

Section	Agency/Dept.	Program Name	Proposal/Description	Gross Dollars	General Fund	One-Time / Base	HHC Position	Priority	Notes
<b>Governor's Recommend One Time Funding</b>									
B.1100(a)(4)(A)	DMH/DCF	Youth Psychiatric Inpatient Treatment at SVMC	Youth Psychiatric Inpatient Treatment Facility Start-up Costs	\$ 1,000,000.00	\$ 1,000,000.00	One-Time	No	N/A	
B.1100(a)(5)(A)	AHS-CO	Medicaid Global Payments	GF portion of GC for DVHA's Medicaid Global Payments	\$ 9,279,583.00	\$ 3,913,200.00	One-Time	Yes	N/A	Funding for the Medicaid Prospective Payment One Year Pilot: Related to AHEAD. This is a "claims tail" to fill the gap between FFS claims coming in and a new prospective payment system transition.
<b>Governor's Recommend Base Funding</b>									
B311	VDH	Nursing Forgivable Loan Incentive	Vermont Nursing Forgivable Loan Incentive	\$ 288,594.00	\$ 121,700.00	Base	Yes	N/A	
B.307	DVHA	PRTF	Psychiatric Residential Treatment Facility	\$ 3,500,000.00	\$ 1,500,000.00	One-Time	No Position	N/A	The 15 bed mental Health PRTF program may be locked at the facility perimeter, but not at the room level. This level of program requires the oversight of a psychiatrist, and the purpose of security is strictly related to the clinical needs of the youth and risk to their own safety. This degree of security is not conditional to public safety concerns. (Brattleboro Retreat)
B.314	DMH	988 Suicide/Crisis Line	In FY 24, DMH expanded the base services to cover chat and text, as well as increased call volume. The cost of this expansion is currently being covered with a SAMHSA grant, however, that funding will not be available in FY 25. This request is to cover the cost of that expansion in the DMH base budget.	\$ 451,254.00	\$ 190,294.00	Base	Yes	N/A	
B.314	DMH	Private Nonmedical Institutions (PNMI)	Increase for Rule Change	\$ 100,800.00	\$ 48,772.00	Base	Yes	N/A	
B.314	DMH	Private Nonmedical Institutions (PNMI)	Inflationary Increase	\$ 343,645.00	\$ 168,325.00	Base	Yes	N/A	
	DPS	Embedded Mental Health Workers	Basefunding in the FY25 budget covers 7 current positions. To shore up: 5 positions that aren't in base, asking for \$117,000/positionx 5= \$585,000 (12 total positions), or Additional Ask for 8 new positions to reach goal of (20 total positions). = additional ask for \$117,000x 8 \$936,000. TOTAL: Shore-Up and Additional-\$1,521,000 NO MATCH (2/20 Mourning Fox Testimony) ALL of this ask is in the Governor's Recommend		\$ 2,476,000.00	Base	Coming Back To	N/A	
<b>House Health Care One-Time Funding Using Covid/Emergent Fund - Fund all but we did prioritize</b>									
	VDH	Bridges to Health	Fund Bridges to Health for FY2025 (for Migrant & Immigrant Workers and Families accessing health care.) Approx 4,000 people in VT.	\$ 835,073.03	\$ 835,073.03	One-Time	Support with covid emergent funds	1	Bridges For Health has no funding after June 30, 2024. We support one more year of funding to continue the program and give them to time to work with partners, like VDH, on long term funding.
	DMH	Mental Health Urgent Care Centers	Fund the 4th Qtr FY2025. Committee would review results in 2025 session to determine if programs should be fully funding in FY2026	\$ 488,970.00	\$ 206,198.65	One-Time	Support with covid emergent funds	2	This secures funding for 3rd quarter FY2025. Will require report back in early 2025
	DMH	Howard Center	Adult Bed and Residential Program (\$523k)	\$ 523,000.00	\$ 523,000.00	One-Time	Support with covid emergent funds	3	
	DMH	Howard Center	Cultural Liaison Program (\$300k)	\$ 300,000.00	\$ 300,000.00	One-Time	Support with covid emergent funds	4	
	DVHA	NEMT for Medicaid	Methodology will be appropriately updated to reflect utilization of service along with this increase in funding.	\$ 1,201,000.00	\$ 506,000.00	One-Time	Support with covid emergent funds	5	Methodology will be appropriately updated to reflect utilization of service along with this increase in funding. *Note this is an entitlement program. they cannot deny a ride to someone. they can postpone it only.
	VDH	Household Insurance Survey	"Act 54 of 2015 said " on or before Jan 15,2018, and every three yeast thereafter, the Commissioner of Health shall submit a recommendation to the General Assembly for conducting a survey of the health insurance status of Vermont residents." the last one was in 2021.		\$ 400,000.00	One-Time	Support with covid emergent funds	6	Nolan notes that last report cost \$387k. Suggest adding \$400k to this budget
	VDH	Health Equity Advisory Commission	HEAC has now recommended that the Office of Health Equity be placed in the Vermont Department of Health (DMH).\$250K will now be needed for operating and staffing expenses. HEAC needs \$450K for operations, community engagement, and consulting.	\$ 250,000.00	\$ 250,000.00	One-Time	Support	High	
	VDH	EMS	Bill H622 asked for \$1M for training for EMS providers	\$ 500,000.00	\$ 500,000.00	One-Time	Support	Medium	Another round of one time requested by EMS advocates. Original request was \$1,000,000
			Total		\$ 3,520,271.68				
<b>House Health Care Reimbursement Rate Recommendations</b>									
	DVHA	Visiting Nurses Assn	Bring Reimbursement Rates to 100% of LUPA	\$ 1,300,000.00	\$ 550,000.00	Base	Support	Highest	
	VDH	EMS	Treatment No Transport Reimbursement Rates to 100% of Medicaid	\$ 74,000.00	\$ 31,200.00	Base	Support	Highest	
	DVHA	Bi-State and Community Health Centers	Without fiscal help from us there will be contingency plans for staffing and reduction of programs in many FQHCs. Once created, the positions will be transferred from AoA to VDH using the Governor's authority under 3 VSA 209. We can handle this administratively.	\$ 4,380,000.00	\$ 1,850,000.00	Base	Support	High	



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Note: DVHA may need more money to do the analysis. They will get back to us. 2/21

-Melanie Carpenter