This document addresses Stage 1.

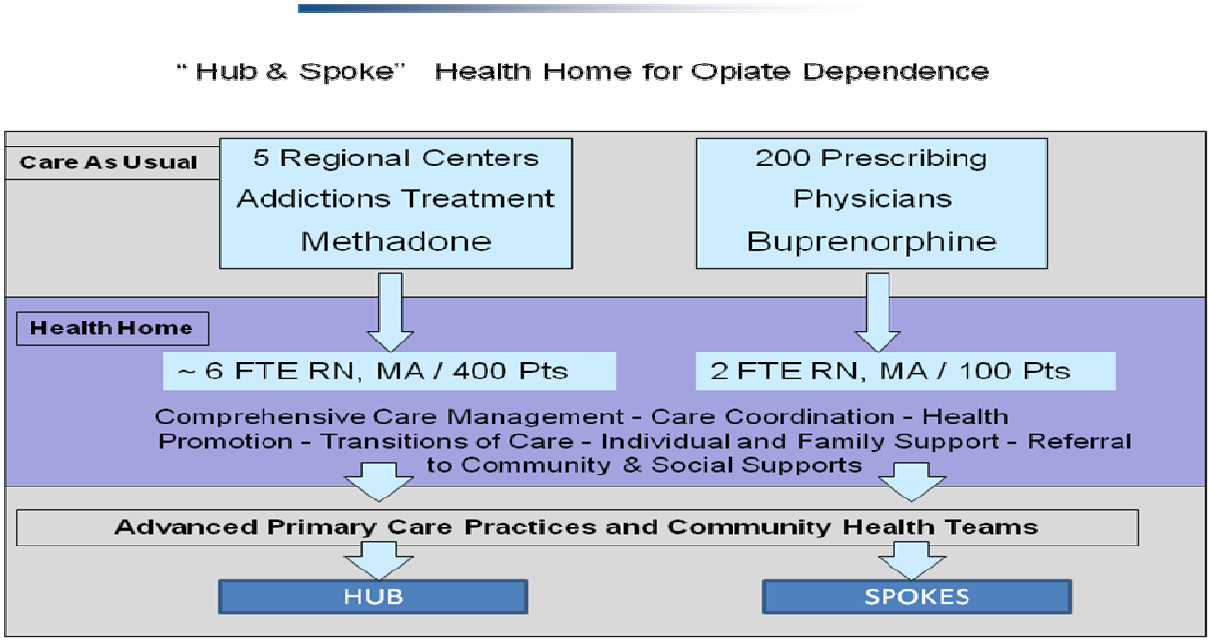
Existing Building Blocks in Vermont

MAT is a powerful intervention that can substantially reduce the harms associated with opioid dependence and thereby support patients in returning to healthier and more productive lives. Although the two primary pharmacological treatments for opioid dependence (methadone and buprenorphine) have similar effects, they are provided under two different federal regulations, resulting in two distinct provider types. Methadone treatment for opioid dependence is highly regulated and can only be provided through specialty opioid treatment programs (OTP), while buprenorphine is provided through office-based opioid therapy (OBOT) by any MD with an X-DEA license. In addition to dosing for methadone, OTPs in Vermont currently provide comprehensive addictions services, but with little integration into the broader health care or mental health treatment systems. OBOTs currently are comprised of MDs who are able to prescribe buprenorphine but with no direct access to addictions or mental health services. OBOTs also have extremely limited coordinated access to other health, rehabilitation or recovery services. Current methadone OTPs and buprenorphine prescribing physicians in OBOTs work in relative isolation from each other and with

limited interface with the primary care health care and mental health systems. Finally, waiting lists for methadone indicate insufficient treatment capacity, and the number of providers willing to prescribe buprenorphine for new patients is declining.

Vermont's *Blueprint for Health* (*Blueprint*) provides statewide expansion of Advanced Primary Care Practices (APCP), also known as Patient Centered Medical Homes (PCMH), supported by *Blueprint* Community Health Teams (CHTs) comprised of nurse coordinators, clinician case managers, social workers and other professionals who extend the capacity of primary care practices to provide multidisciplinary care and support. This model has enabled Vermont to provide high quality primary care with embedded multidisciplinary support services, better coordination and transitions of care, and more seamless linkages among diverse community partners.

Vermont Medicaid Health Homes Vision



Vermont proposes to implement a comprehensive treatment system for Medicaid patients receiving medication assisted therapy for opioid dependence that builds on the strengths of the specialty OTPs, the physicians who prescribe buprenorphine in office-based (OBOT) settings, and the local *Blueprint* CHT and PCMH infrastructure. This integrated treatment model is called the "*Hub and Spoke"* initiative. Both *Hubs* and *Spokes* will be "designated providers" for Health Homes in Vermont.

Under the *Hub and Spoke* Health Home approach, each patient undergoing MAT will have an established physician-led medical home, a single MAT prescriber, a pharmacy home, access to existing Community Health Teams (CHTs), and access to *Hub* or *Spoke* nurses and clinicians. Providers of opioid addiction treatment will have access to

resources and support to effectively care for current patients, as well as to support additional care of new patients.

Depending on the initial determination of complexity and/or appropriate treatment method, patients will be referred to either a *Hub* or *Spoke*. A ***Hub*** is a regional treatment center providing comprehensive addictions treatment, Health Home, and rehabilitation services for individuals receiving methadone maintenance therapy. As the OTPs, *Hubs* will be the only entities providing methadone treatment. In addition, a subset of buprenorphine treatment will be provided in *Hubs*, specifically for more clinically complex induction, prevention and treatment of relapse and to provide support for tapering off MAT. Plans are underway to expand upon the current OTPs to create five (5) regional specialty addictions treatment center *Hubs* in Northwest, Southwest, Southeast, Central and Northeast Vermont. *Hubs* must demonstrate the capacity to either provide directly or to organize comprehensive care and continuity of services over time that will replace episodic care based exclusively on addictions illness with coordinated care for all acute, chronic, and/or preventative conditions in collaboration with primary care providers and CHTs. Enhanced *Hub* Health Home staffing will dedicate six FTE nurse and clinician case managers for every 400 MAT patients.

A ***Spoke*** is the ongoing care system comprised of a physician prescribing buprenorphine in an OBOT and the collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports and community services, and provide counseling, contingency management, care coordination and case management services. Although optional, the plan is for all Vermont physicians who prescribe buprenorphine (currently almost 200) to eventually become *Spokes,* with embedded support from nursing and clinical addictions / mental health counselors. These staff, supported by the Department of Vermont Health Access, will be added to the existing *Blueprint* CHTs to provide augmented counseling, health promotion, and care coordination services and work in conjunction with the physician to form a Health Home team. The *Spoke* Health Home staffing model provides one registered nurse care manager and one clinician case manager for every 100 MAT patients.

Payment Methodology

Both the *Hubs* and *Spokes* will combine services currently reimbursed in Vermont's State Medicaid Plan with the new Health Home services. Under the terms of the 2703 State Plan Amendment, Vermont will seek 90-10 matching funds only for the percentage of the *Hub* and *Spoke* costs directly linked to providing the Health Home services. The remaining percentage will be matched at the current state match rate.

Hub & Spoke Provider	Payment Mechanism	Purpose of Payment
Physician	Fee-for-Service payment, under current Medicaid State Plan.	MAT (buprenorphine & methadone).
Nurse + Clinician Case Manager	*Hub:* % of monthly rate per patient for health home services. *Spoke*: Capacity payment to Blueprint administrative entity, based on numbers of unique patients receiving buprenorphine.	Care management, care coordination, transitions of care, health promotion, individual and family support, and referral to community services.

The *Hubs* build on Vermont's existing methadone OTP services, which currently include comprehensive treatment with methadone including physician oversight, individualized assessments and care plans, observed dosing, and individual and group therapies. The *Hub* payment will be a single monthly rate per patient, with a percentage of the total payment linked directly to provision of the six key Health Home services that will facilitate integration with primary and mental health care services, CHTs, and community resources. A *Hub* provider may initiate a claim on behalf of a patient for whom the provider can document the following two services in that month:

- One face-to-face typical treatment service encounter (e.g., nursing or physician assessment, individual or group counseling, observed dosing); and,
- One Health Home service (comprehensive care management, care coordination, health promotion, transitions of care, individual and family support, referral to community services).

Spoke physicians will continue to bill fee-for-service for all typical treatment services currently reimbursed by the Department of Vermont Health Access (DVHA). The six key Health Home services will be provided by the nurse and clinical case managers added to the *Blueprint* CHTs and fully funded for *Spokes* by DVHA. *Spoke* staff resources will be deployed in each HSA to the prescribing practices proportionate to the number of patients served by each practice.

Payment for *Spoke* Health Home services will be based on the per patient per month *Spoke* cost and the average monthly number of unique patients for whom Medicaid paid a buprenorphine pharmacy claim during the most recent three-month period. Payments will be added to DVHA's existing monthly payment for the *Blueprint* CHTs, which are covered by contracts the *Blueprint* already executes with one administrative entity in each of 14 local Health Services Areas (HSAs) to cover *Blueprint* administration and CHT payments.