



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

May 31, 2024

GCR 24-009
PROPOSED

Medicaid Investment: Blueprint for Health Spoke Expansion

Policy Summary:

The Vermont Medicaid program proposes to expand the Blueprint for Health Spoke Program to serve any medication for opioid use disorder (MOUD) patient regardless of insurance status and payer. This update also includes adjustments to the Spoke reimbursement methodology. Spokes are Office Based Opioid Treatment settings, located in communities across Vermont, including primary care and specialty settings. At many Spokes, addiction care is integrated into general medical care, like treatment for other chronic diseases. Under this expansion, uninsured and underinsured Vermonters will be able to receive these services.

Vermont's Global Commitment to Health Section 1115 Demonstration authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This investment increases access to quality health care by uninsured, underinsured individuals, and Medicaid beneficiaries in Vermont, thereby increasing the consistency and availability of Spoke services provided to MOUD patients.

In addition, the Vermont Medicaid program proposes the following reimbursement methodology changes to the Blueprint for Health Spoke program.

1. The implementation of an annual Spoke funding cycle, instead of quarterly, to provide more consistent funding based on attribution from a 3-month lookback period. Under the annual cycle, updated funding cycles will begin on July 1st, to align with the state fiscal year. While funding amounts will be updated annually, the funding itself will be delivered monthly, as it is currently.
2. Simplifying the Spoke staffing model to only designate the total amount of funding for staffing a Spoke Nurse and Spoke clinician. The Blueprint will no longer indicate how much should be spent on specific items, such as staff benefits or operating costs.

Effective Date:

July 1, 2024

Authority/Legal Basis:

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

Uninsured, underinsured individuals and Medicaid beneficiaries

Fiscal Impact:

The estimated annualized fiscal impact is a savings of \$111,000, primarily due to a decrease in Medicaid enrollment.

Public Comment Period:

May 31, 2024 – June 30, 2024

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

The Medicaid Investment application for Spoke program expansion to uninsured and underinsured individuals can be found on the following pages.

[Blueprint for Health Hub and Spoke Website](#)

[Vermont Blueprint for Health Manual](#)

ATTACHMENT S
New Investment Application Template

For each new investment, the state must submit the following information to CMS as described in STC 11.6.

Date	05/31/24
Investment Title	Blueprint for Health Spoke Expansion
Estimated Amount	\$2,971,080
Time Period	July 1, 2024
Department	Department of Vermont Health Access
Category	Increase the access to quality health care by low income, uninsured, underinsured individuals, and Medicaid beneficiaries in Vermont.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The targeted outcome for this investment is to treat all Medication for Opioid Use Disorder (MOUD) patients at Spoke offices, regardless of insurance status and payer to increase the access to quality health care for low income, uninsured, and underinsured individuals. Spokes are Office Based Opioid Treatment settings, located in communities across Vermont, including primary care and specialty settings. At many Spokes, addiction care is integrated into general medical care. Providing investment funds for this purpose will increase the number of individuals receiving care through this integrated care model. The Blueprint will track the following measures to evaluate the impact of this investment:</p> <ul style="list-style-type: none"> • Follow-up services provided after emergency department visits for substance use • Initiation and engagement of substance use disorder treatment for opioid use disorder 	
Project Description	
<p>This must include descriptions of specific terms associated with eligibility, benefits and services, and how the state intends to operationalize the program (e.g., population served, provider types, provider qualifications, methodology for incentive payments)</p> <p>Hub and Spoke is Vermont's existing system of treatment for opioid use disorder (OUD). Nine Regional Hubs offer daily support for patients with complex addictions. At over 75 local Spokes, doctors, nurses, and counselors offer ongoing OUD treatment fully integrated with general healthcare and wellness services. This framework utilizes medication for opioid use disorder (MOUD) for treatment and efficiently deploys OUD expertise to help expand access to OUD treatment for Vermonters. This investment will extend these existing services to the uninsured and underinsured.</p>	
How does the state ensure there is no duplication of federal funding?	
<p>The Agency of Human Services operates under a Cost Allocation Plan (CAP) which is approved quarterly by HHS. The CAP ensures there is no duplication of funding because total expenses are allocated to the benefitting federal program.</p> <p>The Spoke program funding will be allocated between Medicaid program (proportionate to Medicaid Attribution: 58%) and Medicaid GC waiver investment (Proportionate to non-Medicaid Attribution: 42%).</p>	

Source of non-federal share
State General Fund
How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?
AHS staff have reviewed project descriptions to ensure that the investment does not include any activities listed in STC #11.5 and will monitor program expenditures to ensure continued compliance with this requirement.
The state assures that in reporting cost, the state and providers must adhere to 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. Pursuant to 45 CFR §75.302(a) the state must have proper fiscal control and accounting procedures in place to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of applicable statutes. Costs must be supported by adequate source documentation.