

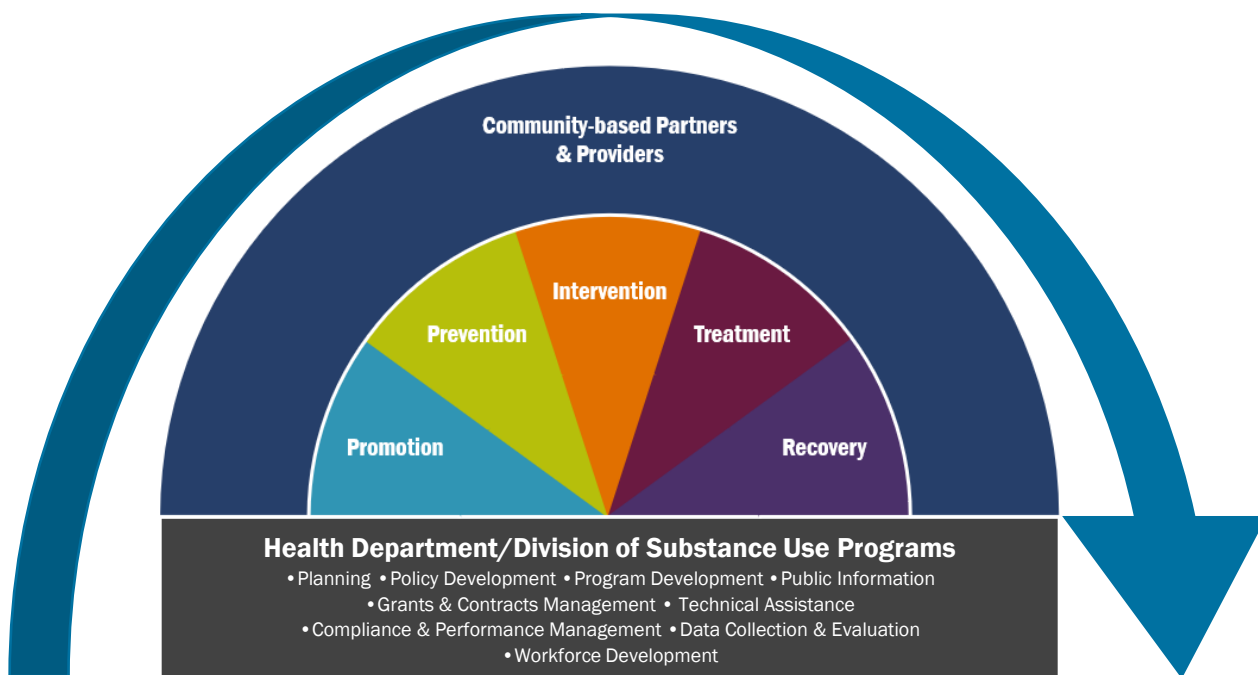


Residential Substance Use Treatment in Vermont

Presentation to the Senate Committee on
Health and Welfare in response to S.36

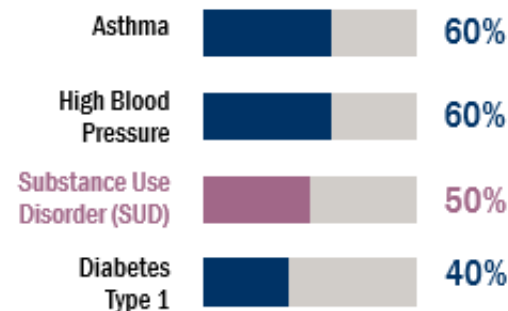
February 19, 2025

Vermont System of Care – A public health approach



Addiction is a chronic disease

Substance use disorder (SUD) requires a long-term approach beyond residential treatment. Recurrence* is common in SUD and rates are similar to other diseases.




*Also known as "relapse," which can carry [stigma](#) when used by people and organizations who have not experienced SUD.

Treatment System

Residential Treatment 135 total beds

High Intensity residential
ASAM Level 3.5/3.7 
3 Facilities | 125 Beds

Low Intensity residential
ASAM Level 3.1 
2 Facilities | 28 Beds

Medications for Opioid Use Disorder Est 11,000 clients/year

Hubs 
8 Facilities | 3,100 clients


Spokes 
>241 Prescribers | 8,200 clients
Led by the Blueprint for Health

Emergency Departments
Rapid Access | 13 ERs

Outpatient/Intensive Outpatient

Youth OP/IOP 
3 Locations | 245 Clients

Adult OP/IOP 
18 Towns | 2700 Clients

 LADC, MSW, LMHC,
Psychologist
3609 Licensed Professionals

Short- and Long-Term Residential Treatment

The federal Substance (Ab)use and Mental Health Services Administration defines residential substance use treatment as follows:

Short term = <30 days

Long term = > 30 days

Recovery Residences

Recovery residences are not treatment facilities; they are:

- Sober living environments that support transitions from active use to recovery to independent living
- Typically, a single-family home shared by roommates who commit to abstinence from illicit substances

Other characteristics:

- Residents are connected to recovery and treatment services in the community
- Length of stay is typically six months to a year
- Would not be covered by the provisions in S.36.

Residential SUD Treatment in Vermont

Vermont has 2 organizations that provide Medicaid-covered residential substance use treatment in 5 locations

- Valley Vista – Bradford (80 beds)
- Valley Vista – Vergennes (19 beds)
- Recovery House, Inc. – Serenity House – Wallingford (31 beds)
- Recovery House, Inc. – Grace House – Rutland (12 beds)
- Recovery House, Inc. - McGee House – Rutland (16 beds)

High Intensity Residential

Valley Vista (both locations) and Serenity House are “Medically Managed Residential” (per the American Society for Addiction Medicine, or “ASAM”)

This level of care is for someone who requires 24/7 nursing staff to manage their acute substance use disorder symptoms.

These are not intended to be long-term settings due to their intensity.

Low Intensity Residential

Grace House and McGee House are “Clinically Managed Low-Intensity Residential Services” (per ASAM)

This level of care is appropriate for those who need a residential setting with support from counselors, case managers, and peer support workers but who do not need 24/7 nursing care.

Services include individual and group counseling, communal activities, case management and integration with community services.

How is the need for residential treatment decided?

Not everyone with a substance use disorder (SUD) requires residential-level treatment.

An SUD diagnosis is only one factor in determining if residential treatment is appropriate.

It is the *severity* of the illness and the degree of impairment that determines the patient's specific treatment needs and drives the treatment plan (just as with other chronic diseases).

A comprehensive assessment is required to determine treatment needs and what level of care is most appropriate.

The final decision to admit an individual is up to clinicians in the residential SUD program, not the referral source.

Length of Stay

Vermont Medicaid does not dictate length of stay in residential SUD treatment regardless of substance use disorder diagnosis (e.g., OUD, AUD) or co-occurring mental health conditions.

Clinical best practice is that length of stay in residential treatment is:

- Individualized;
- Determined by severity of illness and level of functioning;
- Based on response to treatment, progress, and outcomes

It is *not* clinical best practice to define a predetermined need for a particular length of stay.

Residential Lengths of Stay – Calendar Years 2023 & 2024

Residential Category	Medicaid Only						All Payers (including Medicaid)					
	CY 23			CY 24			CY 23			CY 24		
	LOS Range	LOS Avg.	LOS Median	LOS Range	LOS Avg.	LOS Median	LOS Range	LOS Avg.	LOS Median	LOS Range	LOS Avg.	LOS Median
High Intensity Residential (Valley Vista – 2 locations; Serenity House)	1-69 days	11 days	14 days	1-30 days	12 days	14 days	1-43 days	13 days	14 days	1-35 days	13 days	15 days
Low Intensity Residential (Grace House)	1-112 days	45 days	34 days	2-108 days	52 days	40 days	1-112 days	46 days	33 days	1-118 days	46 days	40 days

Average stays of >30 days at Vermont's high intensity residential facilities may require use of state funds because of the Medicaid IMD exclusion

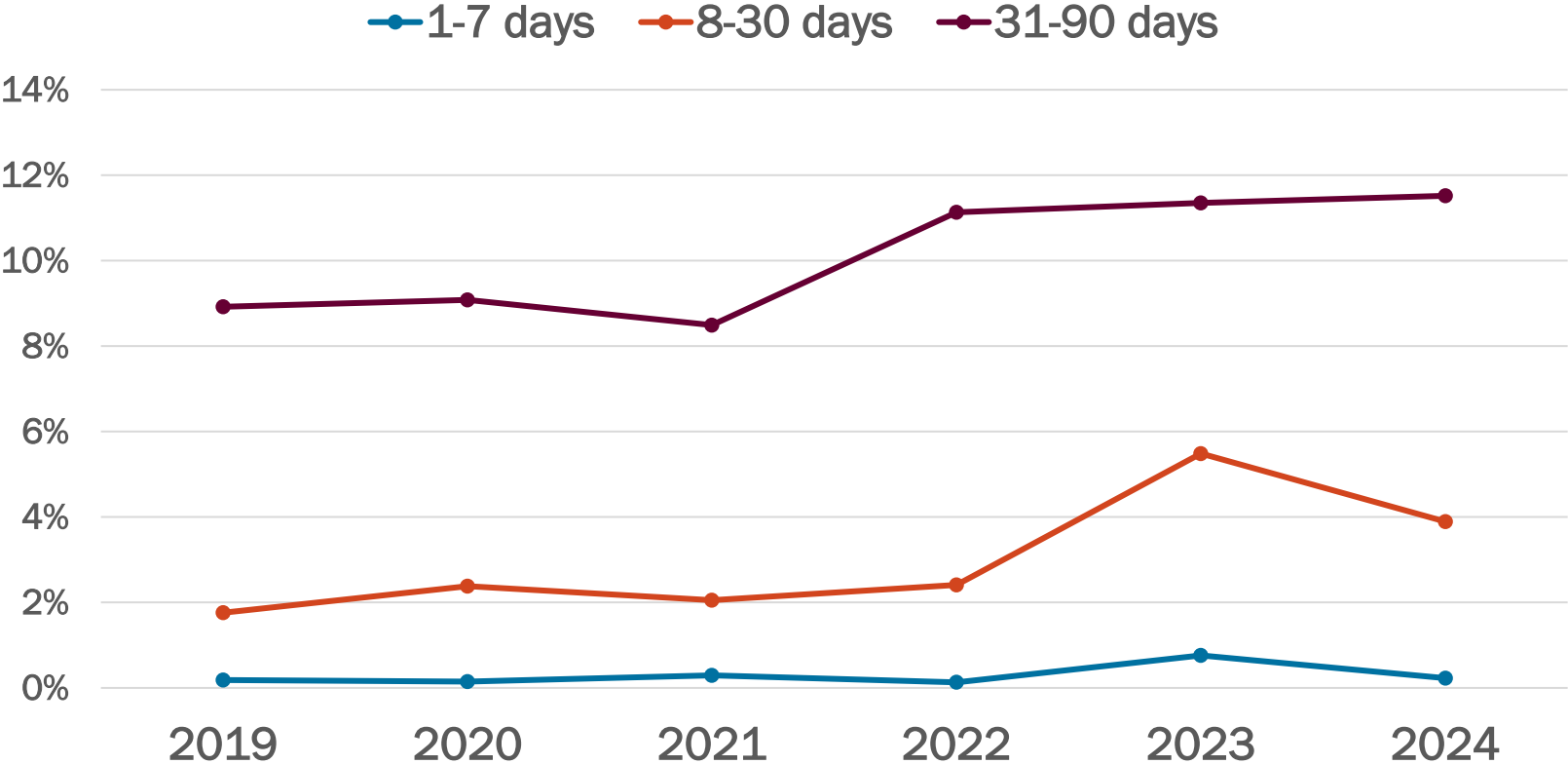
- Medicaid's Institute of Mental Disease (IMD) exclusion limits the circumstances under which federal Medicaid funding to states is available for inpatient mental health and substance use disorder treatment.
- Any facility that primarily provides mental health and or substance use treatment AND has more than 16 beds is considered an IMD.
- Our high intensity residential facilities - Valley Vista (both locations) and Serenity House - are considered IMDs.
- Per Vermont's 1115 Medicaid waiver, Vermont can provide substance use services in an IMD as long as **the statewide average** length of stay is at or below 30 days. Lack of compliance would require treatment to be funded with non-Medicaid sources.

Episodic Payments

- Implemented in 2019 for high intensity residential treatment providers (Valley Vista and Serenity House)
- Designed to incentivize providers to admit only those patients that need the full resources of residential care
- Receive a single payment for all services needed by a patient for the entire episode of care
- Episodic rate is determined by primary diagnosis and co-morbidities
- Includes residential detoxification and residential treatment
- Pharmaceuticals are billed separately
- Stays of less than 3 days are paid a per diem rate
- Episodic or “bundled” payments are common in health care

Readmission Rates

High Intensity Residential Readmission Rates by Calendar Year



There is no limit on residential length of stay – like medical care, stays are based on medical necessity

Substance Use Disorder/Poisoning

Hospital (**24/7 physician and nursing care**)
– this level of care is often not needed for people with SUD

Short Term Stabilization of Acute Symptoms in **Medically Monitored ASAM 3.5/3.7 Residential (24/7 nursing care)**

Long Term Stabilization of Symptoms 90+ Days

- Community Based OP/IOP
- **Low Intensity** residential (ASAM 3.1)
- Recovery housing with community supports

Fall/Broken Hip

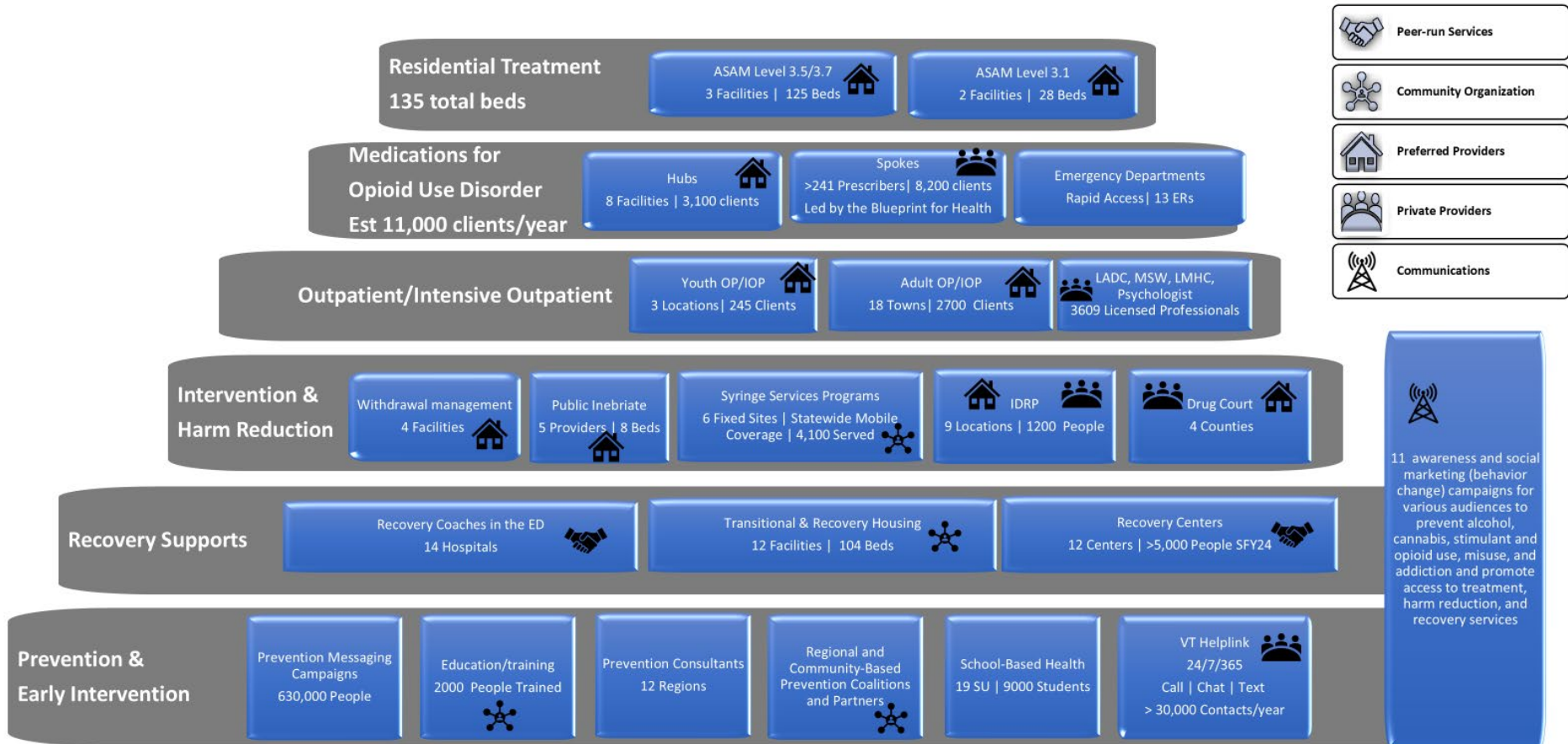
Hospital (**24/7 physician and nursing care**)

Short Term Rehabilitation in Nursing Home (**24/7 nursing care**)

Long Term Rehabilitation 90+ Days

- In home care
- Physical therapy
- Occupational therapy

Other Parts of the Treatment and Recovery System



Programs as of 1/1/2025

Thank you!

Let's stay in touch.

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