

Section	Agency/Dept	Appropriation	Proposal	Amount (all funds)	State/General Funds	Federal Funds	Medicaid GCF	Investment GCF	Other Special Funds	HHC Position (leave blank if support)	Priority (high, medium, low)	Notes
Not in Governor's Recommend												
	VMS and Health First (Primary and Speciality Care)		3.8 percent inflation increase in the FY24 RBRVS fee schedule, applicable to both primary care and specialty care practices.	\$677,000	\$294,360	\$382,640						
	VMS and Health First (Primary and Speciality Care)		3.8 percent inflation increase in the FY24 RBRVS fee schedule, applicable to both primary care and specialty care practices .	\$3,804,600	\$1,654,240	\$2,150,360						
	Free Clinics		Increase provider pay	\$453,451	\$453,451							
	EMS	Workforce Bill?	Education For all EMS Provider	\$1,000,000	\$1,000,000							
	EMS		Increase Medicaid reimbursement Rates to 80% of Medicare	\$1,217,301	\$529,282	\$688,019						
	EMS		Increase Medicaid reimbursement Rates to 100% of Medicare	\$3,119,640	\$1,356,419	\$1,763,221						
	EMS	One Time	H263-Funding to assist study for administrative support	\$100,000	\$100,000							
	Soteria	One Time	Funds to purchase and renovate building to expand from 5 person capacity to 9 person capacity.	\$995,000	\$995,000							
	Vermont Care Partners		10% Medicaid Rate Increase	\$15,609,980	\$6,787,219	\$8,822,761						Secs. B.313 and 314 (VDH & DMH) only.
	Vermont Care Partners	Workforce Bill?	Tuition Assistance/Loan Repayment	\$6,000,000	\$2,608,800	\$3,391,200						
	Vermont Care Partners		Mental Health Rate Equity Analysis	\$1,300,000	\$1,300,000							
	Home Health Agency		Annualized estimate: 90% LUPA July 1- Dec 31 2023	\$1,109,880	\$301,610		\$693,675					

	Home Health Agency - Independently Enrolled Nursing Services		Annualized estimate: 90% LUPA July 1- Dec 31 2023	\$165,312	\$44,923		\$103,320					
	Home Health Agency		Annualized estimate: 100% of projected LUPA (incremental over 90% of 2023 LUPA)	\$1,271,988	\$207,397		\$476,995					
	Home Health Agency - Independently Enrolled Nursing Services		Annualized estimate: 100% of projected LUPA (incremental over 90% of 2023 LUPA)	\$154,676	\$25,220		\$58,003					
	Bi-State FQHCs		Medicade Rate Increases	\$6,900,000	\$3,000,120	\$3,899,880						A legislative directive that the Department of Vermont Health Access continue its current work with Bi-State to align Vermont Medicaid FQHC payments with federal law and guidelines by FY2025
	VSAC	Workforce Bill?	Nurse Forgiveable Loan Program									
\$ Sections:												
B.306	DVHA	Admin	Reduction in office rents & operational reductions	(\$655,551)	(\$292,387)	(\$363,164)						
B.307	DVHA	Global Commitment	Caseload & utilization	\$3,945,546			\$3,945,546					
B.307	DVHA	Global Commitment	Buy-in caseload	\$1,156,696			\$1,156,696					
B.307	DVHA	Global Commitment	Dental rate increase	\$13,109,475			\$13,109,475					
B.307	DVHA	Global Commitment	Dental rates for DS & CRT clients	\$198,821			\$198,821					According to DVHA, this is budget neutral in that money was moved from elsewhere within AHS (DMH and DCF) as per their proposed budget construct
B.307	DVHA	Global Commitment	Drug coverage changes with pharmacy benefit	(\$1,745,903)			(\$1,745,903)					
B.309	DVHA	State Only	Caseload & utilization	\$1,231,370	\$1,233,763			(\$2,393)				
B.309	DVHA	State Only	Clawback	\$2,364,110	\$2,364,110							
B.309	DVHA	State Only	Eliminate VT Cost-Sharing Reduction program – 1/1/2024	(\$500,000)	(\$500,000)							
B.309	DVHA	State Only	Drug coverage changes with pharmacy benefit	(\$37,890)	(\$37,890)							

B.310	DVHA	Matched Non-waiver	Caseload & utilization	(\$662,780)	(\$64,673)	(\$598,107)						
B.310	DVHA	Matched Non-waiver	Buy-in caseload	\$159,308		\$159,308						
B.310	DVHA	Matched Non-waiver	CHIP FMAP Change	\$0	(\$37,766)	\$37,766						
B.310	DVHA	Matched Non-waiver	Drug coverage changes with pharmacy benefit	(\$16,208)	(\$4,775)	(\$11,433)						
B.314	DMH	Mental Health	Overtime for VPCH/River Valley	\$1,251,572	\$1,714,768		(\$463,196)					
B.314	DMH	Mental Health	Increase in vacancy savings	(\$3,574,015)	(\$238,945)	(\$14,066)	(\$574,794)	(\$2,744,645)	(\$1,565)			
B.314	DMH	Mental Health	IMD Investment Phasedown	\$0 – swap GC to GF	\$2,202,250			(\$2,202,250)				
B.314	DMH	Mental Health	Convert Eldercare Outreach to investment	\$0 – swap GF tor GC	(\$100,000)			\$100,000				
B.314	DMH	Mental Health	Mobile Crisis Response (positions & grant)	\$3,357,655	\$798,374	\$211,406	\$2,347,875					
B.314	DMH	Mental Health	Secure residential operating increases – River Valley	\$112,732			\$112,732					
B.314	DMH	Mental Health	Maintain 988 Suicide Prevention Line	\$275,200				\$275,200				
B.314	DMH	Mental Health	CMC ServicePoint license for housing	\$34,000	\$34,000							
B.314	DMH	Mental Health	Convert Suicide prevention grant to investment	\$0 – swap GF tor GC	(\$260,000)			\$260,000				
B.314	DMH	Mental Health	Convert pathways support line to investment	\$0 – swap GF tor GC	(\$419,000)			\$419,000				
B.314	DMH	Mental Health	Peer support credentialing	\$375,000	\$187,500	\$187,500						
B.314	DMH	Mental Health	Therapeutic Alternatives to Eds in the Northeast Kingdom	\$1,588,229			\$1,588,229					
ONE-TIME:												
B.1100(a)(14)	DMH	One-time approp - DMH	Expediting competency and sanity evaluations	\$105,000	\$105,000							
B.1100(a)(15)(A)	GMCB	One-time approp – VHCURES	Implementation of VT Health Care Uniform & Evaluation System (VHCURES)	\$620,000	\$620,000							
B.1100(a)(15)(B)	GMCB	One-time approp – fin database	Financial database solution	\$120,500	\$120,500							
B.1100(a)(15)(C)	GMCB	One-time approp – HRAP	Health Resources Allocation Plan	\$50,000	\$50,000							
B.1100(a)(16)(B)	AHS	One-time approp – Secretary’s Office	Health Care Workforce Position – Act 183 Sec. 34 (a)	\$170,000	\$170,000							

B.1100(a)(16)(D)	AHS	One-time approp – Secretary’s Office	To address emergent and exigent circumstances impacting healthcare providers	\$10,000,000	\$10,000,000										
B.1100(a)(16)(E)	AHS	One-time approp – Secretary’s Office	Matching funds for one-time caseload pressures due to the suspension of Medicaid redeterminations	\$10,534,603	\$10,534,603										
B.1101(a)(7)(B)	AHS	One-time approp - Secretary’s Office	Public Health Emergency tail one-time time matching funds	\$13,693,231 FF		\$13,693,231									
				\$24,227,834 = TOTAL caseload / redeterminations											
B.1100(a)(18)	VDH	One-time approp - Substance Use Program	Substance Misuse Prevention Coalition	\$1,590,000	\$1,590,000							House Human Services			
B.1100(a)(16)(C)	AHS	One-time approp - Secretary’s Office	Blueprint for Health Hub & Spoke Program	\$8,833,934	\$8,833,934										
B.1101(a)(7)(A)	AHS	One-time approp - Secretary’s Office	Blueprint for Health Hub & Spoke Program	\$11,405,058 FF		\$11,405,058									
				\$20,238,992 = AHS Central Office: BP Hub & Spoke Expansion (GC MATCH)											
B.1101(a)(1)(A)	DVHA	One-time approp - Substance Use Program	Blueprint for Health Hub & Spoke Program	\$15,583,352 GC			\$15,583,352								
B.1101(a)(1)(B)	VDH	One-time approp - Substance Use Program	Blueprint for Health Hub & Spoke Program	\$4,595,448 GC			\$4,595,448								
				\$20,178,800 = DVHA & VDH: BP Hub & Spoke Expansion (GC ALLOCATED)											
B.1100(a)(17)	DVHA	One-time approp –DVHA	Blueprint for Health Hub & Spoke program	\$366,066	\$366,066										
B.1101(a)(7)(C)	DVHA	One-time approp - DVHA	Blueprint for Health Hub & Spoke Program	\$372,048 FF		\$372,048									
				\$738,114 =DVHA: BP Hub & Spoke (Regular Match through DVHA)											
Note: The double-count is an accounting exercise. Note sure why numbers do not mach															
LANGUAGE:															
C.100	AHS	Secretary’s Office – GC	Updated Medicaid appropriations in line with Emergency Board for FY23	EXPLANATION: Updated Medicaid consensus projections were completed after the Governor had submitted the FY2023 Governor’s Recommended Budget Adjustment Act. These amendments reflect both the Governor’s recommended adjustments plus the necessary increases resulting from the updated Medicaid consensus outlook. The consensus Medicaid projections increased Grants as follows: Section B.301 +\$9,797,808 GF + \$15,904,732 FF = \$25,702,540; B.307 = \$25,702,540 GC; B.310 +\$123,219GF + \$281,604 FF = \$404,823; B.346 +\$9,921,027GF + \$16,186,336FF + \$25,702,540 GC = \$51,809,903. These adjustments supersede those presented in the Governor’s Recommended Budget Adjustment Act											

D.102	AHS	27/53 Reserve	Transfer amounts to the 27/53 reserve	Sec. D.102 27/53 RESERVE (a) \$5,350,000 General Fund will be transferred to the 27/53 reserve in FY 2023. This action is the FY 2024 contribution to the reserve for the 53rd week of Medicaid as required by 32 V.S.A. Sec. 308e and the 27th payroll reserve as required by 32 V.S.A. 308e. <u>EXPLANATION:</u> FY 2024 prorated annual contribution to the 27/53 reserve per 32 V.S.A Sec. 308e(b)			
E.100(a)(1)(H)	DMH	Executive Branch Positions	DMH – multiple permanent positions	Establishes the following permanent positions in the Dept. of Mental Health in FY 2024: 1 Crisis Program Director, one Menatl Health Analyst, One Operations Manager, one Training and Curriculum Development Supervisor.			
E.100(b)(2) – (5)	DVHA	Executive Branch Positions	Convert DVHA positions from limited service to permanent	Converts 35 limited service positions to classified permanent status in DVHA (which are specifically listed in the Gov Rec. proposal, pg.21), in FY 2024.			
E.300	AHS	Funding for HCA	Annual language on funding for the Office of the Health Care Advocate	Sec. E.300 FUNDING FOR THE OFFICE OF THE HEALTH CARE ADVOCATE: (a) Of the funds appropriated in Sec. B.300 [HUMAN SERVICES] of this act, \$1,847,406 will be used for the contract with the Office of the Health Care Advocate.			
E.301	AHS	SO – Global Commitment	Annual language to clarify source of IGT funds and certified state match	<u>EXPLANATION:</u> Language is required to clarify the source of IDT (interdepartment transfer) funds in the AHS Global Commitment appropriation, as well as to update estimated appropriations and available certified state match as prosed in the FY 2024 budget. See page 27 of Gov. Rec. proposal.			
E.301.1	AHS	SO – Global Commitment	GC Transfer authority	<u>EXPLANATION:</u> Medicaid services services are included in numerous appropriations within AHS, and outside of AHS. While best efforts are made to accurately project expenditures in each appropriation in the Big Bill, and refined again in the BAA, there is always a need at the end of the year to true-up to actual expenditures and activities. The JFC reporting requirement ensures that the legislature is aware of these adjustments. See Page 27 of Gov. Rec. Proposal.			
E.301.2	AHS	AHS	Medicaid Home & Community Based Services Plan – extend to FY2025	<u>EXPLANATION:</u> The federal government has extended HCBS (Home and Community Based Services) fund availability until March 2025 and therefore AHS requires the HCBS Global Commitment Fund transfer flexibility language and the carryforward language to be extended into FY 2025.			
E.306	DVHA	DVHA	VT Health Benefit Exchange Rules	1 Sec. E.306 VERMONT HEALTH BENEFIT EXCHANGE RULES (a) The Agency of Human Services may adopt rules pursuant to 3 V.S.A. chapter 25 to conform Vermont’s rules regarding health care eligibility and enrollment and the operation of the Vermont Health Benefit Exchange to state and federal law and guidance. The Agency may use the emergency rules process pursuant to 3 V.S.A. § 844 prior to June 30, 2024, but only if new state or federal law or guidance require Vermont to amend or adopt its rules in a time frame that cannot be accomplished under the traditional rulemaking process. An emergency rule adopted under these exigent circumstances will be deemed to meet the standard for the adoption of emergency rules required pursuant to 3 V.S.A. § 844(a). <u>EXPLANATION:</u> Annual language requirement to appropriately position DVHA to adapt its rules relative to changes in federal and/or state laws governing the Vermont Health Benefits Exchange.			
E.306.1	DVHA	DVHA	Health IT-Fund Revenue Sunset	<u>EXPLANATION:</u> Language is required to extend the sunset of the Health IT fund ans is customarily extended by one-year as compared to current law until a policy change is initiated.			
E.306.2	DVHA	DVHA	Health Care Claims Tax	<u>EXPLANATION:</u> This language is required to extend the .199 Health Care Claims tax to fund the HIT Fund through 2025 to align with Sec. E.306.1 above.			

E.307	DAIL/DVHA	Long-term Care PNA	Personal Needs Allowance	EXPLANATION: Language necessary to execute legislative intent to extend increased PNA (Personal Needs Allowance) for all Medicaid beneficiaries, both those who receive SSI and those who do not.			This is probably in the jurisdiction of the Human Services Committee.
E.309	DVHA	DVHA	VT Cost Sharing Reductions elimination	This is the language associated with B.309 listed above in the \$ section, for the elimination of the Vermont Cost Sharing Reductions (\$500K), which is a state-funded program to reduce out-of-pocket costs for eligible qualified health plan enrollees.			
E.312	VDH	Public Health	AIDS/HIV Funding Language	EXPLANATION: Annual language that provides guidance to the Department of Health and Agency of Human Services about the allocation and administration of funds for HIV/AIDS prevention and services.			

[Note: Link to Gov. Rec. Language can be found HERE.](#)