

Sec. E.307.6 2012 Acts and Resolves No. 162, Sec. E.307.2 is amended to read:

Sec. E.307.2 VHAP AND MEDICAID CO-PAYS

(a) The following co-payments for individuals enrolled in the VHAP and Medicaid programs are hereby authorized and set by the general assembly, pursuant to 33 V.S.A. § 1901(b), and may be promulgated in rules by the secretary of human services or designee, in accordance with 33 V.S.A. § 1901(a)(1), and are effective upon adoption of rules pursuant to Sec. E.307.10 of this act:

(1) co-payments that apply to prescriptions ~~and durable medical equipment/supplies~~: enrolled individuals shall contribute a co-payment of not more than \$1.00 for prescriptions ~~or durable medical equipment/supplies~~ costing less than \$30.00, a co-payment of \$2.00 for prescriptions ~~or durable medical equipment/supplies~~ costing \$30.00 or more but less than \$50.00, and a co-payment of \$3.00 for prescriptions ~~or durable medical equipment/supplies~~ costing \$50.00 or more;

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Sec. E.308 CHOICES FOR CARE; SAVINGS, REINVESTMENTS, AND  
SYSTEM ASSESSMENT

(a) In the Choices for Care program, “savings” means the difference between the annual amount of funds appropriated for Choices for Care.

excluding allocations for the provision of acute care services, and the sum of expended and obligated funds remaining at the conclusion of the fiscal year.

(b)(1) Any funds appropriated for long-term care under the long-term care waiver authorized by this section shall be used for long-term services and supports to recipients. In using these funds, the Department of Disabilities, Aging, and Independent Living shall give priority for services to individuals assessed as having high and highest needs and meeting the terms and conditions of the waiver as approved by the Centers for Medicare and Medicaid Services.

(2) Priority for the use of any savings from the long-term care appropriation after the needs of all individuals meeting the terms and conditions of the waiver have been met shall be given to home- and community-based services. Savings may be used for quality improvement purposes in nursing homes. Savings either shall be allocated and spent in ways that are sustainable into the future and that do not create an unsustainable base budget or shall be spent as one-time reinvestments that do not require sustainability into the future. Excluding appropriations allocated for the provision of acute services, any unexpended and unobligated state General or Special Fund appropriation at the close of a fiscal year shall be carried over to the next fiscal year. The Department of Disabilities, Aging, and Independent Living shall not obligate funds to reduce the calculation of savings in any fiscal

year or reduce the base funding needed in a subsequent fiscal year prior to calculating savings for the current fiscal year.

(c) The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1 of each year, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare for the purpose of informing the reinvestment of savings during the budget adjustment process.

(d) Annually on or before January 15, the Department of Disabilities, Aging, and Independent Living shall propose reinvestment of savings as calculated pursuant to this section to the General Assembly as part of the Department's proposed budget adjustment presentation.

(e) Concurrent with the procedures set forth in 32 V.S.A. § 305a, the Joint Fiscal Office and the Secretary of Administration shall provide to the Emergency Board their respective estimates of caseloads and expenditures for programs under the Choices for Care Medicaid Section 1115 waiver.

Sec. E.308.1 FISCAL YEAR 2104 ACCELERATED CHOICES FOR CARE  
REINVESTMENT

(a) In fiscal year 2014, as a result of federal action or emergency system funding needs, the Commissioner may present proposals for reinvestment of

choices for care savings to the Joint Fiscal Committee at its September 2013 meeting. Upon approval of the Joint Fiscal Committee, such reinvestments shall be authorized, notwithstanding Sec. E.308 of this act.

Sec. E.312 Health – public health

(a) AIDS/HIV funding:

(1) In fiscal year 2014 and as provided in this section, the Department of Health shall provide grants in the amount of \$475,000, of which \$135,000 is state General Funds and \$340,000 is AIDS Medication Rebates Special Funds to the Vermont AIDS service and peer-support organizations for client-based support services. It is the intent of the General Assembly that if the AIDS Medication Rebates Special Funds appropriated in this subsection are unavailable, the funding for Vermont AIDS service and peer-support organizations for client-based support services shall be maintained through the General Fund or other state-funding sources. The Department of Health AIDS Program shall meet at least quarterly with the Community Advisory Group (CAG) with current information and data relating to service initiatives. The funds shall be allocated as follows:

(A) AIDS Project of Southern Vermont, \$120,281;

(B) HIV/HCV Resource Center, \$38,063;

(C) VT CARES, \$219,246;

(D) Twin States Network, \$45,160;

(E) People with AIDS Coalition, \$52,250.