

Vermont Veterans' Home
SFY 20 Budget Narrative

Mission Statement:

The Vermont Veterans' Home provides best of class healthcare services to veterans, their spouses, and gold star parents, while honoring their choices and respecting their right of self-determination.

Facility Overview

The Vermont Veterans Home is the second oldest State Veterans Home in the country, opening on April 1, 1887. What started out as a 200-acre working farm for 25 Civil War Veterans is now an 83 acre residential and healthcare facility caring for 130 Veterans from World War II, Korea, Vietnam, Gulf War, and peacetime, their spouses and widows, and Gold Star Parents. The property includes a 140,000 square foot facility, with a trout pond, deer park, and Veterans' cemetery. The facility provides long term care, short term rehab, Alzheimer's/dementia care, respite care, hospice/palliative care, residential/domiciliary care, and outpatient rehabilitation services.

Our deer herd expanding in size this year with the addition of 4 fawns. The deer enjoy interacting with members of the community, especially if they are provided treats such as apples and bananas. The deer park has been the source of much enjoyment for those residing in or passing through Bennington. There has been a noticeable increase in foot traffic and visitors to the facility grounds since the deer arrived.

The trout pond is spring fed and stocked annually by the Bennington Elks. Two fishing derbies also sponsored by the Bennington Elks are held for the Veterans and members of the community. Veterans are able to fish as they desire with staff or family members. The pond is catch and release and not open for public fishing with the exception of the fishing derbies.

Departments:

ADMINISTRATION:

This department oversees the daily operation of the facility, ensuring regulatory compliance with Federal and State statutes. This Department includes the Chief Executive Officer, Chief Operating Officer, Director of Nursing and Assistant Director of Nursing. This department also provides clerical support to various other departments within the facility.

NURSING

This department includes the facility's Registered Nurses (RN), Licensed Practical Nurses (LPN), and Licensed Nursing Assistants (LNA). Members of this department provide the 24-hour care and supervision the Veterans and Members require for the skilled nursing facility, and intermittent oversight of the Veterans and Members who reside in the facility's residential care/Domiciliary section.

MEDICAL

The facility contracts with the local Veterans Administration Community Based Outpatient Clinic for Physicians and Physician's Assistants to provide medical care for our Veterans and Members. The facility also has contracts with, a Medical Director a pharmacy, a rehabilitation company, and various individual medical providers in order to meet the needs of our Veterans and Members.

DIETARY

This department includes the Dietitians, Cooks and Utility Workers, who prepare over 140,000 meals annually for our Veterans and Members. They also ensure nutritious snacks are provided and that the Veterans and Members receive the physician ordered diet. The dietary staff also provides refreshments for various facility activities.

MAINTAINENCE, LAUNDRY and HOUSEKEEPING

This department is responsible for the daily upkeep of the facility and surrounding grounds, including but not limited to preventative maintenance, mowing of lawns, plowing of driveways, feeding and care of the deer herd. All Veteran and Member laundry and facility linens are washed and dried on site by the laundry staff.

RECREATION SERVICES

Daily activities are planned and run by members of this department. Activity programs are offered 7 days a week as well as both on and off site. Programs include, bingo, current events, holiday parties, and an airsoft pistol and rifle range. The facility maintains a wheelchair access bus and three wheelchair accessible vans to transport Veterans to and from various community locations such as the Dorset Playhouse, the Bennington Elks and various community medical providers.

SOCIAL SERVICES

This department provides for the emotional and psychosocial wellbeing of our Veterans and Members. They provide individual services and well as support groups. The facility has a caregiver support group for family members of our Veterans and Members with cognitive impairments, a bereavement support group, and a support group for individuals with ALS (Lou Gehrig's Disease). Unique and cutting-edge interventions are used to help our Veterans deal with PTSD; these include Music and Memory and yoga. The social services department also arranges for community services for our short-term Veterans and Members who are discharged home after their stay with us.

FINANCE

This department ensures the accurate billing of Medicare, Medicaid, third party insurances, and private funds for services rendered. They also complete facility time an attendance and are responsible for maintaining the facility's financial statements and other records. Members of this department will also assist Veterans and Members with Medicaid applications and managing their personal funds as needed.

Services Provided:

LONG TERM CARE

The facility currently has 130 skilled nursing facility beds. We are able to provide traditional nursing care services for individuals who are no longer able to reside independently or with family in the community. Long term care includes 24-hour care and supervision by licensed nursing personal, assistance with activities of daily living (bathing, dressing, transfers, etc), meals, medications, laundry services, housekeeping services, social work services, recreations services, chaplain services, and medical care.

SHORT TERM REHAB

Veterans or Members recovering from orthopedic or cardiac surgery, stroke or other major illness come to the facility immediately following a hospitalization to receive rehabilitation services which allow them to return home. In addition to the care and services provided to our long-term care Veterans and Members those individuals admitted for short term rehab receive services from physical, occupational and speech therapy. Our social work staff assists with arranging any and all necessary community services to help the Veteran or Member transition back to their previous living environment.

ALZHEIMER'S/DEMENTIA CARE

The facility maintains two 30 bed memory care neighborhoods called "Freedom Village". Each of these neighborhoods care for specific individuals; Cardinal Point cares for those with early to mid-stage cognitive impairment and Brandon Boulevard cares for those with mid to end stage cognitive impairment. The Namaste Program, which provides care in a relaxing and comforting environment, was started at this facility with the help of consultant Joyce Simard. This program has been the subject of a book, "The Namaste Care Program for People with Dementia" now in its second edition and has been featured in various national healthcare publications. Ms. Simard travels the world education others on the benefits of the Namaste Program. More information on this program can be found at: <http://www.joycesimard.com/namaste-care-simard.html>

The facility was the only State Veterans' Home and the only skilled nursing facility in Vermont to be a recipient of a "Music and Memory" grant. This program provides iPods to those with cognitive loss. The music is individualized to each Veteran's or Member's personal preference and is used to help provide comfort and reassurance when needed. The use of music by those with cognitive loss has been shown to help reduce the use of antipsychotic medications in long term care facilities. More information on this program can be found at: www.musicandmemory.org

The Board of Trustees for The Vermont Veterans Home funds an arts program with the Vermont Arts Exchange for our Veterans and Members on Freedom Village. This program allows those with cognitive loss to express themselves through various art mediums. A gallery exhibition is held annually both at the facility and a local art gallery. The trust funds established for the Board of Trustees prohibits the use of these funds for operational costs.

RESPITE CARE

Respite Care is just that, a respite for the caregiver of an individual requiring extensive medical care in the community. Community caregivers will have their loved one stay with us while they take a short vacation, have their own medical needs attended to or for just some time away from the demands of being a 24-hour caregiver. Respite care Veterans and Members have stayed for as little as a few days to a few months prior to returning home again.

PALLIATIVE/HOSPICE CARE

Palliative or end-of-life care is provided to the facility's long-term care Veterans and Members who are at the end of life and for those individuals admitted to the facility especially for end-of life care. The facility has a dedicated room for end-of-life care called the Reagan Room. This private room and nearby living room provide ample private space for family and friends to visit with the Veteran or Member. Support services from Social Services and the Chaplin are provided in addition to high quality nursing care. Several staff members are trained in massage and Rikki; these services are provided to the Veteran or Member as requested.

The facility now has contracts with two Medicare Hospice provider. Veterans and Members now have the choice between the two providers when considering end of life care. These contracts allow us to offer end of life services and receive a higher reimbursement for the services provided. Additionally, this contract will deliver additional support services for the Veteran and their family members during the dying process.

RESIDENTIAL/DOMICILIARY CARE

The facility has an 8-bed residential/domiciliary (Dom) care offering. This is similar to assisted living care. Veterans and Members who reside in the “Dom” require little assistance with bathing, dressing, and medication management. Meals, laundry services, social services, recreational programs, chaplain services, and limited nursing care are provided.

OUTPATIENT REHABILITATION SERVICES

Rehabilitation services such as physical therapy, occupational therapy, and speech and language therapy are provided to Veterans and Members residing in the community. These individuals do not need or require 24-hour care and supervision; however, they could benefit from some additional therapy services to improve their independence in the community. These services are arranged directly with our contract rehabilitation company. Therapy services are provided at a frequency determined by the medical professionals, usually a few times a week.

Guest Room and Skype

The facility has a guest room that family member may use free of charge overnight. Reservations are required and are on a first come first serve basis. The room was renovated with a generous donation from the Vermont American Legion. It is now like a hotel room with a queen size bed, couch and a table with chairs. Meals can be purchased through our Dietary department. Additionally, with this generous donation, VVH will expand its guest room inventory by an additional two rooms in unused space on the third floor of the original house. We anticipate this to be completed by the fall of 2019.

The facility has two skype carts that allow Veterans and Members to video chat with their loved ones. We are in the process of setting up a skype room.

Revenue Sources

Revenue to operate this facility is derived from three (3) sources which include: Federal Funds, Special Funds and General Funds. Federal Funds consists of Medicare, Veterans' Administration (VA) Per Diem and VA Stipend. Special Funds consists of Medicaid, both Vermont and New York, Private Pay and Commercial Insurance. General Funds are from the Legislature. **It is important to note that over ninety eight percent (98.6%) or \$25,044,652 of the facility's revenue comes from sources other than General Funds.**

Medicare

Medicare revenue is obtained for those Veterans and Members who are eligible for care and services paid for through the federal Medicare program. In order for care and services to be paid for at this facility an individual must have had a qualifying hospital stay, a 3-day hospital stay in the 30-days prior to admission to the facility or have been discharged from another skilled nursing facility for which Medicare paid for care and services within 60-days of their admission to this facility. Once that criterion is met Medicare will pay for a short period of time, not to exceed 100 days. Medicare pays 100% of the cost of care for the first 20 days of admission to the facility. From days 21 to 100 there is a per day Medicaid copay paid with private funds or commercial insurance. Currently this copay amount is \$170.50. Individuals must have a Medicare skilled need for care and services to be covered by Medicare. When they no longer meet this need, Medicare discontinues payment; there is no guaranteed number of Medicare covered days. A daily rate of reimbursement is determined for each individual based on the care and services provided. Currently the facility's average daily Medicare rate is **\$499.17**.

Last year we reported that the Centers for Medicare & Medicaid Services (CMS) announced a new reimbursement methodology that was going to be effective October 1, 2018. On April 27, 2018, CMS announced newer plans effective October 1, 2019 for Federal Fiscal Year 2020. The link to review the proposed regulation can be found at <https://www.gpo.gov/fdsys/pkg/FR-2018-05-08/pdf/2018-09015.pdf>. The new methodology is entitled Patient-Drive Payment Model (PDPM). Similar to the previous announcement, reimbursement will be based upon the discharge Diagnostic Related Group (DRG) from the patient's stay at the hospital. Currently Skilled Nursing Facilities (SNFs) like VVH are reimbursed on a prospective basis based upon the acuity of the patient. CMS is recommending a change based upon five (5) clinical categories. All 900+ Inpatient DRGs that hospitals are reimbursed, are mapped to these five clinical categories. The five categories are: Major Joint Replacement or Spinal Surgery; Non-Surgical Orthopedic/Musculoskeletal; Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery); Acute Infections and

Medical Management. Each has their own case mix group and case mix indexes. Needless to say, since this was issued in April 2018, there has been little or no additional information provided. What this means is that VVH will need to know the discharge DRG from any hospital to determine our expected reimbursement rate for a patient's inpatient stay at VVH. This affects all SNFs nationwide.

Medicaid

Medicaid revenue is received from the states of Vermont and New York for Veterans and Members who have been deemed eligible by their respective state, for Medicaid coverage. On October 24, 2016, the Vermont Agency of Human Services (AHS) received approval for the State to expand the Medicaid program under section 1115(a). Special Terms and Conditions (STCs) number 23 states that reimbursement is no longer subject to the upper payment limits specified in 42 CFR 447.362. Basically, the upper payment limit is the maximum that Medicaid could reimburse if the patient were Medicare. On August 24, 2018, VVH received a letter from the Division of Rate Setting stating that our new daily interim rate will be \$475, which is an increase of \$230 from our previous interim rate of \$245. In our FY19 budget, VVH used an interim daily rate of \$386.26. The budgeted increase of \$88.74 per day is estimated to increase reimbursement by \$1,684,285. However, in order to make this transition happen, Rate Setting needs \$908,949 from our FY17 estimated settlement. In FY20, we reduced our General Fund request by \$3,653,006 from our estimated FY18 settlement. These settlements are due to the Medicaid Waiver that was received in October 2016. We are projecting our General Fund request for FY21 will be substantially higher. VVH has filed the FY18 cost report and will not know the final outcome until February/March 2020. As of this date, we still have not heard what our FY2017 settlement will be. This Medicaid Waiver expires on December 31, 2021. VVH hopes that the Agency of Human Services re-applies for this Medicaid Waiver in preparation of our FY2022 budget. If the waiver is not applied for, it would mean a significant increase in VVH's General Fund request currently estimated at over \$4.5 million dollars.

Currently New York Medicaid reimburses VVH at \$232.39 per day. There is no information regarding if New York applied for or received approval to expand Medicaid like Vermont did. These rates include all the services listed under the long-term care heading above. At least annually Veterans and Members receiving Medicaid benefits must provide updated documentation to show they remain eligible for Medicaid benefits. We are projecting a lower daily census for New York Medicaid based upon our recent history. Currently, we are not actively marketing for New York Medicaid recipients because of their stringent regulations and prior approval.

Private Pay

When Veterans and Members are not eligible for Medicare, Medicaid, Veterans' Administration Benefits, or other commercial insurance they are responsible for the daily per diem rate which is \$335 for a private room and \$315 for a semi-private room. This daily rate includes room, board, activities, and social work services. All other services including pharmacy and rehabilitation services are an additional charge. The Veterans' Administration Stipend which is explained below, decreases the daily rate for Veterans only, to \$225.69 for a private room and \$205.69 for a semi-private room.

Veterans Administration Per Diem

For Veterans who are determined to be 70% or more service connected disabled by the Veterans' Administration (VA), the VA will pay a daily rate of \$424.41. This rate includes room, board, medical care, pharmacy, laboratory services, rehabilitation services, activities, social work, and transportation. Specialty medical equipment can be provided by the VA as long as the equipment needed is related to their service connected disability.

Veterans Administration Stipend

The VA will pay a daily stipend to all Veterans admitted to the nursing home, with the exception of Veterans who are 70% or more service connected disabled. This stipend is used to reduce the out of pocket expense when a Veteran is private pay and to offset the shortfall between the actual cost of care and Medicaid reimbursement for Vermont and New York Medicaid Veterans. The current daily stipend is \$109.31.

Commercial Insurance

Commercial insurances such as AARP, TriCare, and Blue Cross Blue Shield will pay the co-pay starting at day 21 of a Medicare stay and, in some cases, pay a per diem rate which varies per policy. In some instances, a pre-authorization is needed, and if the facility is not within the provider's network they will not approve admission to the facility for the individual Veterans.

Key Budget Issues

CENSUS

Over the past 10 years the average daily census at the Vermont Veterans' Home has steadily declined from 155.9 in 2008 to 119.5 in FY 2018. This decline is related to the increase focus on keeping individuals home as long as possible prior to placing them in a nursing home. **From 2005 to 2014 the enrollment in the State's Money Follows the Person program grew 509 while the number of nursing home beds in the in state dropped by 285.** Per the Department of Disabilities, Aging and Independent Living website, July 2018 Utilization Statistics for all nursing facilities in the state, the average occupancy was 84.77% statewide and 79.24% for Bennington County. The Vermont Veterans' Home is currently at 91.36%. https://dail.vermont.gov/sites/dail/files/documents/DRS_occupancy_July_2018.pdf. For this reason, the facility has established our FY 20 budget with a census goal of 125.

Fixed Costs

\$20,605,047 or 81.2% of the FY 20 budget are fixed costs which include:

Salaries and Benefits	\$18,408,826
Medicaid Bed Tax	\$ 639,470
State Allocations (DII, HR, Insurances)	\$ 641,451
Utilities	\$ 915,300

Cost of Care

Veterans are requiring higher levels of care when compared to just 5 years ago. Today's nursing home residents were hospital patients just a few short years ago. Medications are becoming increasingly expensive and often times fall on the facility to pay for. With increased frequency a Veteran's or Member's insurance will not cover the cost of medication, and there is not a more cost effective alternative available.

Worker's Compensation

We were anticipating a 3.0% increase in our Worker's Compensation (WC) costs from \$406,191 to \$418,377, however when the allocations were sent to us in early December, the increase was 15.4% or \$62,447. When we inquired why such a large increase due to our successful efforts of implementing procedures that have been able to reduce our exposure, we were told it was based upon the past 5 years of claims experience and a position by position exposure based upon payroll and type of work, e.g. Nurse vs. Clerical

worker. VVH has experienced large decreases in our Workers Compensation costs since we took the initiative in FY17 to contract with HMR Veteran Services, which the State followed shortly thereafter with outsourcing to PMA. In reviewing our data/claims it was determined that VVH was paying for other agency claims. This has been eliminated and we implemented a light duty program to have those employees who are capable of performing within those restrictions, do so. We continue to actively review each claim to ensure that documentation is there and that we work with VVH's physicians to get the employee back to work as quickly as possible.

Accounts Receivable

The facility has had some success in collecting outstanding debt, but there remain several large accounts that are pending in probate court. Despite the judgment the facility has yet to receive any funds from the party involved.

Veterans, Members, and their families continue to voice their opinion that care and services at the facility should be free of charge. A member of the facility's business office meets with the Veteran, Member and/or responsibly party prior to admission to explain their financial responsibility to the facility. When in doubt the admission is denied until a payor source can be secured.

Overtime and Family Medical Leave Act Use

Despite changes in the nursing schedule that afforded every member of the nursing staff (every other weekend off) the call out rate at the facility remains relatively unchanged over the past 3 years, averaging 9%. FY 18 average call out rate was 9.73% and we used 11,153.5 hours of FMLA. Overtime use is directly related to the number of employees who call to say that they will not be able to work their scheduled shift, Veterans requiring one on one staffing, and those on ended absences.

Position Pilot Request

VVH requested one (1) thirty-two (32) hour RN, one (1) twenty-four (24) hour RN, six (6) twenty-four (24) hour LNAs and one (1) twenty-four (24) hour LPN on August 9, 2018. We were informed on September 17, 2019 that our request was denied by the administration and we were encouraged to make a request to the position pool. We made this request requesting the same positions listed above as well as for one (1) thirty-two (32) hour Admission Nurse. We received approval for the Admission Nurse and six (6) two (2) year limited service positions in nursing. The final approval of the six (6) positions included two (2) RNs one at twenty-four

(24) hours and one at thirty-two (32) hours and four (4) twenty-four (24) hour LNA positions, was received on December 3, 2018. We are in the process of recruiting for these positions now.

Contract with Bennington County Sherriff

Due to the expansive property of VVH we have been a haven for illicit activity. This summer this activity reached a new level when female staff members have been approached and verbally accosted by male individuals in the early morning hours. The local police department has responded to these incidents. To ensure the safety of our staff, Veterans and Members we entered into a contract with the Bennington County Sherriff's Department. We have a Sherriff on property every night from 9pm to 530am. The provide staff escort to and from their cars and patrols the interior and exterior of the building to ensure safety and security is maintained. There presence is an interim measure while we work with BGS on an application for a Safety and Access Control Grant from the VA.

Additional Detail

Policy Issues with Potential Budgetary Issues:

1. **Centers for Medicare and Medicaid Services (CMS) Hospital Readmission Penalty.** Beginning October 1, 2018 CMS will withhold 2% of all Medicare payments to skilled nursing facilities aka nursing homes. They will redistribute 50% to 70% of the withheld payments through incentive payments to those facilities with low hospital readmission rates. More information can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/Top-10-things-to-know-about-SNFRM.pdf>
2. **CMS institutes new Patient-Driven Payment Model (PDPM).** This new payment model goes into effect October 1, 2019. This moves CMS/Medicare away from the fee-for service model of payment to a focus on value-based care in which payment is based on the clinical complexity and the resident's conditions and care needs. <https://www.cms.gov/newsroom/factsheets/medicare-issues-fiscal-year-2019-payment-policy-changes-skilled-nursing-facilities>

Budget Assumptions

The FY20 budget assumes an average daily census of 125 which is no change from the current FY19 budget. However, looking at historical trends there has been a slight payor mix change from Vermont and New York Medicaid to VA Service connected and Private Pay. Our budget assumes that the Domiciliary continues to be at 100% occupancy. Below in Table 1 shows recent trends in average daily census.

Table 1

Payor	Act FY15	Act FY16	Act FY17	Act FY18	Bud FY19	Bud FY20
VT Medicaid	51	51	54	50	58	52
NY Medicaid	15	13	11	7	9	4
Private Pay	24	23	20	27	22	31
Medicare	7	5	4	5	5	6
VA	<u>23</u>	<u>29</u>	<u>29</u>	<u>30</u>	<u>31</u>	<u>32</u>
Total	120	121	118	119	125	125
Domiciliary	<u>8</u>	<u>8</u>	<u>8</u>	<u>7</u>	<u>8</u>	<u>8</u>
Grand Total	128	129	126	126	133	133

While Vermont Medicaid reflects an increase in net revenues, anticipated daily census is decreasing from 58 to 52 while private pay is increasing from 22 to 31. With the increase in Vermont Medicaid and Private Pay Funds, VVH was able to absorb most expense increases however due to benefit changes and Workers Compensation changes, our General Fund request is increasing \$307,379 from \$3,998,789 to \$4,306,168. Table 2 below shows the net revenue comparison from FY19 to FY20.

Table 2

Payor	FY 19	FY 20	Increase (Decrease)
VT Medicaid	\$ 8,697,150	\$ 13,164,628*	\$ 4,467,478
NY Medicaid	763,401	339,289	(424,112)

Payor	FY 19	FY 20	Increase (Decrease)
Private Pay	1,660,363	2,327,382	667,019
Medicare	830,174	1,093,182	263,008
VA	<u>4,641,074</u>	<u>4,957,109</u>	<u>316,035</u>
Total SNF	\$16,592,162	\$21,881,590	\$ 5,289,428
Domiciliary	<u>\$160,432</u>	<u>\$158,906</u>	<u>(1,526)</u>
Total Net Revenue	\$16,752,594	\$22,040,496	\$ 5,287,902
VA Stipend	<u>\$2,954,767</u>	<u>\$3,004,156</u>	<u>\$49,389</u>
Grand Total Net	\$19,707,361	\$25,044,652	\$ 5,337,291

***One time Vermont Medicaid settlement monies being used to reduce General Fund request from \$3,998,789 in FY19 to \$345,783 in FY20.**

Our daily charge for a semi-private room remains the same at \$315 and the private room daily charge remains level at \$335.

Reimbursement rates the payor sources are as follows in Table 3

Table 3

Payor	Reimbursement Rate
Vermont Medicaid	\$ 475.00
New York Medicaid	\$ 232.39
Private Pay	\$ 205.69
Medicare	\$ 499.17
VA	\$ 424.41
Domiciliary	\$ 58.29
VA Stipend	\$ 109.31
Dom VA Stipend	\$ 47.18

Salary expense is budgeted for a net increase of \$557,101 and there is an increase in Benefits of \$447,141. At the time of this narrative, the State has not included a rate increase for Health Insurance and the recently announced increase in Retirement allocation from 17.41% to 18.71%. Any increases will result in an increase in VVH's General Fund request. Presuming a 5% increase in Health

Insurance rates, the increase for these two items is approximately \$300,000. Calculations are based upon information provided from the InfoAdvantage Budget Reporting system. Table 4 shows the changes in Salary Expense.

Table 4

Line item	Budget FY19	Budget FY20	Increase (Decrease)
Salaries	\$ 9,396,725	\$ 9,596,319	\$ 199,594
Temp Employees	1,334,361	1,687,865	353,504
Overtime	600,000	834,373	234,373
Shift Differential	299,225	299,225	-
Market Factor	623,773	589,766	(34,007)
Vacancy Turnover	(381,206)	(577,569)	(196,363)
Personal Services Budget *	0	(417,714)	(417,714)
Totals	\$11,872,878	\$12,012,265	\$139,387

***Represents Allocations and increases from Other Agencies that were not allowed in the budget but VVH is expected to cover**

Table 5 shows the changes in Benefit Expense.

Table 5

Line item	Budget FY19	Budget FY20	Increase (Decrease)
FICA	\$ 763,818	\$ 779,241	\$ 15,423
Health Insurance	2,432,783	2,780,251	347,468
Retirement	1,702,146	2,070,200	368,054
Dental	153,651	163,776	10,125
Life	41,988	42,998	1,010
LTD	1,690	1,692	2
EAP	5,700	5,952	252
Workers' Compensation	406,191	468,638	62,447
Unemployment	60,000	60,000	-

Line item	Budget FY19	Budget FY20	Increase (Decrease)
Catamount Health	<u>14,000</u>	<u>14,000</u>	-
Total	\$ 5,581,967	\$ 6,386,748	\$ 804,781

Non-Salary increases total \$654,111 and are summarized as follows:

1. Agency Nurses - \$500,000
2. Security - \$160,600
3. Other Purchased Services increase - \$16,075
4. IT/Telecom Services & Equipment decreases – (\$22,567)