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Agency of Human Services

Report on Implementation of Act 156, Sec. E.313(b)  
Vermont Department of Health, Division of Alcohol and Drug Abuse Programs  
September 10, 2010

GOAL – To develop a plan to implement this Section in the context of the already existing Sec. E.313(a).

PROCESS – Held two meetings between DHVA and ADAP with Vermont Association of Addiction Professionals (VAPA), Vermont Association of Addiction Treatment Providers (VAATP) and VT Council on Mental Health and Developmental Disabilities.

#### IMPLEMENTATION PLAN SUMMARY

1. The means to open the network will be based upon an application request that a Licensed Alcohol and Drug Abuse Counselor may submit to the Vermont Department of Health/ADAP. This is consistent with existing Section E.313(a).
  - o Application will be reviewed to determine whether the counselor's license is in good standing. If so, s/he may be deemed able to receive a referral as a result of the conditions listed in E.313(b).
2. To meet the requirement of responding to an actual waiting list (more than 5 days) for treatment when a referral is made from the Department of Corrections, Children and Families and the judiciary, the following will be determined:
  - A documented referral exists from one of the above sources.
  - There is a confirmed waiting list for Medicaid patient as documented by ADAP Treatment Unit.
3. If there is an LADC with an approved application on file with ADAP, and the local outpatient preferred provider is not able to provide access to treatment within 5 days (definition of a "waiting list"), then the patient will be notified of the LADC(s) who can accept the referral.
4. If the patient chooses to pursue treatment with the designated LADC, ADAP will contact DHVA for authorization to provide time-limited services to the patient.
5. This protocol is contingent upon adequate funds being available in the ADAP Medicaid budget.
6. This protocol will be implemented for six months and then reviewed to determine actual feasibility. Adjustments to the protocol may be made to respond to implementation problems. Review of implementation will be done with input of VAPA, VAATP, VT Council, ADAP and DHVA.
7. Protocols to implement this plan will be developed by ADAP and disseminated to interested partners and stakeholders. Documentation of waiting lists, data gathered to document waiting lists and any other pertinent data will be maintained by ADAP.
8. Management of the authorization for time-limited services will be done by DHVA.



Language from Act 156 (Big Bill)

Sec. E.313 Health - alcohol and drug abuse programs (Sec. B.313, #3420060000)

(a) For the purpose of meeting the need for outpatient substance abuse services when the preferred provider system has a waiting list of five days or more or there is a lack of qualified clinicians to provide services in a region of the state, a state-qualified alcohol and drug abuse counselor may apply to the department of health, division of alcohol and drug abuse programs, for time-limited authorization to participate as a Medicaid provider to deliver clinical and case coordination services, as authorized.

(b) For fiscal year 2011, the department of Vermont health access and the office of drug and alcohol programs shall determine a means, notwithstanding any other provision of law to the contrary, of opening the preferred provider network to expand Medicaid funded substance abuse services from licensed alcohol and drug abuse counselors in geographic areas in which there are waiting lists for services for referrals from the department of corrections, the department for children and families, and the judiciary. The Vermont addiction professionals association shall be consulted in determining the means of expanding treatment access. The commissioners shall report on this directive to the joint fiscal committee at the September 2010 meeting.

(c)(1) In accordance with federal law, the division of alcohol and drug abuse programs may use the following criteria to determine whether to enroll a state-supported Medicaid and uninsured population substance abuse program in the division's network of designated providers, as described in the state plan:

(A) The program is able to provide the quality, quantity, and levels of care required under the division's standards, licensure standards, and accreditation standards established by the commission of accreditation of rehabilitation facilities, the joint commission on accreditation of health care organizations, or the commission on accreditation for family services.

(B) Any program that is currently being funded in the existing network shall continue to be a designated program until further standards are developed, provided the standards identified in this subdivision (c)(1) are satisfied.

(C) All programs shall continue to fulfill grant or contract agreements.

(2) The provisions of subdivision (1) of this subsection shall not preclude the division's "request for bids" process.

