

| Section                        | Agency/Dept. | Description  | Gross             | State/General Fund(subtotal increases/decreases) | One-Time / Base | HHC Position           | Priority | Notes  |
|--------------------------------|--------------|--|-------------------|--|-----------------|------------------------|----------|--|
| <b>One Time Appropriations</b> |              |  |                   |  |                 |                        |          |  |
| B.1100(a)(4)(A)                | DMH/DCF      | Youth Psychiatric Inpatient Treatment Facility Start-up Costs                    | \$ 1,000,000.00   | \$ 1,000,000.00                                  | One-Time        |                        |          | We funded fit-up costs in BAA. (This is not Brattleboro Retreat 15 beds --that is in DVHA budget in Governor's Rec \$3.5M gross 1\$5M gf)  |
| B.1100(a)(5)(A)                | AHS-CO       | GF portion of GC for DVHA's Medicaid Global Payments                             | \$ 9,279,583.00   | \$ 3,913,200.00                                  | One-Time        |                        |          | Funding for the Medicaid Prospective Payment One Year Pilot: Related to AHEAD. This is a "claims tail" to fill the gap between FFS claims coming in and a new prospective payment system transition.   |
| <b>Base Funding</b>            |              |  |                   |  |                 |                        |          |  |
| B.311                          | VDH          | Vermont Nursing Forgivable Loan Incentive  | \$ 288,594.00     | \$ 121,700.00                                    | Base Funding    |                        |          | state share \$121,700 (gets matched at AHS )   |
| B.307                          | DVHA         | Psychiatric Residential Treatment Facility                                       | \$ 3,500,000.00   | \$ 1,500,000.00                                  | One-Time        |                        |          | The 15 bed mental Health PRTF program may be locked at the facility perimeter, but not at the room level. This level of program requires the oversight of a psychiatrist, and the purpose of security is strictly related to the clinical needs of the youth and risk to their own safety. This degree of security is not conditional to public safety concerns.   |
| B.314                          | DMH          | Mobile Crisis Positions and Reclassification                                     | \$ (1,242,422.00) | \$ (971,220.00)                                  |                 |                        |          | In presentation slides   |
| B.314                          | DMH          | Mobile Crisis Response GF Conversion to GC for Uninsured/Underinsured            |                   | \$ (1,027,273.00)                                |                 |                        |          | In the FY 23 and FY 24 budget cycles, DMH requested funds for a Mobile Crisis Response program. The allocation to cover uninsured and underinsured individuals who may access this service was originally included in the base budget as General Fund (GF). DMH applied for a Global Commitment Investment to cover these services, therefore, DMH is reallocating the funding from GF to GC Investment.   |
| B.314                          | DMH          | Psychiatrist Contract with Columbus for Vermont Psychiatric Care Hospital (VPCH) | \$ 862,000.00     | \$ 862,000.00                                    |                 | Contractually required |          | This funding request is to cover the increased cost of psychiatric care services at VPCH. In presentation slides   |
| B.314                          | DMH          | Conflict Counsel   | \$ 25,000.00      | \$ 25,000.00                                     |                 | Legislative Mandate    |          | This is a legislative mandate funded with one-time funds during the FY22 legislative session under S.3 (competency to stand trial and insanity as a defense). This is a base budget request to include funds ongoing for the anticipated cost of conflict council for DMH.   |
| B.314                          | DMH          | Maintain 988 Suicide Prevention Line   | \$ 451,254.00     | \$ 190,294.00                                    |                 |                        |          | In FY 24, DMH expanded the base services to cover chat and text, as well as increased call volume. The cost of this expansion is currently being covered with a SAMHSA grant, however, that funding will not be available in FY 25. This request is to cover the cost of that expansion in the DMH base budget. The total allocation to 988 is more than \$1M across all grants etc...   |
| B.314                          | DMH          | Private Nonmedical Institutions (PNMI) Increase for Rule Changes                 | \$ 100,800.00     | \$ 48,772.00                                     |                 |                        |          | Salary Cap: There is currently a rule that states the highest paid staff cannot exceed 7 times the lowest paid wage. This rule is limiting for programs with a Psychologist or Psychiatrist. 5% VT Medicaid Operating Surplus Recapture: Currently, if a program has more than a 5% operating surplus, that amount reduces the rates for the following year. This proposal will allow the programs to hold onto the surplus revenues for program reinvestment and times of occupancy. Reimbursement for closed beds: This proposal allows reimbursement of closed beds for difficult placements. This will support and incentivize programs to take on difficult placements. |
| B.314                          | DMH          | Private Nonmedical Institutions (PNMI) Inflationary Increase                     | \$ 343,645.00     | \$ 168,325.00                                    |                 |                        |          | During the FY 24 budget cycle, the Agency of Human Services embarked on a two-phase initiative to address rule changes requested by PNMI providers. Phase one of this project includes a rule change to building an inflationary adjustment that began in FY 2024. This funding is to add the inflationary factor to FY 2025.  |
|                                | DPS          | Embedded Mental Health Workers   | \$ 2,476,000.00   |  |                 |                        |          | Basefunding in the FY25 budget covers 7 current positions. To shore up: 5 positions that aren't in base, asking for \$117,000/positionx 5= \$585,000 (12 total positions), or Additional Ask for 8 new positions to reach goal of (20 total positions). = additional ask for \$117,000x 8 \$936,000. TOTAL: Shore-Up and Additional=\$1,521,000 NO MATCH (2/20 Mourning Fox Testimony) <b>ALL of this ask is in the Governor's Recommend</b> Is this in alignment with a coordinated system of mental health care?   |
| <b>Language</b>                |              |  |                   |  |                 |                        |          |  |
| B.345                          | GMCB         | Bill back language proposal (net neutral-all stakeholders in agreement)          |                   |  | Base Funding    |                        |          | Slight adjustments of funding from the following for Board:<br>(i) 40 percent by the State from State monies;<br>(ii) 30-28.8 percent by the hospitals;<br>(iii) 24-23.2 percent by nonprofit hospital and medical service corporations ...or health insurance companies ...<br>(iv) six-eight (8.0) percent by accountable care organizations   |
| <b>HHC Proposals</b>           |              |  |                   |  |                 |                        |          |  |

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| Visiting Nurses Assn                                   | DVHA                                | -100% of Medicare LUPA rates including an expected update on 1/1/25.<br>-Direct DVHA to develop a methodology to compare home health medicaid rates to medicare home health pps, and compare pediatric palliative care rates to home health pps or hospice rates.           | \$ 1,218,948.00            | \$ 514,030.00                                    | Base Funding              |   |          | Assumptions: • FMAP of 42.17% • LUPA increase of 3% on January 1, 2025 (estimated) • Based on CY2024 estimate from DVHA   |
| Vermont Medical Society<br>American Assn of Pediatrics | DVHA                                | a positive inflationary adjustment in the Medicaid RBRVS fee schedule in the SFY2025 Budget over 2023 rates that at least equals the Medicare Economic Index of 4.6%  | Coming 2/20-21 from Alicia |  | Base Funding              |   |          | Absent Vermont legislative action in the State Fiscal Year 2025 budget, the RBRVS fee schedule would not only lack an inflationary adjustment but would be cut by 3.4% when DVHA implements the remaining 2024 Medicare changes. The MEI provides a measure of inflation faced by physicians with respect to their practice costs and general wage levels. It includes a bundle of inputs used in furnishing physicians' services such as physician's time, non-physician employees' compensation, rents and medical equipment. This is the minimum needed to help practices continue to stay open and serve Medicaid beneficiaries. ( <a href="#">Jessa Barnard testified 2/7/24</a> )                         |
| Health Equity Advisory Commission                      | VDH                                 | HEAC has now recommended that the Office of Health Equity be placed in the Vermont Department of Health (DMH). \$250K will now be needed for operating and staffing expenses. HEAC needs \$450K for operations, community engagement, and consulting.                       |                            | \$200K for OHE<br>\$450K for HEAC                | Base Funding              |   |          | No match  |
| Vermont Care Partners                                  | DVHA/DMH                            | 6.5% medicaid rate increase (\$7.15M MH only general fund-from Amy's doc)   | \$ 34,661,359.00           | \$ 7,150,000.00                                  | Base Funding              |   |          | Note last year we gave a 4% increase to DA/SSA and FQHCs. We also invested \$42M in the Blueprint (FQHCs) for expanding MH.   |
| NEMT for Medicaid                                      | DVHA                                | Methodology will be appropriately updated to reflect utilization of service along with this increase in funding.  |                            | \$ 1,201,000.00                                  | One-Time                  | This is a mandated service by Medicaid. |          | \$14.5M appropriated in current FY24 but will only be able to draw down \$13.5M because of the DVHA PMPW rate formula.<br>Working on mitigating the formula issue so may need \$1M to fill the gap. Will also need \$1M for the FY25 gap bringing total request to either 15.5 or 16.5M. 2/20: Anticipate an ask of \$500,000 in GF in base for FY25 and same in FY24 (we could do in one-time money). Also developing new payment methodology, will extend contract another year. Methodology will be appropriately updated to reflect utilization of service along with this increase in funding.<br>*Note this is an entitlement program. they cannot deny a ride to someone. they can postpone it only. I'm |
| NEMT for Medicaid                                      | DVHA                                |   |                            | \$ 1,624,500.00                                  | Base Funding              |   |          | \$16,124,500 this is FY25 projected expenses (state and federal money). FY25 DVHA NEMT Appropriation: \$14,500,000.00   |
| VLA-Office of Health Care Advocate                     |                                     | FY25 is level-funded in Gov. Asking for an increase that is based on inflation.   | \$ 153,141.32              | \$ 96,479.03                                     | One-Time                  |   |          |   |
| Bi-State and Community Health Centers                  | DVHA                                | Without fiscal help from us there will be contingency plans for staffing and reduction of programs in many FQHCs. Once created, the positions will be transferred from AoA to VDH using the Governor's authority under 3 VSA 209. We can handle this administratively.      | \$ 4,380,000.00            | \$ 1,850,000.00                                  | Base Funding              |   |          | This is in addition to the Governor's Rec of \$2.26M Gross (953K GF). This would allow DVHA to bring FQHC rates into compliance with federal law and align each health center's rate with its individual costs. (straight match)  |
| Household Insurance Survey                             | VDH                                 | "Act 54 of 2015 said " on or before Jan 15,2018, and every three years thereafter, the Commissioner of Health shall submit a recommendation to the General Assembly for conducting a survey of the health insurance status of Vermont residents." the last one was in 2021. |                            | \$ 400,000.00                                    | One-Time                  |   |          | Nolan notes that last report cost \$387k. Suggest adding \$400k to this budget  |
| Mental Health Urgent Care Centers                      | DMH                                 | Fund the 4th Qtr FY2025. Committee would review results in 2025 session to determine if programs should be fully funding in FY2026  | \$ 488,970.00              | \$ 206,198.65                                    | One-Time                  |   |          | Not in governor's recommend but there will be a gap.  |
| Howard Center  | DMH                                 | Cultural Liaison Program (\$300k); Adult Bed and Residential Program (\$523k)   | \$ 823,000.00              |  | One-Time                  |   |          |   |
| EMS  | VDH                                 | Treatment No Transport Reimbursement Rates to 100% of Medicaid  | \$ 74,000.00               | \$ 31,200.00                                     | Base Funding              |   |          | 2/16 testimony if reimbursement rate is increased as proposed in H622-- fiscal impact: would be \$31,200 general fund state match. Gross annually \$74K this is not in the Governor's Recommend. Clarify ask. the above is just for transport piece not rate increase. We need to know if rate increase is being asked for.   |
| EMS  | VDH                                 | Bill H622 asked for \$1M for training for EMS providers   | \$ 1,000,000.00            |  | One-Time                  |   |          |   |
| Bridges to Health                                      | VDH                                 | Fund Bridges to Health for FY2025 (for Migrant & Immigrant Workers and Families accessing health care.) Approx 4,000 people in VT.  | \$ 835,073.03              |  | One-Time                  |   |          | This amount is for steady state. If add two positions amount would be \$1,036,176 Is this matchable?  |
| UVMMC Vermont Cancer Initiative                        |                                     |   | \$5,000,000.00             |  | One-time for next 5 years |   |          |   |
| Potential Bills After Budget Recommend                 |                                     |   |                            |  |                           |   |          |   |
|  |                                     | H.721 Medicaid Expansion - Technical Analysis Study   | \$ 450,000.00              |  | One-Time                  |   |          | From DVHA (2/21) for implementation \$200,000 Gross - \$100,000 GF: \$350,000 of GF to AHS for technical analysis (there may be GCF match-still to be determined)   |
|  |                                     | H.233 Pharmacy Benefit Manager  | \$ 450,000.00              |  | One-Time                  |   |          | Hoping to raise the fees in the bill  |
| Language Needed  |                                     |   |                            |  |                           |   |          |   |
| NEMT   | Need methodology language for rates |   |                            |  |                           |   |          |   |

