

Overview of FY22 BAA proposals for HHC consideration – **DRAFT for discussion 1/11/22**

Agency/Dept	Proposal	Amount – gross/State	HHC position	Notes
Governor's recommendations (discretionary)				
DMH	FY22 VPCH/MTCR staff recruitment and retention incentives	FY22: \$1,437,927 (gross) \$632,687 (State) FY23: \$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)
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	
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	HHC plans to gather more information in context of FY23 budget

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DVHA	Per diem payment rate for emergency departments for patients awaiting placement	\$250,000 (gross) \$109,695 (State)	HHC is concerned about whether this amount is sufficient	HHC would condition use of funds on hospitals also addressing patient experience of care during delays – <i>see HHC language proposal at end of document</i>
DVHA	Payment reform for High-Tech Nursing program	\$152,239 (gross) \$66,985 (State)	No objection	
AHS	\$25 million to AHS to “address emergent and exigent circumstances following the COVID-19 pandemic”	\$25,000,000 (State)	TBD	HHC generally supports but encourages HAC to gain more information about what is contemplated
AHS	\$15 million to AHS for “Healthcare Workforce Retention incentives”	\$15,000,000 (State)	TBD	HHC supports workforce incentives but encourages HAC to gain more information about what is contemplated
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)	TBD Will propose short-term telehealth registration program and longer-term telehealth licensure program in Act 6 extension bill	See OPR memo for more details regarding use of funds and potential budgeting options Board of Medical Practice may also need funding
HHC	Recruitment and retention incentives for DA/SSA staff	\$22.5 million	Support – aligns with DMH recruitment and retention proposals for State employees	Need to double check numbers (Nolan talking to DMH)
Other	Cordes proposal for distribution of free masks and tests	TBD	TBD	

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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
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

Agency/Dept	Proposal	Amount – gross/State	HHC position	Notes
DVHA	Transfer from AHS for Delivery System Reform HIT spending authority	\$141,149 (gross/State)	No objection	Net neutral to AHS
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 treatment, in direct consultation with the Department of Mental Health and with individuals and families with lived experience of mental health emergencies.