#  Hub and Spoke Model and CCBHCs

Created Fall 2024

This document provides a high-level explanation of the Hub and Spoke Health Home model as it pertains to the CCBHC model. It includes recommendations and requirements for interoperability between them. Below you will find most frequently asked questions with answers.

**Hub and Spoke System**

Hub (Opioid Treatment Programs [OTPs]) services are ***not*** included in the CCBHC PPS.  Hub services are reimbursed as a separate, bundled rate.

Spoke Office Based Opioid Treatment Spokes are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addictions programs, and practices specializing in chronic pain.

Spoke services are ***not*** included in the CCBHC PPS.  The Spoke payment model funds staffing only and includes no service or case level billing.

**How it Works**

Blueprint provides funding for staffing to support individuals who receive medication for Opioid Use Disorder treatment in Spokes.  These patients are identified as having a pharmacy claim for Buprenorphine or Naltrexone

Patient Centered Medical Homes, specialty clinics or designated agencies that prescribe MOUD are eligible to become Spoke sites.

Once the CCBHC has agreed to becoming an identified Spoke site, the CCBHC and Blueprint Administrative Entity in that Health Service Area will engage in an MOU.

For every 100 patients in care, funding is provided to the Spoke for a full-time nurse and full time licensed social worker or counselor.  Funding would be prorated if less than 100 patients in care.  When connected to these staff, the services they provide to those patients cannot be billed.  If the Spoke funding covers a partial position at the CCBHC, the services provided outside of the services indicated in the MOU /patient count may be billed at the service level. Staff must provide home health services as described in the Blueprint for Health Manual:  [Manual Outline](https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Blueprint%20Manual%20July%202022_Updated.pdf)

**CCBHC Model**

Within the CCBHC model, a CCBHC can have a prescriber for buprenorphine and vivitrol. If the provider is not identified as a Spoke site, they can provide the services to prescribe medication for Opioid Use Disorder treatment and those services are qualifying services included in the PPS rate. This can be a service provided within the CCBHC or sourced out to a DCO (Criteria 4.f.1). DCOs need to be Preferred Providers or Spoke practices for MOUD.

**Opportunity to Collaborate**

CCBHCs are not required to become a Spoke but can contract through a DCO. DCOs need to be Preferred Providers or Spoke practices for MOUD. If the CCBHC can provide MOUD in-house, then they are free to proceed providing services under CCBHC. If the CCBHC chooses to employ the Blueprint model described above, then additional   resources will be available. This decision will require additional oversight and monitoring. The benefit of Blueprint provides supporting provider and providing a high level of care and support specifically for these identified clients. If a provider sources out to a DCO for MOUD services, the DCO must be a Hub or Spoke practice, or preferred provider.  Blueprint will work with the CCBHC and Administrative entity on the details on the agreement and so patients are not duplicated/counted and billed for by nursing our mental health staff.

**FAQ:**

Q: MOUD best practice?

A: Best practice for CCBHCs is coordinating and collaborating with community partners and being thoughtful about what is best for the individual first AND what saves health care dollars.

Q: Can youth be served by HUB and Spoke providers?

A: Yes