

House Health Care recommendations on FY22 BAA proposals

Agency/Dept	Proposal	Amount – gross/State	HHC position	Notes
Governor’s recommendations (discretionary)				
DMH	VPCH/MTCR staff recruitment and retention incentives	<u>FY22:</u> \$1,437,927 (gross) \$632,687 (State) <u>FY23:</u> \$289,734 (gross) \$127,483 (State)	Support <i>as long as</i> also provide equivalent per-employee incentive amounts to DAs and SSAs, with flexibility in how they spend it	HHC has proposal for estimated \$22.5 million to DAs/SSAs (to match DMH proposal) (<i>see below</i>)
DMH	Furniture and equipment for new 16-bed secure residential recovery facility in Essex	\$150,000 (State)	No objection	
DMH	Traveling staff to support children’s crisis bed facility (Jarrett House)	\$225,570 (gross) \$99,251 (State)	No objection	HHC understands that this funding is intended to allow Jarrett House to reinstate 24/7 staffing and that this need is tied to the crisis in children’s mental health, with children not being able to get the services they need and waiting in emergency departments. HHC hopes that the requested amount is sufficient to enable Jarrett House to return to full staffing levels.

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DMH	Maintain 24/7 staffing of 988 suicide prevention line	\$440,000 (State)	No objection	HHC intends to closely examine and evaluate suicide prevention activities in Vermont this session
DVHA	Vermont Health Information Exchange (VHIE) contract and grant changes	(\$845,460) (gross) (\$255,480) (State)	No objection	
DVHA	Medicaid rate adjustments	\$4,716,275 (gross) \$2,069,406 (State)	Support, especially increases in primary care rates	HHC plans to explore in more depth in context of FY23 budget
DVHA	Per diem payment rate for emergency departments for patients awaiting placement	\$250,000 (gross) \$109,695 (State)	Support	HHC would condition use of funds on hospitals also addressing patient experience of care during delays – <u>see HHC language proposal at end of document</u> HHC is concerned about whether this amount is sufficient (and fully understands that this is not a solution to the problem of patients boarding in hospital emergency departments; also acknowledges that not all patients in ED are in Medicaid)
DVHA	Payment reform for High-Tech Nursing program	\$152,239 (gross) \$66,985 (State)	No objection	

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AHS	\$25 million to AHS to “address emergent and exigent circumstances following the COVID-19 pandemic”	\$25,000,000 (State)	Support, with the understanding that flexibility is required in this time of COVID emergency	<p>HHC anticipates usage of funds will be similar to the Health Care Provider Stabilization Grant Program established by 2020 Acts and Resolves No. 136, Sec. 7 and would like to receive an accounting of how funds were spent as required in that act</p> <p>Language should be revised to reflect emergent and exigent circumstances “<u>as a result of</u>” the COVID-19 pandemic</p>
AHS	\$15 million to AHS for “Healthcare Workforce Retention incentives”	\$15,000,000 (State)	Support, with the understanding that House Appropriations Committee plans to integrate these funds into larger amount of funds to be made available in response to all requests for health care workforce retention incentives	
HHC proposals (not part of Governor’s recommendations)				
OPR	To set up telehealth registration program and address OPR’s anticipated COVID-related budget deficit	\$1,000,000 (State)	<p>Support; this is an important patient protection and continuity of care initiative.</p> <p>HHC plans to propose both a short-term telehealth registration program and a longer-term telehealth</p>	Proposal comes as a result of the recommendations in the 2021 Acts and Resolves No. 21 report on facilitating interstate practice of health care professionals using telehealth. The funding needs to be provided in BAA as it relates to ensuring access to and

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			licensure program, in Act 6 extension bill.	continuity of care and to safeguarding patient safety by requiring out-of-state providers to be registered with the Office of Professional Regulation (OPR). If funding is not provided, Vermont licensees’ fees would have to be used to subsidize out-of-state health professionals delivering services to Vermonters.
HHC	Provide recruitment and retention incentives for designated agency and specialized service agency (DA/SSA) staff. Funds must be used to support stabilization of community mental health and substance use disorder treatment (MH/SUD) providers and must not be diverted or otherwise used to pay for institutional care.	\$22,500,000, or another amount determined appropriate by House Appropriations Committee	Support; these funds are necessary to address the critical need to stabilize the community MH/SUD workforce to meet Vermonters’ health care needs. This proposal aligns with the amounts DMH proposed for recruitment and retention for State employees at VPCH and MTCR.	<p>Need to achieve parity for community MH/SUD providers with the recruitment and retention proposals for State employees at VPCH/MTCR. DAs and SSAs must receive their proportional share of the funds appropriated.</p> <p>Need to provide flexibility within system to deploy funds appropriately. Funds need to be distributed across entire continuum of direct care workers; parity is important, but that does not necessarily mean equal amounts to all employees.</p> <p>HHC recognizes that financial compensation for community</p>

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				<p>MH/SUD providers is not equitable (e.g., with compensation for State employees) and that we need to make a commitment to bring community providers up to a more equitable level of compensation over time; we are not going to achieve that in the BAA, but it needs to be addressed. Chronic underfunding has put access to mental health services in crisis.</p> <p>HAC should maximize federal funding to extent possible.</p> <p>HHC wants HAC to require reporting on use of funds and impact on recruitment and retention.</p>
Net neutral and/or non-discretionary				
DMH	Fund transfer to DVHA for Brattleboro Retreat Level 1 and CRT	(\$13,000,000) (gross) (\$5,720,000) (State)	No objection	Net neutral to AHS
DVHA	Fund transfer from DMH for Brattleboro Retreat	\$13,000,000 (gross) \$5,720,000 (State)	No objection	Net neutral to AHS

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DMH	Fund transfer to DVHA to cover actual costs of NFI hospital diversion program	(\$202,051) (gross) (\$91,425) (State)	No objection	Net neutral to AHS
DVHA	Fund transfer from DMH for NFI hospital diversion program	\$207,784 (gross) \$91,425 (State)	No objection	Net neutral to AHS
DMH	One-time funds carried forward from FY21 for RRMC Level 1 cost settlements	\$430,000 (gross) \$189,200 (State)	Nondiscretionary	Contractual obligation
DVHA	Fund transfer for Act 48 (Dr. Dynasaur-like coverage) from DVHA State-Only to Administrative	\$200,000 (State)	No objection	Net neutral to AHS
DVHA	Patient access to health care information per CMS regulation	\$281,333 (gross) \$140,666 (State)	Nondiscretionary	Federal requirement
DVHA	Changes to VHIE cost allocation based on federal financial participation	\$2,429,434 (State)	Nondiscretionary	Federal government changed federal financial participation amounts
DVHA	Transfer from AHS for Delivery System Reform HIT spending authority	\$141,149 (gross/State)	No objection	Net neutral to AHS

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DVHA	Medicaid caseload and utilization changes	\$67,520,950 (gross) \$28,727,103 (State)	Nondiscretionary	No terminations/ redeterminations during public health emergency; some mitigation due to 6.2% FMAP bump from FFCRA
DVHA	Performance Year 2020 ACO settlement	\$15,396,860 (gross) \$6,745,252 (State)	Nondiscretionary	Contractual obligation; HHC plans to continue work on health care reform initiatives
DVHA	Medicare buy-in and caseload changes	\$6,247,250 (gross) \$2,522,118 (State)	Nondiscretionary	Enrollment is up; CMS increased Medicare Part B premiums
DVHA	Medicaid expense transfer from DCF	\$60,000 (gross) \$26,400 (State)	No objection	Net neutral to AHS
DVHA	Medicare clawback for duals' Part D expenses	(\$171,507) (State)	No objection	Net positive to DVHA – 6.2% FMAP bump increased federal share
DVHA	Anticipated changes to CHIP FMAP in FY22	(\$281,535) (State)	No objection	Net positive to DVHA

Language for addition to emergency department per diem rates:

Sec. ____ . HOSPITALS; EMERGENCY DEPARTMENTS; PATIENTS AWAITING PLACEMENT; PER DIEM RATES

(a) A hospital shall use funds received for per diem rates in their emergency departments to improve the patient experience of care for individuals encountering long delays in admission for inpatient psychiatric treatment, in direct consultation with the Department of Mental Health and with individuals and families with lived experience of mental health emergencies.

Access to masks and testing

The Committee on Health Care considered recommending an appropriation be included in the budget adjustment act to address Vermonters' immediate needs for access to high-efficiency masks and rapid antigen tests but concluded that the budget adjustment act was not the appropriate vehicle to realize that goal. The Chair of the House Committee on Health Care will initiate conversations with the Speaker of the House and the House Committees on Appropriations, on Human Services, and on Education to identify other opportunities to address Vermonters' needs for access to high-efficiency masks and rapid antigen tests.