# Vermont Care Partners FACT SHEET Reimbursement Challenges

- Designated and Specialized Service Agencies need a significant investment in our base funding plus annual COLAs to achieve a viable and sustainable system of care with livable wages for our staff
  - The COLAs received by the DA/SSAs over the last 10 years are well behind the New England CPI leading to thousands of our workers earning less than a \$15/hour livable wage
  - We need to stabilize this system after years of cuts and increased uncovered costs such as health insurance, electron health records development, etc.
  - The Federal Department of Labor overtime rules led to \$446,000 in new costs even though the court's blocked it.

## • Our \$383 million System of care is essential to VT's safety net, economy and health reform efforts

- The social determinants of health play a larger role than genetics, environment and medical care all combined on health outcomes and costs
- We effectively serve Vermonters with complex and costly health conditions at low costs
- o RBA data shows successful cost avoidance of emergency room , inpatient and institutional care
- Substance abuse services to address Vermont's opiate crisis require adequately paid staff
- o Our services are essential to address child abuse and neglect, and for kids to succeed in school
- Our services reduce costs in the criminal justice system
- We help people achieve employment and stay in the workforce

#### Low Medicaid rates lead to inadequate compensation to 13,000 workers & reduced quality of care

- Recruitment and retention of skilled and trained staff is a growing challenge because of low compensation, that does not keep up with inflation
- Bachelors level staff earn salaries \$18,000 below state employees doing equivalent work and licensed clinicians earn salaries more \$16,000 below state employees doing equivalent work
- Raising the DA and SSA direct care workers compensation up to the level of state employee compensation would require an investment of over \$43 million
- Quality of care is based on long lasting, trusting relationships that are disrupted by our staff turnover rates that average 26.3%
- With 400 staff vacancies system wide, some agencies have 10% or more empty positions, reducing access to needed services and supports
- Costs related to turnover, such as recruiting, on-boarding, lost productivity and training average at least \$4,160 per position. With 1124 staff turning over per year; this means that \$4,675,840 is unavailable to pay for needed services.

#### • Unlike other health providers we can't cost shift to commercial insurance

Designated Agencies depend on Medicaid and state funding for over 85% of our revenues

### There is increasing demand for Developmental Disabilities. Mental Health and Substance Use Disorder Services

- Recent growth in the Developmental Services budget is due to new people and services; costs per person have remained constant and are below the national average
- More babies now survive with life-long disabilities and health conditions
- More people with disabilities and live to be senior citizens with multiple needs
- We are seeing an increase in some health conditions: autism, early on-set Alzheimer's disease,
  addictive disorders, and mental health challenges for children and families
- In spite of new investments hundreds of Vermonters are waiting for treatment for opiate addiction effecting the well-being of children and families, as well as public safety

#### Investment in Designated Agencies has proven outcomes

Lets build on our success