

Rep. Donahue amendments to House Health Care Committee bill

Sec. 3. ADDRESSING THE COST SHIFT PRICE DIFFERENTIAL

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Sec. 7. BLUEPRINT FOR HEALTH INCREASES

(a) The sum of \$4,508,911.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access in fiscal year 2016 to increase payments to patient-centered medical homes, increase payments to community health teams, rebalance community health teams as described in subsection (b) of this section, and implement a referral registry.

(b) Beginning on January 1, 2016, the Department of Health Access shall:

(1) Increase payments to the Blueprint for Health community health teams under 18 V.S.A. § 705 by \$541,078.00 in Global Commitment funds.

(2) Adjust payments for community health teams under 18 V.S.A. § 705 to reflect revised patient attribution and the market share of insurers and Medicaid. Payments may be modified as set forth in 18 V.S.A. § 702(b) and insurers shall participate in the new payment amounts as required by 18 V.S.A. § 706. The Department shall increase its payments to reflect increased Medicaid enrollment by an amount up to \$467,833.00.

(3) Increase payments to patient-centered medical homes under 18 V.S.A. § 704 by \$3,350,000.00 in Global Commitment funds.

(4) Use \$150,000 in Global Commitment funds to implement a registry of mental health and addiction services providers to support the referral process.

(c) In its use of the funds appropriated in this section, the Blueprint for Health shall work collaboratively to include materials regarding adverse childhood experiences in Blueprint practices identify the means to begin the integration of best practices to address adverse childhood experiences in patient-centered medical homes in alignment with recommendations made in the report entitled “Integrating ACE-Informed Practice into the Blueprint for Health.” Considerations should include prevention, early identification, and screening, as well as reducing the impact of adverse childhood experiences through trauma-informed treatment and suicide prevention initiatives.

(d) The 2016 annual report of the Blueprint for health shall present an analysis of the value-added benefits and return on investment to the Medicaid program of the new funds appropriated in the fiscal year 2016 budget, including the identification of any costs avoided that can be directly attributed to those funds, and the means of the analysis that was used to draw any such conclusions.

(e) The Blueprint for Health shall explore and report back to the General Assembly on or before January 15, 2015 on potential wellness incentives for Medicaid recipients who select a patient-centered medical home.

Sec. 11. GREEN MOUNTAIN CARE BOARD; ALL-PAYER WAIVER;
RATE-SETTING

(a) The sum of \$1,069,907.00 is appropriated from the State Health Care Resources Fund to the Green Mountain Care Board in fiscal year 2016 in order to provide the Board with the capacity to address payment reform and cost containment through an all-payer waiver and to achieve additional cost containment by implementing a provider rate-setting process. These efforts shall include consideration of the benefits of prioritizing and expediting payment reform that shifts away from fee-for-service models in primary care.

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**Sec. X. BUDGET PROPOSAL; DEPARTMENT OF VERMONT
HEALTH ACCESS**

(a) In order to present a unified budget for psychiatric inpatient care, beginning with the Governor's 2017 budget proposal, the budget for the Department of Vermont Health Access shall include all proposals related to the provision of inpatient psychiatric care, with the exception of the Vermont Psychiatric Care Hospital operated by the Department of Mental Health. The Department of Vermont Health Access's budget proposal for inpatient psychiatric care shall distinguish between community rehabilitation and treatment (CRT) services and non-CRT services and identify separate subcategories for:

- (1) Level 1 care other than the Vermont Psychiatric Care Hospital;
- (2) involuntary care other than Level 1 care; and
- (3) voluntary inpatient care.

(b) Each category and subcategory of care shall identify the reimbursement rate and the current and projected utilization that is the basis for the budgeted amount.

(c) The 2017 budget proposal shall show all transfers between the budgets for the Departments of Vermont Health Access and of Mental Health that achieved this transition.

(d) The change in budget accounting shall not change any existing authority or responsibility of the Department of Mental Health to supervise the provision of inpatient psychiatric care and oversee the quality of care at the designated hospitals, as defined in 18 V.S.A. § 7101(4). The Department of Mental Health shall maintain any necessary independent data to monitor quality and utilization trends for all individuals under the care and custody of the Commissioner.

(e) The Agency of Human Services shall ensure that any information from Medicaid inpatient claims data that is necessary for the Department of Mental Health to carry out its oversight responsibilities is maintained.