

Memorandum

To: House Human Services Committee
From: Chadd Viger, Chief Executive Officer, Recovery House, Inc.
Date: February 15, 2023
Re: FY 2024 Appropriation Request Testimony

I am writing today to request three budget items to include in the FY 2024 budget

1. Admission Staff - \$50,000

We are currently striving to reduce the time between initial contact for service and admission. We will only be able to do that with an increase in staff time. In order to do that, we will need an appropriation of \$50,000.00 to cover the additional cost of admissions expansion for FY 2024.

2. Building improvements - \$300,000

All the buildings that Recovery House own are very old. Serenity House (a 34-bed high-intensity inpatient treatment facility), Grace House (a low-intensity residential treatment facility), and McGee House (currently awaiting state RFP to develop additional 3.1 low-intensity treatment facility beds for Vermont) are all 19th century buildings that have been subjected to deferred maintenance over the years, as Medicaid reimbursement rates have traditionally not allowed for much capital improvements. This money will serve to update exterior appearances and efficiencies, repair roofs, address weatherization issues and general energy efficiencies, update kitchen fixtures, and provide furniture updates. It is well researched that treatment environments have an impact on outcomes, but with a 95% Medicaid population, Recovery House has had to prioritize other client needs throughout the years.

3. Reimbursement rate increases

We have two requests related to Medicaid reimbursement issues –

- Increase in the short-stay reimbursement rate to \$1,000/day, which is in line with other Medicaid contracts the state has previously approved.
 - We need to recognize that the first three days of a client's stay are typically medical services heavy. If someone only stays at Serenity House for three days, we receive approximately \$237 a day on average; if they stay longer than 3 days, we receive approximately \$260/day on average (these are called episodic payments).
- Continued stay funding for those needing longer stays in higher intensity treatment facilities. If someone needs to stay beyond our typical two-week programming, no additional funds are added to the episodic payment. This essentially drops the daily average rate to a figure that is not sustainable.

Thank you for your consideration,