

House Health Care recommendations on FY23 BAA proposals

	Agency/Dept	Proposal	Amount – gross/State	HHC position	Notes
Governor's recommendations (discretionary)					
1	DVHA	Transitional Housing Complex Care Management	\$200,000 (State)	Support	
2	DVHA	ADS service level agreement	\$64,752 (gross) \$64,752 (State)	Support	
3	DVHA	MDWAS General Fund Carryforward from SFY 2022	\$5,800,000 (gross) \$3,800,000 (State)	Support	
4	DVHA	Caseload & Utilization Changes	\$44,993,799 (gross) \$17,906,606 (State)	Support	
5	DVHA	Annual Medicare Buy-In and Caseload Changes	\$1,289,351 (gross) \$431,441 (State)	Support	
6	DVHA	Graduate Medical Education (GME) Supplemental Payment	\$21,217,782 (gross) \$8,088,218 (State)	Support	
7	DVHA	Brattleboro Retreat APM Year 2 Appropriations Shortfall	\$3,613,296 (gross) \$1,377,388 (State)	Support	
8	DVHA	Brattleboro Retreat APM Year 2 Amendment	\$18,768,000 (gross) \$7,154,362 (State)	Support	

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9	DVHA	Brattleboro Retreat Funding Shift to GC	----	Support	
10	DVHA	Brattleboro Retreat Funding Shift to GF	\$3,074,680 (State)	Support	
11	DVHA	Annual Medicaid Rate Adjustments (FQHCs, RHCs, and Hospice)	\$342,750 (gross) \$130,167 (State)	Strongly support with an amount of \$586,286 (gross) \$222,655 (State)	This would be an increase of \$234,536 (gross) / \$92,488 (State) to the FQHC, RHCs, and hospice services above the Governor's recommendation (Sec. B.307 and B.310), as HHC strongly supports the increase proposed by Bi-State Primary Care Association
12	DVHA	PY 2021 ACO Settlement	\$7,181,563 (gross) \$2,729,234 (State)	Support	
13	DVHA	SFY 2022 Carryforward Offsetting Caseload & Utilization	\$(1,908,497) (gross) \$(1,908,497) (State)	Support	
14	DMH	Contract increases for UVMHC	\$371,852 (gross) \$371,852 (State)	Support	
15	DMH	Travel Nurse Contract Increases	\$11,245,843 (gross) \$10,502,540 (State)	Support	

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16	DMH	Vacancy Savings to Offset Travel Nurses	\$(3,489,111) (gross) \$(1,330,049) (State)	Support	
17	DMH	Washington County Mental Health Services Micro Residential Increases	\$48,535 (gross) \$18,502 (State)	Support	
18	DMH	S.3 VLA	\$300,000 (gross) \$300,000 (State)	Support	
19	DMH	ADS Service Level Agreement	\$34,578 (gross) \$34,578 (State)	Support	
20	DMH	Private Nonmedical Institutions (PNMI) Increase	\$420,000 (gross) \$189,419 (State)	Support	
HHC proposals (not part of Governor’s recommendations)					
21	VNAs of Vermont	Increase Skilled Home Health Reimbursement Rates	\$1,109,880 (gross) \$422,000 (State)	Strongly support – Priority 1a	HHC strongly supports this proposal as caring for people in their homes is crucial to the flow of patients within our health care system. Furthermore, we encourage this reimbursement rate increase to be base funding moving forward as HHC believes sufficient reimbursement rates are

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					<p>critical to retaining and recruiting these providers.</p> <p>In order to ensure access to health care, we must fund services that both bring providers to people in their homes and bring people from their homes to their providers, which is why HHC also strongly supports the following request from the Vermont Public Transportation Association.</p>
22	Vermont Public Transportation Association	Vermont Medicaid Transportation Program	\$1,700,000 (gross) \$739,203 (State)	Strongly support – Priority 1b	<p>HHC strongly supports this proposal from VPTA for funding to address their anticipated FY23 \$1.7M deficit.</p> <p>“Federal rules provide that transportation providers participating in the Medicaid transportation program must take any and all Medicaid eligible individuals who are in need of such services. There is no ability to deny such transportation except for complete withdrawal of</p>

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					<p>the program in its entirety.... At its most extreme, losses are unsustainable and may force individual providers to leave the NEMT program, potentially leaving Medicaid-eligible individuals unable to obtain their necessary, and entitled, health care rides.” - VPTA</p>
23	DMH	Psychiatric Youth Inpatient Facility	\$9,255,000 (State)	Strongly support	<p>HHC took testimony from providers, families, and stakeholders on the critical need for a psychiatric youth inpatient facility. Based on that testimony, HHC strongly supports this recommendation. Should SVMC determine through the feasibility study that it cannot establish a psychiatric youth inpatient facility, HHC recommends the funding be held for DMH to use on psychiatric youth inpatient beds while DMH puts out a new RFP or finds a new way to increase the number of psychiatric youth inpatient beds available to Vermonters. HHC also</p>

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					recommends that there be a report back on the findings of the feasibility study and next steps. – <i>see proposed language at the end of this document.</i>
24	American Heart Association	American Heart Association	\$30,000 (gross)	General support	HHC did not have the opportunity for in-person testimony; general support is based on written testimony submitted to HHC.
Net neutral and/or nondiscretionary					
25	AHS	Transfer Funding to DCF for NFI Room and Board	\$(73,666) (gross) \$(73,666) (State)	No objection	Net neutral to AHS
26	AHS	Receive funds from DCF for WCMHS	\$48,535 (gross) \$18,502 (State)	No objection	Net neutral to AHS
27	AHS	Receive funds from DCF for CSAC IFBS	\$29,723 (gross) \$29,723 (State)	No objection	Net neutral to AHS

Sec. __. 2022 Acts and Resolves No. 185, Sec. B.1100 is amended to read:

Sec. B.1100. FISCAL YEAR 2023 ONE-TIME GENERAL FUND
APPROPRIATIONS

(a) In fiscal year 2023, funds are appropriated from the General Fund for new and ongoing initiatives as follows:

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(24) \$9,255,000 to the Department of Mental Health (DMH) to increase the number of psychiatric youth inpatient beds in the State. These funds shall be used for the construction of a psychiatric youth inpatient facility by Southwest Vermont Medical Center (SVMC). If SVMC determines through its feasibility study that it cannot establish a psychiatric youth inpatient facility, the funding shall be held in reserve while DMH puts out a new request for proposals for another psychiatric youth inpatient facility, or DMH may use the funds to increase the number of psychiatric youth inpatient beds available to Vermonters in FY23. On or before April 15, 2023, DMH shall submit a report to the House Committee on Health Care and the Senate Committee on Health and Welfare outlining the findings of the feasibility study and DMH's plans to move forward with increasing the number of psychiatric youth inpatient beds in the State.

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