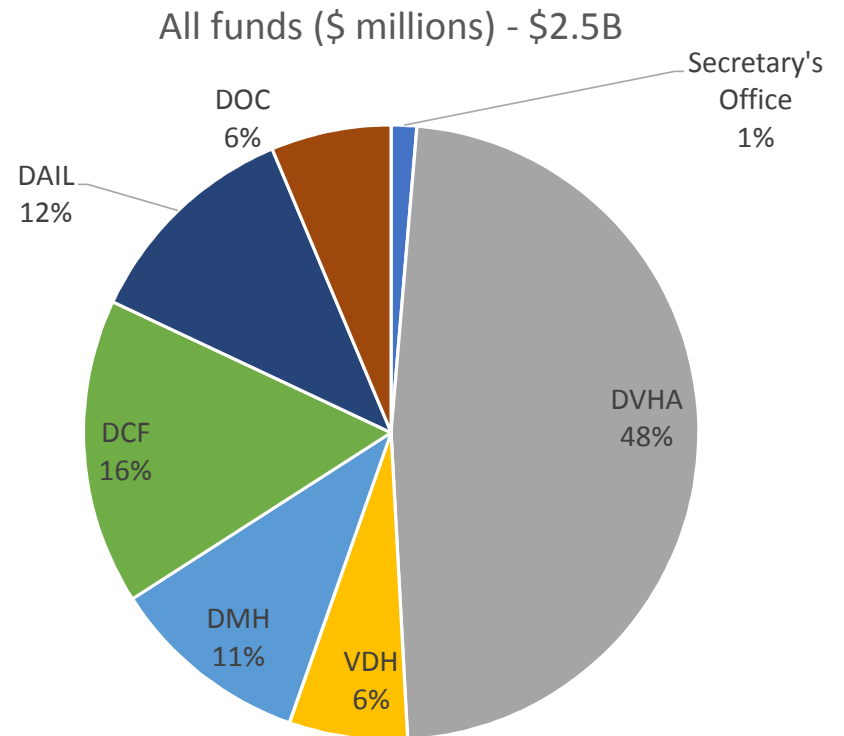
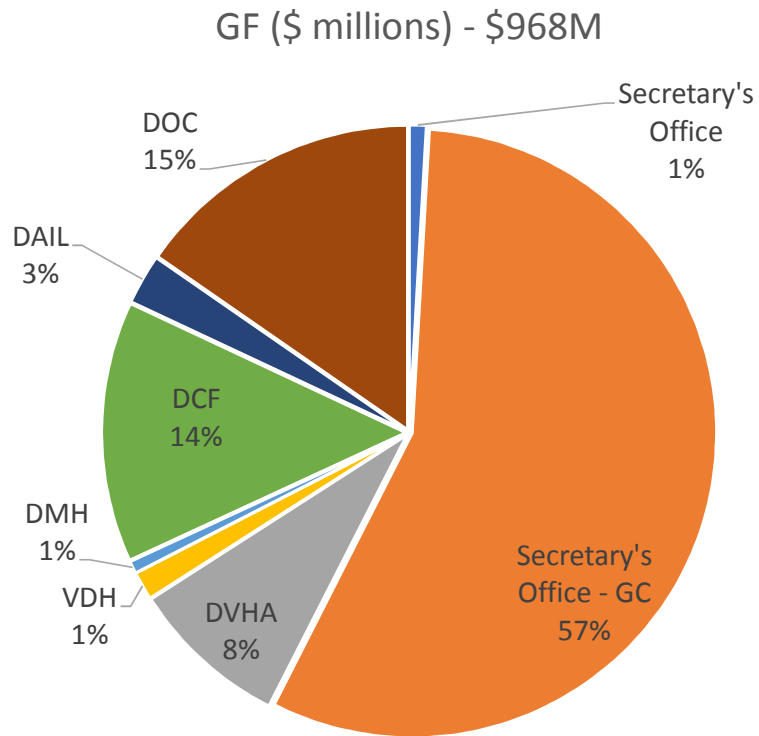


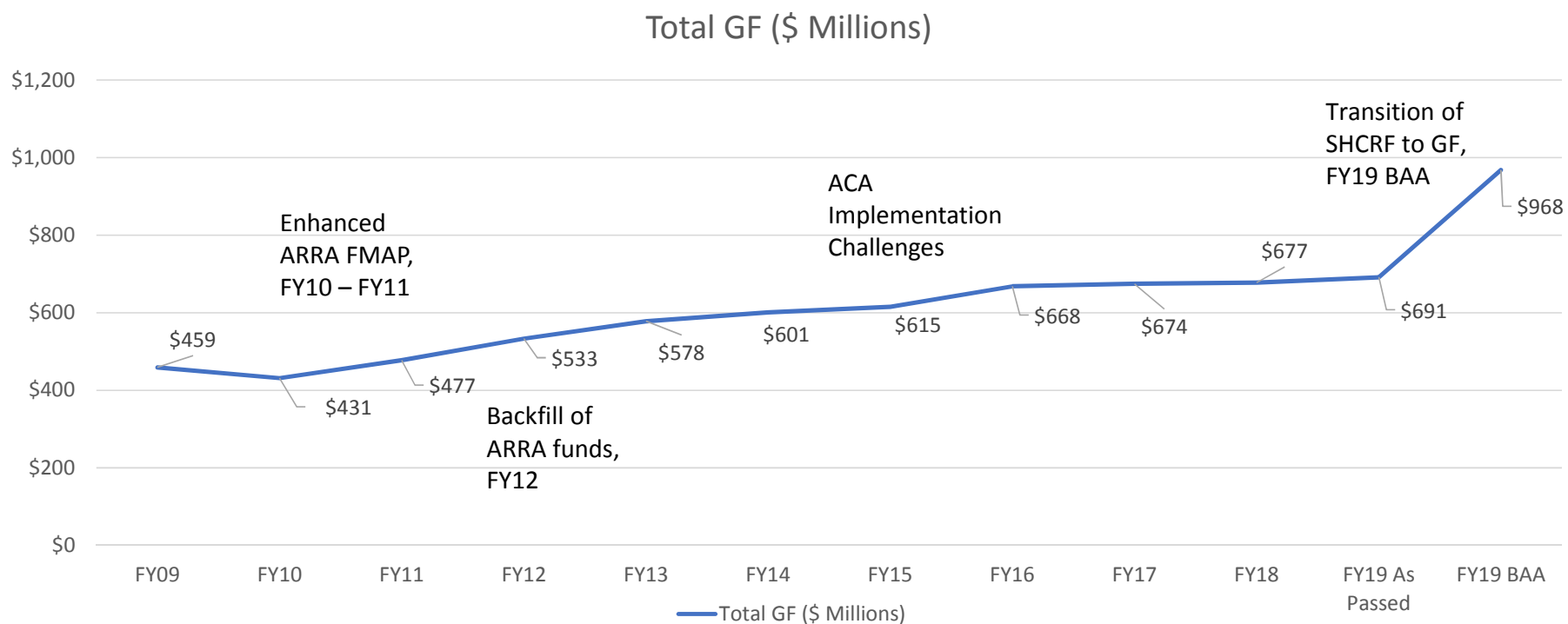
Agency of Human Services

FY 2019 Budget Adjustment
House Appropriations Committee
January 11, 2019

AHS - FY19 Budget Adjustment by Department



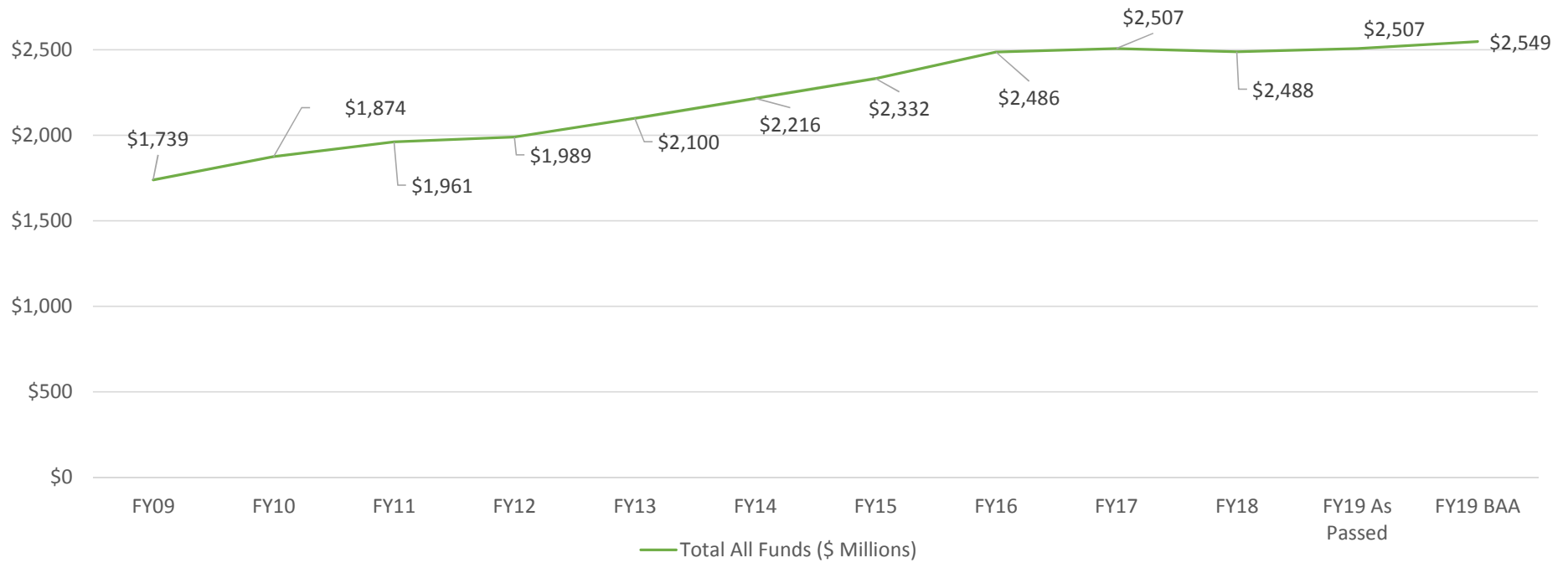
AHS General Fund Budget



Source: AHS Ups & Downs documents thru BAA.

AHS All Funds (Excluding GC) Budget

Total All Funds (\$ Millions)



Source: AHS Ups & Downs documents thru BAA. * FY19 BAA amount reflects FY19 Gov. Rec BAA.



AHS Budget Adjustment Overview

- Reflects an increase of \$3.8M GF, excluding SHCRF transfer to GF
 - \$276.5M GF increase including SHCRF transfer
- Includes:
 - SHCRF Transfer to GF [\$272.7M]
 - Revenue from Cigarette & Tobacco products taxes, claims assessment, employer assessment, provider taxes and pharmacy are transferring to the GF;
 - Revenue associated with Graduate Medical Education (GME), beneficiary premiums and recoveries will continue to remain associated with the SHCRF. [\$18.5M]
 - Funding for American Federation of State, County and Municipal Employees (AFSCME) Collective Bargaining Agreement (CBA) [\$750K]

AHS FY19 BAA Net Neutral & Technical Adjustments

- Allocation of the AHS-wide best management grants reduction plan;
- True-up of ADS operating expenses;
- Transfer positions:
 - AHS to DVHA (Change Management, Admin – 4)
 - AHS to DVHA (Rate Setting - 8)
 - AHS to DCF (Financial Administrator – Federal Reporting – 1);
- Applied Behavior Analysis (ABA) from DMH to DVHA;
- Mental Health Payment Reform from DVHA to DMH;
- Individual Service Budget (ISB) Funds from DMH to DCF;
- General Fund Carryforward.

AHS FY19 BAA Secretary's Office – Global Commitment

- Adjust spending authority in the State Health Care Resource Fund and General fund to bring in line with E-Board adopted revenue from July 2018 [-\$5.1M GF] and to reflect FY18 carryforward [-\$1.6M GF];
- Increase general fund for shortfall in CHIP qualifying claims versus original budget [\$1.5M GF];
- FY18 GC fund true-up [-\$3.1M GF];
- Increase Federal Medicaid matching funds due to revised estimates for 'Childless New Adults' [-\$2.1M GF];
- Rebase the Health Information Technology (HIT) Fund;
- Align Vermont Health Connect funding.

AHS FY19 BAA – DVHA

- Updated Medicaid Consensus Forecast from October and December 2018, will need to be adopted by the E-Board in January [\$1.7M all funds, \$1.0M GF];
- Increases M&O contracts for E&E and MMIS [\$1.3M GF, \$3.8M all funds];
- Decreases for Design, Development & Implementation (DDI) contracts [-\$224K GF and -\$2.9M all funds];
- Delivery System Reform investment with OneCare Vermont [\$1.6M gross, HIT fund as match];
- Buy-in [\$3.3M all funds, \$1.1M GF];
- One-time payout to the ACO for 2018 contract [\$2.4M gross];
- VPharm Rebates [\$3.5M GF];
- Clawback savings [-\$2.1M GF];
- Language on the ACO Claims Tail.

AHS FY19 BAA– VDH, DAIL & DOC

- VDH –technical, net neutral adjustments;
- DAIL:
 - CFC Carryforward from FY18 – budget neutral [\$2.1M gross];
 - Vermont Veterans’ Home (VVH) FY17 cost settlement [\$2.0M gross];
- DOC - Class reclassifications for CO I and II, CSS II – retro to August 2018 [\$2.0M].

AHS FY19 BAA – DMH

- Eliminate Sheriff Supervision for Emergency Departments [-\$146K gross];
- Staff cost increases at UVVMC [\$215K gross];
- Recognition of Medicare Revenue [\$750K special fund];
- Kids Residential Cost & Caseload Increases [\$1.5M gross];
- Success Beyond Six Increase, state match from school districts [\$16.2M gross].

AHS FY19 BAA– DCF

- Family Services Division:
 - Caseload & Caseload Related Pressures:
 - Overtime/Call-in/Standby, Temps, Contracted Temps, Double-fills [\$1.1M all funds, \$589.8M GF, \$425.6 gross]
 - Sub-adoption caseload increase [\$1.4M all funds];
 - IV-E Earnings adjustments & audit finding [\$595K];
 - Targeted Case Management rate adjustment [\$1.9M].

AHS FY19 BAA– DCF cont.

- Child Development Division - Child Care Subsidy Underutilization [-\$2.5M GF];
- Office of Child Support – IV-D Revenue Adjustment [\$288K];
- Aid to Aged, Blind & Disabled - Caseload savings [-\$800K];
- Reach Up - Caseload Savings [-\$209K];
- Woodside – loss of Medicaid Authority [\$2.7M GF].

Expanding the Workforce for Substance Use Disorder Treatment for Mental Health Professionals

- Pursuant to Act 11 of 2018 Special Session Section C.106.1 – AHS must provide proposed expenditures for SUD Workforce;
- Secretary of AHS convened work group that included UVM, VSC, AHEC, DAs;
- Work group developed a plan;
- Will need to adjust annual limits and carry forward funds.

SUD Workforce Plan

Entity	Degree level	Item	# of Students	Total Amount
VSC	Masters	Masters Level Mental Health Counselors - Scholarship	45	\$1,123,394
VSC	Bachelors	Certified Alcohol & Drug Counselors Pathway Program	60	\$610,000
VSC	Associates	Apprentice Addiction Professional (AAP)	126	\$70,000
VSC	All	Admin Support including Advising, Internship support	N/A	\$173,941
UVM	Doctor of Nursing	Psychiatric Mental Health Nurse Practitioners (PMHNP)	16	\$2,207,904
UVM	N/A	Recovery Coach Training	75	\$131,550
UVM	Bachelors/Post Bacc.	Certificate in Integrative Health & Wellness Coaching	51	\$683,211
		TOTAL INVESTMENT	373	\$5,000,000



Act 11 (H.16) of 2018 Special Session – Substance Use Disorder Initiative Funding

**ACTION ITEM – SPENDING PLAN – Act 11 of 2018 Special Session, C.106.2
\$2,500,000**

Section	Item	Total	One-time	FY19	FY20	FY21
C.106.2	SUD Response Initiatives	2,500,000		1,000,000	750,000	750,000
C.1000(a)(14)	Medicaid/SUD Carryforward	7,100,000	7,100,000			
TOTAL		9,600,000	7,100,000	1,000,000	750,000	750,000

**After School Program
\$600,000 (\$200,000/year)**

These funds will increase access to afterschool programs, with a focus on activities that engage youth while parents are at work.

**Nurse Home Visiting
\$400,000 (\$200,000/year beginning in FY20)**

These funds will facilitate the transition to the Maternal and Early Childhood Sustained Home Visiting (MESCH) model as supported evidence-based nurse home visiting practice in Vermont.

**Clinical Suboxone Harm Reduction
\$600,000 (\$200,000/year)**

These funds will be used to support and maintain the staff required to provide low-barrier access to suboxone.

**Federal or Other SUD Contingency
\$425,000 (\$125,000/\$150,000/\$150,000)**

These funds will serve as a contingency if the loss of federal dollars or additional needs in SUD investments are identified. It will be spread out over the next three fiscal years.

**SBIRT (Screening, Brief Intervention, and Referral to Treatment)
\$275,000 in FY19**

These funds will be dedicated to sustaining the SBIRT program at the four pilot hospitals since the grant has ended. The funds will be used to maintain SBIRT staff in emergency rooms while a sustainability plan is developed and more comprehensive program is developed.

**DOC – Hepatitis C (HCV) Treatment
\$200,000 in FY19**

This initial investment will treat those who are already in custody and have HCV, which will help prevent the disease from spreading. The rest of the cost will be covered from funds under Sec. C.1000(a)(14)

REPORT – ALLOCATION – Act 11 of 2018 Special Session, C.1000(a)(14)

\$7,100,000

**DOC – Medically Assisted Treatment
\$800,000 (\$400,000 in FY19 and FY20)**

Expanded access to MAT in Corrections is estimated to cost an additional \$800,000/year. The FY2019 budget appropriated \$400,000 for expanded treatment. An additional \$400,000 is required to fully fund the expanded access to MAT in our correctional facilities.

**DOC – Hepatitis C (HCV) Treatment
\$1,812,500**

We currently have approx. 70 inmates in DOC custody that have tested positive for HCV and are anticipated to be in custody long enough to complete a course of treatment. This initial investment will treat those who are already in custody and have HCV, which will help prevent the disease from spreading.

**Federal or Other SUD Contingency Funding
\$3,150,000**

Given uncertainty at the federal level, these funds will serve as a contingency to ensure the financial viability of targeted state programs.

**Opioid Coordination Council
\$137,500**

The FY2019 budget did not allocate funds for the two FTEs tasked with staffing the OCC. These positions will leverage federal funds.

**Nurse Home Visiting
\$200,000**

This initial investment in nurse home visiting will facilitate the transition to the MESCH model as supported evidence-based nurse home visiting practice in Vermont.

**Syringe Services Program (SSP)
\$1,000,000**

This is an additional investment in SSP. SSP includes a broader array of services, including counselling, in addition to the safe exchange of needles.