

FY2020 Governor's Proposed Budget – Overview and Policy Decision Points

Letter to Appropriations potential focuses

DISCUSSION DOCUMENT 2/15/19

Policy Decisions

Department of Mental Health (DMH)

- Eliminate Sherriff Supervision – State (\$268,490)/Gross (\$582,029)
 - Eliminated the payment of sheriff supervision taking place in hospital emergency depts
- Adult CRT Enhanced Plans – State \$246,708/Gross \$534,810
 - 6 new beds for community living programs – scale up the MyPad residential programs in Addison and Chittenden Counties
- Other Grant and Contract Reductions – State (\$63,409)/Gross (\$128,909)
 - Elimination of contract supporting Wellness Recovery Action Plans (WRAP) training through the Copeland Center

Department of Vermont Health Access (DVHA)

- Elimination of 6 Positions - State (\$300,000)/Gross (\$600,000)
 - Goal will be to reach dollar number, may not need to eliminate the full 6
- Delivery System Reform (DRS) Investment Reduction – State (\$937,500)/Gross (\$1,875,000)
 - Moving out of budget and will deal with any investment funding on an ad hoc basis through negotiation with ACO or during BAA

Green Mountain Care Board

- Level funded budget - Re-allocation of funding from Global Commitment/State dollars to industry via billback - \$2,495,518
 - Changes billback from 40% state (which pulls down federal dollars)/60% Industry to 26% State/74% Industry

Other areas of Agency of Human Services

- Health Claims Tax – moves the sunset 1 year to July 1, 2020
 - Provides funding to VITL

Areas of Interest

Department of Mental Health

- Physician contract with UVMCC for required salary increase for their Psychiatrists who work with DMH – State \$98,976/Gross \$214,558
- Increase to VPCH Operating Costs – increase in needed funds mostly due to traveling nurses – State \$345,975/Gross \$700,000
- Contract Reduction - State (\$74,523)/Gross (\$155,979)
 - Reduce children's psychiatric consultation to primary care (person no longer working in dept)
 - Savings to VPCH pharmacy contract
- Child/Youth Residential – State \$822,617/Gross \$1,548,085
 - Ongoing pressure in private non-medical institutions – residential treatment for children
- Success Beyond Six – no state dollars
- Allocation of AHS-wide Grands reduction plan (AHS net-neutral) – State (\$477,313)/Gross (\$1,034,713)
 - AHS wide grant reduction initiative – DMH has unachieved target

Department of Vermont Health Access (DVHA)

- Premium Processing Contract – State \$948,300/Gross \$1,896,600
 - Extension of BAA and one-time funding to support plan to transition premium billing from VT Health Connect (WEX) to insurance carriers.
- Final Phasedown of the HIT Investment – State \$348,481/Gross \$0 – required phase down

Other Departments

- Office of Healthcare Advocate - \$1,457,406 – same appropriation as FY2019
- AHEC Program Support - \$550,000 – same appropriation as FY2019
- Public Health AIDS/HIV Funding - \$475k in grants to VT AIDS services and peer support organizations (also sent to Human Services)
- Vermont Department of Health – \$250k GF from the elimination of 9 positions through attrition

Policy Proposals from Healthcare Committee

- Discussion needed