

S.203

An act relating to systemic improvements of the mental health system

The Senate concurs in the House proposal of amendment with the following proposals of amendment thereto:

First: In Sec. 1, legislative intent, in subdivision (b)(1), after “capacity” and before the semicolon, by inserting the phrase and which may be State operated and in subdivision (b)(2), after the word “State” and before the semicolon, by inserting the following: , including consideration of maintaining the current State-owned Vermont Psychiatric Care Hospital as an acute inpatient facility

Second: By striking out the reader assistance heading before Sec. 4 and inserting in lieu thereof:

* * * Waiver of Certificate of Need Requirements * * *

Third: By striking out Sec. 4 in its entirety and inserting in lieu thereof as follows:

Sec. 4. WAIVER OF CERTIFICATE OF NEED REQUIREMENTS

Notwithstanding any provisions of 18 V.S.A. chapter 221, subchapter 5 to the contrary:

(1) the implementation of renovations at the Brattleboro Retreat as authorized in the fiscal year 2019 capital budget adjustment bill shall not be considered a “new health care project” for which a certificate of need is required; and

(2) the proposal by the University of Vermont Health Network to expand psychiatric inpatient capacity at the Central Vermont Medical Center campus shall be exempt from the requirement to secure a conceptual development phase certificate of need pursuant to 18 V.S.A. § 9434(c).

Fourth: By striking out Sec. 8 in its entirety and inserting in lieu thereof the following:

Sec. 8. RATES OF PAYMENTS TO DESIGNATED AND
SPECIALIZED SERVICE AGENCIES

The community-based services provided by designated and specialized service agencies are a critical component of Vermont's health care system. The ability to recruit and retain qualified employees is necessary for delivery of mental health services. In recognition of the importance of the designated and specialized service agencies, the Agency of Human Services shall:

(1) Conduct ongoing financial, service delivery, and quality review processes, which shall consider changes in operating costs over time, caseload trends, changes in programs and practices, geographic differences in labor markets, and the fiscal health of each designated and specialized service agency. The review shall inform payment rates, the performance grant processes, and payment reform work by drawing upon and combining current review processes and not creating duplicate or redundant reporting processes for either the Agency or the designated and specialized service agencies.

(2) On or before January 15, 2019, present a proposal, in conjunction with the Green Mountain Care Board and the designated and specialized service agencies, for providing the designated and specialized service agency budgets to the Board for informational purposes for its work on health care system costs to the House Committees on Appropriations, on Health Care, and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare. The presentation shall be consistent with the long-term goals of payment reform to address the potential for a review process of the designated and specialized service agency budgets by the Board as part of an integrated health care system.

Fifth: In Sec. 9, amending 2017 Acts and Resolves No. 82, Sec. 3(c), by striking out the third sentence and inserting in lieu thereof the following:

The evaluation process shall include an examination as to whether the principles for mental health care reform in 18 V.S.A. § 7251 are reflected in the current mental health system, and if not, where system gaps exist.

Sixth: In Sec. 10, report; institutions for mental disease, by striking out subdivision (1) and inserting in lieu thereof the following:

(1) a status update that shall provide possible solutions considered as part of the State's response to the Centers for Medicare and Medicaid Services' requirement to begin reducing federal Medicaid spending due on or before November 15, 2018; and