

VERMONT

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Vermont regulates:

- *Therapeutic community residences:* a transitional residence providing individualized treatment to three or more residents in need of supportive living arrangement to assist them in their efforts to overcome a major life adjustment problem, such as alcoholism, drug abuse, mental illness and delinquency.
 - *Secure residential recovery facilities* are a subset of therapeutic community residences for individuals no longer requiring acute inpatient care, but who remain in need of treatment within a secure setting for an extended period of time. The program shall be the least restrictive and most integrated setting for each of the individual residents.

Mental Health (MH): Vermont regulates the following two MH residential facility types:

- *Intensive residential recovery facility (IRRF):* a program that provides a safe, therapeutic, recovery-oriented residential environment to care for individuals with one or more mental conditions or psychiatric disabilities who need intensive clinical interventions to facilitate recovery in anticipation of returning to the community. This facility shall be for individuals not in need of acute inpatient care and for whom the facility is the least restrictive and most integrated setting.
- *Designated agencies:* service providers that are designated by the Department of Developmental and Mental Health Services (DDMHS) in each geographic area of the state to assure that people in local communities receive services and supports, consistent with available funding, the state System of Care Plans, the local System of Care Plans, outcome requirements, regulations promulgated by DDMHS, the goals of Vermont for its citizens, the goals of the citizens themselves, and other policies, plans, regulations, and laws.
 - One of the three populations to which this applies is adults with mental illness, or with significant behavioral health needs. In general, designated agencies must assure a comprehensive and responsive array of services to the designated geographic region. DDMHS also may enter into similar arrangements with *specialized service agencies*, which meet specialized needs of populations DDMHS serves. Specialized service agencies do not have to provide the comprehensive array

of services of the designated agency but must generally meet the other requirements discussed in this summary that apply to designated agencies.

Substance Use Disorder (SUD): Vermont regulates the following adult residential SUD treatment facility types:

- *Residential programs*: an organized service in alignment with ASAM Criteria 3rd edition 3.1 to 3.7 level of care that is provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who reside on the premises during the course of treatment.
 - Long-Term Residential Programs whose length of stay is intended to exceed ninety (90) calendar days.
 - Short-Term Residential Programs are residential programs whose initial length of stay is not intended to exceed thirty (30) calendar days.
- ASAM Level 3.2-WM, *Clinically Managed Residential Withdrawal Management Substance Use Disorder Treatment Services*: the provision of medical and/or social services in a facility staffed 24 hours per day to persons served who are experiencing or are at risk for experiencing physical withdrawal from alcohol or other drugs.
- ASAM Level 3.7-WM, *Residential Withdrawal Management Services or Medically Monitored Inpatient Withdrawal Management*: an organized service delivered to patients whose withdrawal signs and symptoms are sufficiently severe enough to require 24-hour inpatient care by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds.
- ASAM Level 3.1, *Clinically Managed Low-Intensity Residential Substance Use Disorder Treatment Services*: an organized service in alignment with ASAM Criteria that is provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who reside on the premises during the course of treatment.
- ASAM Level 3.3, *Clinically Managed High-Intensity Residential Substance Use Disorder Treatment Services*: an organized service in alignment with ASAM Criteria that is provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who reside on the premises during the course of treatment.
- ASAM Level 3.5, *Clinically Managed High-Intensity Residential Substance Use Disorder Treatment Services*: an organized service in alignment with ASAM Criteria that is provided by trained staff with 24-hour supervision, observation, and support to ensure the provision of treatment services to a person served who reside on the premises during the course of treatment.

- ASAM Level 3.7, *Medically Monitored Intensive Inpatient Residential Substance Use Disorder Treatment Services*: not defined but see definition above of level 3.7-WM and information throughout regarding standards for certification.
- State SUD staff indicate that, for substance use disorder residential treatment facilities, the preferred provider certification takes the place of MH designated agencies.

Unregulated Facilities: Community care homes/residential care homes are separately regulated and do not fall within the definition of treatment facilities used for this summary. No other unregulated facility types under the purview of this summary were found.

Approach

Mental Health (MH): The Department of Mental Health contracts with licensed IIRFs. Designated agencies receive funding from DDMHS to provide the services for designated populations. Vermont also has additional statutes and regulations regarding mental health treatment and substance use disorder treatment that qualifies for insurance reimbursement and, to the extent IIRFs accept insurance payment, they would be subject to those requirements as well.

Substance Use Disorder (SUD): The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) regulates and certifies substance abuse treatment programs in the state. Vermont also has statutes and regulations regarding mental health treatment and substance use disorder treatment that qualifies for insurance reimbursement and, to the extent substance use treatment facilities accept insurance payment, they would be subject to those requirements as well.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD):

- Licensure by the Vermont Department of Disabilities, Aging and Independent Living's Division of Licensing and Protection is required for operation of therapeutic community residences. Licensure duration is for one year, at which time a renewal application must be submitted. An inspection is required for licensure and renewal.
- Additional approval is required for secure residential recovery facilities, which must meet all requirements applicable to therapeutic community residences, although modifications may be made for resident safety. A request for approval must address certain requirements. The residence shall be inspected by the licensing agency to determine if the

facility is providing the services, staffing, training and physical environment that were outlined in the request for approval.

- This category does not apply to SUD residential facilities.
- No requirements related to accreditation were found for therapeutic community residences or secure residential recovery facilities.
- The state does require a certificate of need for new health care projects that meet certain requirements pertaining, among things, to cost or changes in number of beds.

Mental Health (MH):

- DDMHS designates agencies, which then have that status for a period not greater than four years; by which point re-evaluation for re-designation is required. A formal application is required. The same standards, except as noted in 1.a above, apply to specialized service agencies.
- Designated agencies are not required to have accreditation but, if accredited by one or more state or national accreditation bodies, DDMHS may substitute relevant accreditation review findings for related designation requirements.

Substance Use Disorder (SUD):

- Certification by the ADAP is required for operation of substance abuse treatment programs and for the receipt of any state and federal funding. A provider who has obtained Full or Provisional Certification pursuant to the Substance Abuse Treatment Certification Rule is called a “Preferred Provider.” Certification duration is no more than three years, at which time a renewal application must be submitted. An inspection is required for certification and renewal.
 - Note that requirements for certification included in this document include both those in the promulgated regulations and in the state’s preferred provider treatment manual dated August 2018. The manual will be amended effective January 1, 2020.
- No requirements for accreditation were found, nor provision for deemed status.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic residential communities, if, as a result of survey or investigation, the licensing agency finds a violation of a law or regulation, it shall provide a written notice of violation to the residence within ten (10) days. If the licensee fails either to return a plan of corrective action or to correct any violation in

accordance with the notice of violation, the licensing agency shall provide written notice to the licensee of its intention to impose specific sanctions, and the right of the licensee to appeal.

Mental Health (MH): For designated agencies, if there are instances of major deficiencies, the department can de-designate and/or place the agency on provisional status. The department also can routinely review the services offered or supported by a designated or special service agency to ensure that they are operated in compliance with department rules, regulations, contract/grant requirements, division mission, and the local service plan. These reviews may include site visits and may or may not be announced in advance.

Substance Use Disorder (SUD): Standards related to monitoring/corrective action were identified. The Department may perform an inspection and survey for compliance with regulations and other applicable laws and rules without any prior notice. The Department may order the suspension or revocation of a certification at any time for non-compliance.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic community residences, when an applicant is found to be ineligible for admission, the reason shall be recorded in writing and referral to an appropriate agency or organization shall be attempted. Such referral shall be made, if possible, in conjunction with the agency or organization originally referring applicant to the residence.

Mental Health (MH): For designated agencies, access requirements relate to physical access and transportation.

Substance Use Disorder (SUD): Each individual who requests and is in need of treatment for intravenous substance use should be admitted to a program no later than 14 days after making the request for admission to such a program; or 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request. If a person cannot be located for admission into treatment or, if a person refuses treatment, such persons may be taken off the waiting list and need not be provided treatment within 120 days.

According to state ADAP staff, additional requirements apply under the Substance Abuse Block Grant, including that persons seeking treatment assistance will be scheduled for their first face-to-face treatment services within five working days of the request for assistance except when the program is at capacity. In the event of a wait list, priority is as follows in the event of a wait list: (1) Pregnant injecting drug users; (2) Pregnant substance abusers; (3) Injecting drug users; or (4) All other substance abusers.

Grantee programs are required to give preference for admission to pregnant injecting drug users and pregnant women, and provide the state notification within seven days when reaching 90% capacity. Pregnant women are to be provided interim services as necessary and as required by law.

Grantee programs must provide the state notification within seven days when reaching 90% capacity to admit a non-pregnant intravenous drug user. Each individual who requests and needs treatment for intravenous drug use is admitted not later than 14 days after making the request or 120 days if no such program has the capacity to admit and if interim services, available not later than 48 hours after such request.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic community residences, each residence shall be organized and administered under one authority who shall have ultimate authority and responsibility for the overall operation of the program. The manager of the residence shall be present in the residence an average of twenty-two (22) hours per week. The qualifications for the manager of a therapeutic community residence are, at a minimum, either at least an Associate's Degree in the area of human services or three years of general experience in a human services-related field.

For therapeutic community residences, there shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to ensure prompt, appropriate action in cases of injury, illness, fire or other emergencies. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve hours of training each year for each staff person providing direct care to residents. The licensing agency may require a residence to have specified staffing levels in order to meet the needs of residents.

Mental Health (MH): For designated agencies, the regulations require written personnel policies, employment of qualified personnel, staff evaluation, prohibition of discrimination, an annual training plan, staff orientation and other training.

Substance Use Disorder (SUD): Preferred providers staff responsible for SUD counseling must be appropriately licensed. Among other things, policies and procedures must be in place that include information on training and development and supervision, including for direct care staff and clinical staff. Orientation training and continuing education are required.

Staffing requirements are in accordance with the ASAM Criteria and are determined by the level of care being provided.

For ASAM Level 3.2-WM, staff must include appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for client observation and supervision, determination of appropriate level of care, and facilitation of the client's transition to continuing care.

For ASAM Level 3.7-WM, staff must include physicians (or physician extenders) who are available 24 hours a day by phone and are available to assess clients within 24 hours of admission (or earlier, if medically necessary), and are available to provide on-site monitoring of care and further evaluation on a daily basis. A registered nurse or other licensed and credentialed nurse to conduct a nursing assessment on admission. Programs shall have a nurse who is responsible to overseeing the client's progress and medication administration on an hourly basis, if needed, as well as appropriately licensed and credentialed staff to administer medications in accordance with physician orders. There shall be an interdisciplinary team of appropriately trained clinicians to assess and treat the clients and to obtain and interpret information regarding the client's needs. The number and disciplines of team members are appropriate to the range and severity of the client's needs.

For ASAM Level 3.1, staffing requirements will be in accordance with ASAM criteria and determined by the level of care being provided. The staffing structure should include allied health professional staff, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations; clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment, and able to identify the signs and symptoms of acute psychiatric conditions; a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals; and a physician or physician extender to review admission decisions to confirm clinical necessity of services.

For ASAM Level 3.2, facilities shall have a staffing structure that includes appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for client observation and supervision, determination of appropriate level of care, and facilitation of the client's transition to continuing care.

For ASAM Level 3.3, facilities shall have a staffing structure that includes physicians or physician extenders, and appropriately credentialed mental health and substance use disorder treatment professionals; allied health professional staff, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations; one or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day; and clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment, and able to identify the signs and symptoms of acute psychiatric conditions. Staff must have specialized training in behavior management techniques.

For ASAM Level 3.5, facilities must have a staffing structure that includes licensed or credentialed clinical staff who work with the allied health professional staff in an

interdisciplinary team approach; allied health professional staff on-site 24 hours a day or as required by licensing regulations; one or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day; and clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment, and able to identify the signs and symptoms of acute psychiatric conditions. Staff must have specialized training in behavior management techniques.

For ASAM Level 3.7, staffing must include an interdisciplinary staff who are able to assess and treat the client and to obtain and interpret information regarding the client's psychiatric and substance use or addictive disorders. Clinical staff shall be knowledgeable about the biological and psychosocial dimensions of substance use and other behavioral health disorders, and have specialized training in behavior management techniques and evidence-based practices. The staff should be able to provide a planned regimen of 24-hour professionally directed evaluation, care, and treatment services (including administration of prescribed medications).

Placement

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic community residences, an assessment should be performed no later than 7 days from the date of admission.

Substance Use Disorder (SUD): For substance abuse treatment, a written assessment must be performed that documents the risk rating across all six dimensions in the ASAM Criteria to determine the appropriate level of care. The assessment must be conducted in a manner that is sensitive to a history of possible sexual abuse or domestic violence and should not lead to retraumatization. All residential programs must have written admission, continuing care, and discharge criteria.

For short-term residential or withdrawal management programs, the written assessment should be completed by the end of the 4th day and, for long-term programs, by the end of the 15th day.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic community residences, treatment and aftercare planning is required. The treatment plan is based on the comprehensive assessment that is completed within 7 days of admission. The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen days of admission. The aftercare plan shall include the resident's goal for a reasonable period following discharge; a description of the services to be

provided by the residence and outside services during the aftercare period; the procedure the resident is to follow in maintaining contact with the residence in times of crisis; and the frequency with which the residence will attempt to contact the resident for purposes of follow-up.

Substance Use Disorder (SUD): If the person remains in residential treatment or withdrawal management beyond five days, a person-centered treatment plan must be completed by the end of the 5th working day. Updates to the treatment plan should be recorded when there are significant changes in a person's life; there are changes to the treatment modality, frequency and/or amount of treatment services; and/or there is a transition between levels of care. Discharge/aftercare planning is required. Persons served must participate in the development of their aftercare plans as early as possible in the person-centered treatment planning and service delivery process.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Therapeutic community residences are required to provide, either on-site or by referral: (1) Family counseling services; (2) Educational services; (3) Legal services; (4) Employment services; (5) Vocational rehabilitation services; and (6) Medical or psychiatric services, or both.

Mental Health (MH): Designated agencies are required to provide or contract for comprehensive services. Residential treatment is not specifically mentioned but could be considered to fall within the range of those services. Services required of a specialized service agency will depend on the nature of the specialty.

Substance Use Disorder (SUD): Service delivery models and strategies should be based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed publications, clinical practice guidelines, and/or expert professional consensus. All levels of care must offer a pregnancy test to women before initiation of pharmacological intervention, and must provide services in a trauma-informed, gender-responsive environment.

For ASAM Level 3.2-WM, Clinically Managed Residential Withdrawal Management Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems; (2) affiliations with other levels of care; and (3) the ability to arrange for appropriate laboratory and toxicology tests. The program must have protocols in place should a client's condition deteriorate and appear to need medical or nursing interventions. The program must offer the following therapies: (1) A range of cognitive, behavioral, medical, mental health, and other services on an individual or group basis that enhance the client's understanding of addiction, the completion of the withdrawal management process (if necessary), and referral to an appropriate level of care for continuing treatment; (2) Interdisciplinary individualized assessment and treatment; (3) Health education

services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); and (4) Services to families and significant others.

For ASAM Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems; (2) The availability of medical nursing care and observation as warranted, based on clinical judgment; (3) Direct affiliations with other levels of care; and (4) The ability to arrange for appropriate laboratory and toxicology tests. The program also must have protocols in place should a client's condition deteriorate and appear to need medical or nursing interventions. The program must offer the following therapies: (1) A range of cognitive, behavioral, medical, mental health, and other services on an individual or group basis that enhance the client's understanding of addiction, the completion of the withdrawal management process (if necessary), and referral to an appropriate level of care for continuing treatment; (2) Multidisciplinary individualized assessment and treatment; (3) Health education services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); and (4) Services to families and significant others.

For ASAM Level 3.1, Clinically Managed Low-Intensity Residential Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Telephone or in-person consultation with a physician (or physician extender) and emergency services, available 24 hours a day, seven days a week; (2) Direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services; (3) The ability to arrange for needed procedures (including laboratory and toxicology tests) as appropriate to the severity and urgency of the client's condition; and (4) The ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications. The program must offer the following therapies: (1) Services designed to improve the client's ability to structure and organize the tasks of daily living and recovery; (2) Planned clinical program activities (constituting at least five hours per week of professional directed treatment) designed to stabilize and maintain stability of the client's substance use disorder symptoms, and to help develop and apply recovery skills; (3) Addiction pharmacotherapy; (4) Random drug screening to monitor and reinforce treatment gains, as appropriate to the client's person-center treatment plan; (5) Motivational enhancement and engagement strategies appropriate to the client's stage of readiness to change; (6) Counseling and clinical monitoring; (7) Health education services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); (8) Regular monitoring of the client's medication adherence; (9) Recovery support services; (10) Services for the client's family and significant others, as appropriate; and (11) Opportunities for the client to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage their addictive disorder.

For ASAM Level 3.3, Clinically Managed High-Intensity Residential Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Telephone or in-person consultation with a physician (or physician extender) and emergency services, available 24 hours a day, seven days a week; (2) Have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services; and (3) Medical, psychiatric, psychological, laboratory, and toxicology services, available through consultation or referral, as appropriate to the severity and urgency of the client's condition. The program must offer the following therapies: (1) Daily clinical services to improve the client's ability to structure and organize the tasks of daily living and recovery; (2) Planned clinical program activities designed to stabilize and maintain stability of the client's substance use disorder symptoms, and to help develop and apply recovery skills; (3) Random drug screening to monitor and reinforce treatment gains, as appropriate to the client's person-center treatment plan; (4) A range of cognitive, behavioral, and other therapies on an individual or group basis, medication education and management, educational groups, and occupational or recreational activities; (5) Counseling and clinical monitoring to assist the client with successful initial involvement or reinvolverment in regular, productive daily activity and, as indicated, successful reintegration into family living; (6) Health education services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); (7) Regular monitoring of the client's medication adherence; (8) Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills; (9) Planned community reinforcement designed to foster prosocial values and milieu or community living skills; (10) Clinical and didactic motivational interventions appropriate to the client's stage of readiness to change, designed to facilitate the client's understanding of the relationship between their substance use disorder and attendant life issues; and (11) Services for the client's family and significant others, as appropriate.

For ASAM Level 3.5, Clinically Managed High-Intensity Residential Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Telephone or in-person consultation with a physician (or physician extender) and emergency services, available 24 hours a day, seven days a week; (2) Have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services; and (3) Arranged medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity and urgency of the client's condition. The program must offer the following therapies: (1) Daily clinical services to improve the client's ability to structure and organize the tasks of daily living and recovery, and to develop and practice prosocial behaviors; (2) Planned clinical program activities designed to stabilize and maintain stability of the client's substance use disorder symptoms, and to help develop and apply recovery skills; (3) Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the client's person-center treatment plan;(4) A range of evidence-based cognitive, behavioral, and other therapies on an individual or group basis, medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities; (5) Counseling and clinical monitoring to promote successful initial involvement or reinvolverment in regular, productive daily activity

and, as indicated, successful reintegration into family living; (6) Motivational enhancement and engagement strategies appropriate to the client's stage of readiness to change; (7) Counseling and clinical interventions to facilitate teaching the client the skills needed for productive daily activity and, as indicated, successful reintegration into family living; (8) Health education services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); (9) Monitoring of the client's medication adherence; (10) Planned clinical activities to enhance the client's understanding of substance use and/or mental health disorders; (11) Daily scheduled professional addiction and mental health treatment services, designed to develop and apply recovery skills; (12) Planned community reinforcement designed to foster prosocial values and milieu or community living skills; and (13) Services for the client's family and significant others, as appropriate.

For ASAM Level 3.7, Medically Monitored Intensive Inpatient Residential Substance Use Disorder Treatment Services, programs must be able to justify the clinical necessity of services to include: (1) Physician monitoring, nursing care, and observation are available. A physician (or physician extender) is available to assess the client in person within 24 hours of admission and thereafter as medically necessary; (2) A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission; (3) Additional medical specialty consultation, psychological, laboratory, and toxicology services are available on-site, through consultation or referral; (4) Coordination of necessary services or other levels of care are available through direct affiliation or referral processes; (5) Psychiatric services are available on-site through consultation or referral when a presenting issue could be attended to at a later time. Such services are available within 8 hours by telephone or 24 hours in person. The program must offer the following therapies: (1) Daily clinical services (provided by an interdisciplinary treatment team) assess and address the client's individual needs; (2) Planned clinical program activities designed to stabilize the acute addictive and/or psychiatric symptoms and are adapted to the client's level of comprehension; (3) Counseling and clinical monitoring to promote successful initial involvement or reinvolved in, and skill building for, regular, productive daily activity and, as indicated, successful reintegration into family living; (4) Random drug screening to monitor drug use and reinforce treatment gains, as appropriate to the client's person-center treatment plan; (5) A range of evidence-based cognitive, behavioral, and other therapies on an individual or group basis, medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities; (6) Regular monitoring of the client's medication adherence; (7) Planned clinical activities to enhance the client's understanding of substance use and/or mental health disorders; (8) Daily scheduled professional addiction and mental health treatment services, designed to develop and apply recovery skills; (9) Planned community reinforcement designed to foster prosocial values and milieu or community living skills; (10) Health education services associated with the course of addiction and other potential health-related risk factors as appropriate (e.g. HIV, hepatitis C, sexually transmitted diseases); (11) Evidence-based practices, such as motivational enhancement strategies and interventions appropriate to the client's stage of readiness to change, designed to facilitate the client's understanding of the relationship between substance use disorder and attendant life issues; (12) Daily treatment

services to manage acute symptoms of the client's biomedical, substance use, and/or mental health disorder; and (13) Services for the client's family and significant others, as appropriate.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): For therapeutic community residences, patients shall have the right to complain or file a grievance. The programs are required to file reports related to critical incidents with the licensing agency. Among other rights, residents have rights related to freedom from abuse, corporal punishment, seclusion or restraint. Residents of secure residential recovery facilities have, among others, the right to an attending physician. A secure residential facility shall report to the Department of Mental Health instances of death or serious bodily injury to individuals with a mental condition or psychiatric disability in the custody or temporary custody of the Commissioner.

Mental Health (MH): For all designated agencies serving adults with behavioral health needs, the agency must have a written policy assuring the rights of all service recipients consistent with DDMHS Community Rehabilitation and Treatment (CRT) Guidelines for adults who are severely mentally ill. All agency programs must no less than annually inform recipients of their rights and responsibilities to include as the right to voice complaints or lodge an appeal without recrimination. The agency shall have a written policy and procedures for complaints, grievances and appeals, and for the dissemination of information on dispute resolution to all recipients, consistent with AHS and DDMHS policies and regulations.

Substance Use Disorder (SUD): For substance abuse treatment services, providers must implement procedures that conform to ADAP's grievance policy and must implement policies and procedures by which the persons served may file a formal grievance. Providers must also maintain documentation of the grievance, the results of the investigation and the final resolution, and must conduct annual reviews of the grievances to determine trends, areas in need of improvement; and actions to be taken on noted trends and need for improvement. Residents shall be free from seclusion or restraints.

Quality Assurance or Improvement

Mental Health (MH): For all designated agencies, a written description of the QI program that clearly defines the QI structure and procedures and assigns responsibility to appropriate individuals for maintaining service quality is required. An annual update of the QI plan that reflects the use of agency data and outcomes and includes changes in the objectives, timelines, scope and planned projects or activities for the year, monitors the previous year's issues, and evaluates the QI program is also required for operation.

Substance Use Disorder (SUD): The provider must be actively engaged in quality improvement and demonstrate the ability to use outcomes from all levels of its operations to inform decision-making and improve service delivery. The Provider must maintain and implement a quality improvement plan and documents actions toward the areas shown to need improvement. Evidence of continuous quality improvement should be available.

Governance

Mental Health (MH): All designated agencies must be governed by a board made up of citizens who are representative of the demographic makeup of the area served by the agency. The agencies are advised by the State Program Standing Committee for the DDMHS population(s) served by the agency. Policies and procedures are required.

Substance Use Disorder (SUD): The Preferred Provider has a leadership and governance structure. The Provider identifies those responsible for leadership and governance. Governance is ultimately responsible for the safety and quality of care, treatment, or services. Governance works with leadership to annually evaluate the Provider's performance in relation to its mission, vision and goals. Policies and procedures are required.

Special Populations

Mental Health (MH): Specialized service agencies may be identified by the state to address specific service needs within the population.

Substance Use Disorder (SUD): In addition to requirements regarding access under section 2c, for substance abuse treatment services, there should be compliance with a 48-hour time limit within which screening and eligibility determination for pregnant woman is identified and shared with those seeking services and/or the referring agency as clinically appropriate. There should be referral to ADAP when the Provider has insufficient capacity to provide services to any pregnant women who seek the services from the Provider. Any Provider refusing services to a pregnant woman due to insufficient capacity must refer those people to ADAP's Clinical Services Director within 48 hours.

For programs that serve people who use substances intravenously, preference to treatment is given as follows: pregnant women who use substances intravenously; pregnant women who use substances; people who use substances intravenously; all other people who use substances.

With respect to pregnant women and women with dependent children, including women who are attempting to regain custody of their children, the program will treat the family as a unit and will provide or arrange for the following services:

- Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, childcare.
- Primary pediatric care for their children including immunizations.
- Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships; sexual and physical abuse and parenting, and childcare while the women are receiving these services.
- Therapeutic interventions for children in the custody of women in treatment which may address amongst other things their developmental needs, and their issues of sexual and physical abuse and neglect.
- Sufficient case management and transportation services to ensure that women and their children have access to the above services.

Location of Regulatory and Licensing Requirements

Intensive Residential Recovery Statute, 18 VSA 7252¹. Department of Health, Alcohol and Drug Abuse Programs²; ADAP Preferred Providers SUD Treatment Standards³ (August 1, 2018). Vermont Department of Disabilities, Aging and Independent Living's Division of Licensing and Protection, CVR 13.110.012⁴; Vermont Department of Disabilities, Aging and Independent Living Designated Agency Rules, CVR 13-150-006⁵; Statute re Mental Health Insurance

¹ See <https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c8b298f3-09cb-4aab-bcd2-490f88dfb622&nodeid=ABDAAIAADAAC&nodepath=%2FROOT%2FABD%2FABDAAI%2FABDAAIAAD%2FABDAAIAADAAC&level=4&haschildren=&populated=false&title=%C2%A7+7252.+Definitions&config=00JAA0NzU3MGY5Yy1iNzAxLTQ3ZDUtODIIMy1iYjg4Y2IzOGNjNGIKAFBvZENhdGFsb2eitsnnFjQCs4nRx7kbtY&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A5PJ4-R9P0-004G-G1P0-00008-00&ecomp=gg18kkk&prid=6d10a297-827b-48d3-b9ce-cf5bfe3112f3>.

² See https://www.healthvermont.gov/sites/default/files/documents/2016/12/REG_substance-abuse-treatment-certification.pdf.

³ See https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_PREFERRED_PROVIDERS_SUD_TREATMENT_STANDARDS_2018_8_1.pdf.

⁴ See <https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=85d310a1-66d4-466b-a748-2040bfc59e6b&config=00JAA3YmIxY2M5OC0zYmJlLTQ4ZjMtYjY3Yi02ODZhMTViYWUzMmEKAFBvZENhdGFsb2dfKuGXoJFNHkuKZG9Oqaal&pddocfullpath=%2Fshared%2Fdocument%2Fadministrative-codes%2Furn%3AcontentItem%3A5WND-G5X0-00C2-90C0-00008-00&pddocid=urn%3AcontentItem%3A5WND-G5X0-00C2-90C0-00008-00&pdcontentcomponentid=234125&pdteaserkey=sr14&pditab=allpods&ecomp=gss8kkk&earg=sr14&prid=1d5fd61c-92ac-4cb1-ab5c-e939a967dc67>.

⁵ See <https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=1f79b7ad-9668-492b-be50-46869a4e493f&config=00JAA3YmIxY2M5OC0zYmJlLTQ4ZjMtYjY3Yi02ODZhMTViYWUzMmEKAFBvZENhdGFsb2dfKu>

Reimbursement, 8 VSA 4089d⁶; Regulations re Qualified Mental Health Facilities, CVR 13-15-002⁷; CVR 13-150-005⁸; Green Mountain Care Board CON website⁹; Vermont CON statute¹⁰; Vermont CON regulations¹¹. Regulatory data collected August 2, 2019.

Other Information Sources

M. Fox, C. McBain (DMH), M. Mitchell (ADAP); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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⁶ See <https://legislature.vermont.gov/statutes/section/08/107/04089d>.

⁷ See <https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=c4727738-fce5-4dea-b39e-525e2756cf07&nodeid=AAIAAMAABAAB&nodepath=%2FROOT%2FAAI%2FAAIAAM%2FAAIAAMAAB%2FAAIAAMAABAAB&level=4&haschildren=&populated=false&title=13+150+002.+Designation+as+Qualified+Mental+Health+Facilities&config=00JAA3YmIxY2M5OC0zYmJlLTQ4ZjMtYjY3Yi02ODZhMTViYWUzMmEKAFBvZENhdGFsb2dfKuGXoJFNHKuKZG9Oqaal&pddocfullpath=%2Fshared%2Fdocument%2Fadministrative-codes%2Furn%3AcontentItem%3A5WND-G5Y0-00C2-90FP-00008-00&ecomp=gg18kkk&prid=3f416692-f9af-4076-8ae8-009916ca1f6e>.

⁸ See <https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=08b6271d-fd94-41d5-913a-9790370612e2&nodeid=AAIAAMAADAAB&nodepath=%2FROOT%2FAAI%2FAAIAAM%2FAAIAAMAAD%2FAAIAAMAADAAB&level=4&haschildren=&populated=false&title=13+150+005.+Mental+Health+Facilities+Qualified+For+Health+Insurance&config=00JAA3YmIxY2M5OC0zYmJlLTQ4ZjMtYjY3Yi02ODZhMTViYWUzMmEKAFBvZENhdGFsb2dfKuGXoJFNHKuKZG9Oqaal&pddocfullpath=%2Fshared%2Fdocument%2Fadministrative-codes%2Furn%3AcontentItem%3A5WND-G600-00C2-90FS-00008-00&ecomp=gg18kkk&prid=3f416692-f9af-4076-8ae8-009916ca1f6e>.

⁹ See <https://gmcboard.vermont.gov/con>.

¹⁰ See <https://legislature.vermont.gov/statutes/section/18/221/09434>.

¹¹ See <https://gmcboard.vermont.gov/sites/gmcb/files/files/resources/rules/12%2012%2014%20CON%20Rule.pdf>.

VERMONT MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Vermont Agency of Human Services (AHS) oversees the state Medicaid program. Vermont does not rely on the in lieu of provision or on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of any services in institutions for mental diseases (IMD) services.

Mental Health (MH): The Section 1115 SMI waiver authorized expenditures for Medicaid state plan services--furnished to eligible individuals who are primarily receiving short-term treatment for a serious mental illness (SMI) in facilities that meet the definition of an IMD. The waiver only makes FFP available for services provided to beneficiaries during short term stays for acute care in IMDs. The state may claim FFP for stays up to 60 days as long as it shows at its midpoint assessment that it is meeting the requirement of a 30 day or less average length of stay (ALOS). Stays in IMDs that exceed 60 days are not eligible for FFP under this demonstration. If the state cannot show that it is meeting the 30 day or less ALOS requirement within one standard deviation at the mid-point assessment, the state may only claim FFP for stays up to 45 days until such time that the state can demonstrate that it is meeting the 30 day or less ALOS requirement. The state will provide coverage for stays that exceed 60 days--or 45 days, as relevant--with other sources of funding if it is determined that a longer length of stay is medically necessary for an individual beneficiary.

Substance Use Disorder (SUD): The Section 1115 SUD waiver authorizes expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term residents in facilities that meet the definition of an IMD.

Types of Facilities

Mental Health (MH): The Section 1115 SMI waiver authorized expenditures for Medicaid state plan services, which include:

- Improved availability of crisis stabilization services including services provided during acute short-term stays in residential crisis stabilization programs and residential treatment settings throughout the state.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, Medicaid covers residential treatment services that are furnished to eligible individuals who are primarily receiving short-term treatment for SUD in facilities that meet the definition of an IMD. Facility types include the following:

- Level 3.1 Clinically managed low-intensity residential treatment services.
- Level 3.2-WM Clinically managed residential withdrawal.
- Level 3.3. and 3.5: Vermont supports several residential programs to provide clinically managed, high-intensity residential services as well as withdrawal management services.
 - Level 3.3. Clinically Managed Population-Specific High Intensity Residential Services: High-intensity clinical services.
 - Level 3.5 Clinically managed high-intensity residential services: High-intensity services for persons who cannot be treated in less intensive levels.
- Level 3.7 Medically monitored intensive inpatient services provided in residential settings.
- Level 3.7-WM Medically monitored inpatient withdrawal management.

All of Vermont's residential programs are required to provide access to medication-assisted treatment (MAT) services as clinically necessary.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- To participate in and receive reimbursement from Vermont Medicaid Programs, providers must be enrolled. Licensed or certified health care providers may be enrolled as Vermont Medicaid providers if at least one service they provide is recognized in the Vermont Medicaid State Plan. Enrollment requires that the provider submit applicable enrollment forms, a signed General Provider Agreement, and a copy of the applicable license/certification document and meet all federal and state requirements.

Mental Health (MH):

- Pursuant to the Section 1115 waiver, participating residential treatment providers must be licensed, or otherwise authorized, by the state to primarily provide treatment for mental illnesses. They must also be accredited by a nationally recognized accreditation entity prior to the state claiming FFP for services provided to beneficiaries residing in a residential facility that meets the definition of an IMD.

- The waiver also requires that there shall be the establishment of an oversight and auditing process that includes unannounced visits for ensuring participating residential treatment settings meet state licensure or certification requirements as well as a national accrediting entity's accreditation requirements. Additionally, there shall be the establishment of a process for ensuring that participating residential treatment settings meet federal program integrity requirements and establishment of a state process to conduct risk-based screening of all newly enrolling providers, as well as revalidating existing providers.

Substance Use Disorder (SUD):

- According to the SUD implementation plan, for Preferred Providers to maintain specialty OUD/SUD provider certification in Vermont, they must pass compliance and quality audits conducted by ADAP. These audits are performed every one to three years on all Preferred. The period between audits is determined by the audit results.

Staffing

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state Medicaid regulations or 1115 waiver.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT. The SUD implementation plan specifies the following for three of the SUD levels of care:

- Level 3.3. and 3.5: These programs must have access to psychiatric and mental health professionals.
- Level 3.7 Medically monitored intensive inpatient services provided in residential settings: there shall be 24-hour nursing care with physician availability and 16 hour/day counselor availability. This program must have on-site psychiatric services.

Placement

Mental Health (MH): The Section 1115 waiver requires that participating residential treatment settings screen enrollees for co-morbid physical health conditions and substance use disorders (SUDs).

In an effort to improve access to the continuum of care including crisis stabilization services, the state is to implement a requirement that providers, plans, and utilization review entities use an evidence-based, publicly available patient assessment tool, preferably endorsed by a mental health provider association (e.g., LOCUS or CASII) to determine appropriate level of care and length of stay.

Substance Use Disorder (SUD): In accordance with the state 1115 waiver, there shall be the establishment of a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other comparable assessment and placement tools that reflect evidence-based clinical treatment guidelines; as well as a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

According to the SUD implementation plan, all of Vermont's certified OUD/SUD providers (Preferred Providers) are required to use evidence-based screening tools, perform a comprehensive assessment which includes elements specified by the state, and utilize ASAM criteria to determine level of care. Vermont ensures that individuals are appropriately placed in residential programs and inpatient detoxification through the process of concurrent review and prior authorization. Residential programs are required to screen and assess appropriateness of admission. All programs utilize the Addiction Severity Index (ASI) multi-dimensional assessment tool. Within 24 hours or next business day of admission, the Medicaid Utilization Management (UM) unit should be notified. By the end of the fifth day, the residential programs should send the ASI results and other clinical information to the UM team for concurrent review and authorization. The UM team uses the nationally recognized McKesson Interqual® decision support tool to determine continued authorization.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): In accordance with the state 1115 waiver, residential treatment settings must have protocols in place to ensure contact is made by the treatment setting with each discharged beneficiary within 72 hours of discharge and to ensure follow-up care is accessed by individuals after leaving those facilities by contacting the individuals directly and by contacting the community-based provider they were referred to.

Substance Use Disorder (SUD): According to the SUD implementation plan, Vermont's Preferred Provider Substance Use Disorder Treatment Standards include discharge planning expectations for all levels of care. Aftercare planning starts as early as possible in the person-centered treatment planning and service delivery process.

Treatment Services

Mental Health (MH): The Section 1115 waiver requires that participating residential treatment settings demonstrate the capacity to address co-morbid physical health conditions during short-term stays in residential or inpatient treatment settings (e.g., with on-site staff, telemedicine, and/or partnerships with local physical health providers).

Substance Use Disorder (SUD): Under the Section 1115 waiver, the state must establish residential treatment program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. Under the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and behavioral health conditions. There shall be the establishment of a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Pursuant to the SUD implementation plan, services include:

- Level 3.1 Clinically managed low-intensity residential treatment services: At least 5 hours of clinical service/week.
- Level 3.3. and 3.5: Clinically managed, high-intensity residential services as well as withdrawal management services. This includes women-only, co-ed and specialized programs for adolescents and one for pregnant women and mothers with children under the age of five. These programs have access to psychiatric and mental health professionals for consultation and can provide care for individuals with co-occurring needs.
- Level 3.3. Clinically Managed Population-Specific High Intensity Residential Services: 24-hour structure, high-intensity clinical services; less intense milieu; and group treatment for those with cognitive or other impairments.
- Level 3.5 Clinically managed high-intensity residential services: 24-hour care, high-intensity services for persons who cannot be treated in less intensive levels in order to stabilize multi-dimensional needs and/or safety issues.
- Level 3.7 Medically monitored intensive inpatient services provided in residential settings: 24-hour nursing care with physician availability, and on-site psychiatric services and care to individuals with a wide range of co-occurring conditions, including MAT.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Under the Section 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and behavioral health conditions.

Mental Health (MH): In accordance with the state 1115 waiver, there shall be the implementation of a process to ensure that residential treatment facilities provide intensive pre-discharge, care coordination services to help beneficiaries transition out of those settings into appropriate community-based outpatient services, including requirements that community-based providers participate in transition efforts. Providers must implement a process to assess the housing situation of a beneficiary transitioning to the community from residential treatment settings and to connect beneficiaries who are homeless or who have unsuitable or unstable housing with community providers that coordinate housing services, where available.

Substance Use Disorder (SUD): Under the Section 1115 waiver, the state must ensure the establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities.

According to the SUD implementation plan, ADAP continues to improve coordination between the Hub and Spoke providers and specialty substance use disorder treatment providers (residential) through referral protocols, care coordination, covered benefits, information sharing, etc.

Quality Assurance or Improvement

Mental Health (MH): Pursuant to the Section 1115 waiver, the state is to establish a process to annually assess the availability of mental health services throughout the state, particularly crisis stabilization services, and provide updates on steps taken to increase availability. The state will implement strategies to improve the state's capacity to track the availability of crisis stabilization beds to help connect individuals in need with that level of care as soon as possible.

Substance Use Disorder (SUD): In accordance with the state 1115 waiver, there shall be the establishment of a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state Medicaid regulations or 1115 waiver, other than to provide services for co-occurring physical health conditions.

Substance Use Disorder (SUD): Vermont has residential facilities that are women-only, co-ed and specialized programs for pregnant women and mothers with children under the age of five. They can provide care for people with co-occurring needs.

Location of Medicaid Requirements

Vermont Statutes Title 33, Human Services; Part 2, Economic Assistance; Chapter 19, Medical Assistance¹²; Vermont Health Care Administrative Rules¹³; Vermont Global Commitment to Health Section 1115 waiver¹⁴. Regulatory data collected January 4, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

¹² See <https://advance.lexis.com/container/?pdmfid=1000516&crd=ad60fb0d-d65f-4f1b-9ced-453495c449ea&func=LN.Advance.ContentView.getFullToc&nodeid=ROOT&typeofentry=Breadcrumb&config=00JABIZjg3NDE5OS1mMmJLTQ3MWMtYjAxYy1lYjc3NmM1ZTIjOGUKAFBvZENhdGFsb2cij1bfBuS6Ez3oYHkLGCJ1&action=publictoc&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A5PJ4-R9P0-004G-G1P0-00008-00&pdtoctofullpath=%2Fshared%2Ftableofcontents%2Furn%3AcontentItem%3A50XG-R101-DY40-C000-00008-00&ecom=9s-fkkk&prid=30f8109a-5102-47d5-9bea-895f706281db>.

¹³ See <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>.

¹⁴ See <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8644>.