

In the AHS budget crosswalk the Global Commitment budget request is split between Medicaid program and investment. The AHS central office plans to use this crosswalk to budget the investment funds available under the terms of the 1115 waiver with the Centers for Medicaid and Medicare (CMS). Departments were asked to adjust their allocations of Global Commitment to better reflect actual spending.

These adjustments, amounting to about 7% of total GC appropriation, do not change the overall Global Commitment budget request for the Health Department and they do not represent reductions to allowable investment or program costs.

3. Please provide more detail about the changes you plan to make to reduce spending in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program in state fiscal year 2019.

Federal funding for this program comes to the state through separate grants for the food benefit and for program services. The federal food benefit grant covers 100% of \$6.6 million food benefit costs. The program services grant covers about 74% of the \$5.7 million program service cost, with the balance funded as a Global Commitment investment.

We've asked program staff to reduce total program service spending by \$250,000, or 4.4%, in fiscal year 2019. There will be no changes to program eligibility, program benefits, or access to services. The table below itemizes our planned changes.

| Planned WIC program changes | Budgeted savings |
|---|--------------------|
| Staffing reassignments in MCH division office | \$ (38,000) |
| Reduction of radio advertising costs | \$ (30,000) |
| Reduce assignments of breast feeding peer counselors to non-counselor activities | \$ (42,000) |
| Reduce assignments of RN staff to non-nursing clinic activities | \$ (20,000) |
| Targeted reduction of non-clinic staff time in district offices with staffing costs higher than state average | \$ (120,000) |
| | Total \$ (250,000) |

4. Please provide information about WIC program enrollment trends over time.

Vermont's WIC caseload has been steadily declining since 2009. Some of the decline can be attributed to lower birthrates and some to an improved economy. Similar conditions exist nationwide.

| | SFY '14 | SFY '15 | SFY '16 | SFY '17 | SFY '18 est. | SFY '19 |
|-------------------------------|---------|---------|---------|---------|--------------|---------|
| WIC Food Spending in millions | \$8.825 | \$8.919 | \$8.323 | \$6.475 | \$6.5 | \$6.6 |
| Participants | 14,609 | 14,081 | 13,332 | 12,472 | 11,300 | 11,250 |
| | | | | | | |
| Avg. monthly cost | \$50 | \$53 | \$52 | \$51 | \$48 | \$49 |

You'll also note a 6% decline in the monthly cost per participant in SFY '18. The program converted from home delivery to eWIC (use of a card to purchase items at the grocery store) during SFY '16. In home delivery, every WIC participant received all of the foods prescribed for them every month. With eWIC families do not always choose to purchase the full amounts so Vermont WIC is spending less per person each month.

We estimate that there are about 4,000 infants and children in Vermont who meet WIC income eligibility requirements who are not currently enrolled. We're participating in a national WIC outreach campaign and conducting state-specific outreach to reach and enroll potentially eligible families.

5. Please provide more detailed information about the operating expense changes in the Public Health appropriation.

| VDH Public Health - | GF | SF | Tob | ldptT | FF | Invmnt GCF | TOTAL |
|-------------------------------|---------|-----------|--------|-----------|---------|------------|---------|
| Net operating expense changes | 621,036 | (171,874) | 19,937 | (243,670) | 176,720 | 280,050 | 682,199 |

The proposed budget for operating expenses is 9% higher than fiscal year 2018 budget. Most adjustments were made to reflect prior year's spending history. A complete list of the changes by account code is provided as Attachment B.

6. Act 188 of 2013, Adj. Sess. §3 requires a biennial report from the Commissioner of Health concerning implementation, administration, and financing by the Department of Health of the requirements of 18 V.S.A. chapter 38A regarding the chemicals of high concern to children. Does the Health Department have a view on the merits of this reporting requirement?

This act established a chemical disclosure program that is still in its initial startup phase. In our report of 2017, we noted that the initial reporting period had not fully closed and that it was too soon to provide complete information for some of the reporting requirements of the act. We recommend maintaining this reporting requirement at least until the submission of the next report due in January



2. SNAP "Take-Up": How effectively are Vermonters who are eligible for SNAP being reached and enrolled into the program?

The State of Vermont has a multi-faceted approach to helping low income Vermonters learn about and use the Supplemental Nutrition Assistance Program (SNAP). We currently have a grant project that provides additional funding for outreach with 15 partner organizations: Hunger Free Vermont, five Area Agencies on Aging, five Community Action Agencies, the Vermont Food Bank and three smaller agencies that focus on the homeless or people who are transitionally housed. Our target audience for outreach is: Elderly, Homeless, Transitionally-housed, food insecure, persons at or below the FPL. The outreach campaign objectives include creating awareness for food assistance programs for those 60+ years of age. This is done through direct outreach to would-be recipients and through their potential advocates to connect people with educational tools and resources when they're actively looking online.

Additionally, the Vermont Foodbank uses its network of local food shelves and meal sites to identify and reach low-income Vermonters who use those private resources but are not involved with Agencies. Staff provide information, resources and assistance if requested to help people apply for and access programs such as 3SVT.

A Program Access Index (PAI) is calculated for all states which is intended to measure how well would-be program participants are being reached. Vermont has performed well on this and was honored for having the best PAI in the nation in 2014. Below are the percentages from the last four years for your reference:

2016 - 82.6%
2015 - 92.6%
2014 - 93%
2013 - 98.4%

3. VRS/Section 8 – What is the status of the Vermont Rental Subsidy program and how does that relate to availability of Section 8 vouchers?

Section 8 Housing Choice Vouchers are federally subsidized housing vouchers administered by HUD and run within the state by local housing agencies (e.g., Vermont State Housing Authority). The federal budget process sets the amount of funding for this program and, by extension, governs the number of vouchers a local housing authority can issue.

Section 8 Housing Choice Vouchers are one of many rental assistance programs available to Vermonters. Each rental assistance program offers specific subsidy (and supports) to specific populations in need of subsidized housing; that is also true within the Section 8 program as there are designated "preferences" (e.g. Disaster Preference, and Transitional Housing Preference including domestic violence survivors, youth, etc.). The Vermont Rental Subsidy (VRS) has a designated "transitional housing preference" for the Section 8 Housing Choice Voucher administered by Vermont State Housing Authority (VSHA). Consequently, successful VRS participants are eligible for a transitional housing preference and can access available vouchers more expeditiously than applicants without a preference.

