

1 S.36

2 An act relating to the Medicaid payment model for residential substance use
3 disorder treatment services

4 It is hereby enacted by the General Assembly of the State of Vermont:

5 Sec. 1. 33 V.S.A. § 1901n is added to read:

6 § 1901n. HIGH-INTENSITY RESIDENTIAL TREATMENT FOR

7 SUBSTANCE USE DISORDER AND CO-OCCURRING

8 MENTAL CONDITIONS

9 (a) The Agency of Human Services shall provide coverage for medically
10 necessary high-intensity, medically monitored residential treatment episodes to
11 Medicaid beneficiaries with substance use disorder and a co-occurring mental
12 health condition when medically necessary high-intensity, medically
13 monitored residential treatment episodes are prescribed by a health care
14 professional employed by a residential treatment program who is practicing
15 within the scope of the health professional's license and the residential
16 treatment program is participating in Vermont's Medicaid program.

17 (b) Coverage provided under this section shall be for the entire length of
18 stay prescribed by a health care professional employed by a residential
19 treatment program, who shall take into account current best practices for each
20 level of care within the substance use continuum of care.

1 Sec. 2. 33 V.S.A. § 1901o is added to read:

2 § 1901o. LOW-INTENSITY RESIDENTIAL TREATMENT FOR
3 SUBSTANCE USE DISORDER AND CO-OCCURRING
4 MENTAL CONDITIONS

5 (a) The Agency of Human Services shall provide coverage for medically
6 necessary low-intensity, clinically managed residential treatment episodes to
7 Medicaid beneficiaries with substance use disorder and a co-occurring mental
8 health condition when medically necessary low-intensity, clinically managed
9 residential treatment episodes are prescribed by a health care professional
10 employed by a residential treatment program who is practicing within the
11 scope of the health care professional's license and the residential treatment
12 program is participating in Vermont's Medicaid program.

13 (b) Coverage provided under this section shall be for the entire length of
14 stay prescribed by a health care professional employed by a residential
15 treatment program, who shall take into account current best practices for levels
16 of care within the substance use continuum of care.

17 Sec. 3. REPORT; MEDICAID PAYMENT MODEL FOR RESIDENTIAL
18 SUBSTANCE USE DISORDER TREATMENT SERVICES

19 The Agency of Human Services shall conduct a review of the Medicaid
20 payment model for residential substance use disorder treatment services with
21 special consideration given to the actual cost of providing residential treatment

1 services, commensurate with length of stay, co-occurring physical and mental
2 health needs, and postresidential treatment service needs. The results of the
3 review shall be submitted to the House Committee on Human Services and the
4 Senate Committee on Health and Welfare on or before December 1, 2025. The
5 review shall include recommendations and proposed legislation to:

6 (1) align the Medicaid payment model with the clinical needs of
7 individuals receiving residential substance use disorder treatment services; and
8 (2) ensure coordinated transitions between residential substance use
9 disorder treatment providers offering varying acuity of care.

10 Sec. 4. REPEAL

11 2019 Acts and Resolves No. 6, Secs. 99 and 100 (amendments to 18 V.S.A.
12 §§ 4810(d)–(j) and 4811 that prohibited public inebriates from being
13 incarcerated in a Department of Corrections’ facility) are repealed.

14 Sec. 5. 2019 Acts and Resolves No. 6, Sec. 105 is amended to read:

15 Sec. 105. EFFECTIVE DATES

16 * * *

17 (c) ~~Secs. 99 and 100 (amending 18 V.S.A. §§ 4910 and 4811) shall take~~
18 ~~effect on July 1, 2025. [Deleted.]~~

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20 Sec. 6. EFFECTIVE DATE

21 This act shall take effect on July 1, 2025.