Section	Agency/Dept.	Description		Gross	State/General Fund(subtotal increases/decreases)	One-Time / Base	HHC Position	Priority	Notes
One Time Appropriations									
B.1100(a)(4)(A)	DMH/DCF		Youth Psychiatric Inpatient Treatment Facility Start-up Costs	$ 1,000,000.00	$ 1,000,000.00	One-Time			We funded fit-up costs in BAA. (This is not Brattleboro Retreat 15 beds --that is in DVHA budget in Governor's Rec $3.5M gross 1$.5M gf) This is SVMC
B.1100(a)(5)(A)	AHS-CO		GF portion of GC for DVHA's Medicaid Global Payments	$ 9,279,583.00	$ 3,913,200.00	One-Time			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.
Base Funding									
B311	VDH		Vermont Nursing Forgivable Loan Incentive	$ 288,594.00	$ 121,700.00	Base Funding			state share $121,700 (gets matched at AHS)
B.307	DVHA		Psychiatric Residential Treatment Facility	$ 3,500,000.00	$ 1,500,000.00	One-Time			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	Maintain 988 Suicide Prevention 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				The total allocation to 988 is more than $1M across all grants etc...
B.314	DMH	Private Nonmedical Institutions (PNMI) Increase for Rule Changes	Salary Cap:There is currently a rule that states the highest paid staff cannot exceed 7 times the lowest paid wage. This rule is limiting for programs with a Psychologist or Psychiatrist. 5% VT Medicaid Operating Surplus Recapture: Currently, if a program has more than a 5% operating surplus, that amount reduces the rates for the following year. This proposal will allow the programs to hold onto the surplus revenues for program reinvestment and times oflow occupancy. Reimbursement for closed beds:This proposal allows reimbursement of closed beds for difficult placements.This will support and incentivize programs to take on difficult placements.	$ 100,800.00	$ 48,772.00				
B.314	DMH	Private Nonmedical Institutions (PNMI) Inflationary Increase	During the FY 24 budget cycle, the Agency of Human Services embarked on a two-phase initiative to address rule changes requestedby PNMI providers. Phase one of this project includes a rule change to building an inflationary adjustment that began in FY 2024.Thisfunding is to add the inflationary factor to FY 2025.	$ 343,645.00	$ 168,325.00				
	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				Is this in alignment with a coordinated system of mental health care?
Language									
B345	GMCB		Bill back language proposal (net neutral-all stakeholders in agreement)			Base Funding			Slight adjustments of funding from the following for Board: (i) 40 percent by the State from State monies; (ii) ~~30~~ 28.8 percent by the hospitals; (iii) ~~24~~ 23.2 percent by nonprofit hospital and medical service corporations ...or health insurance companies ... (iv) ~~six~~ eight (8.0) percent by accountable care organizations

	DVHA								DVHA shall meet at least quarterly with interested parties to develop and report back to the House Health Care, Senate Health & Welfare, House Appropriations and Senate Appropriations Committees by January 1, 2025 [should it be before this – maybe Nov 15 or Dec 1 - so the new methodology could theoretically be incorporated into Jan 1 fee schedule changes? A question for DVHA how quickly they think they could do this work] a proposed methodology for the RBRVS professional fee schedule that [include an implementation date, like "could be implemented by SFY26"? and] will not decrease with Medicare conversion factor decreases. In developing the methodology, DVHA should consider: keeping the relative value units (RVUs) used by Medicare but implementing a floor to the conversion factors that do not decrease with Medicare decreases; whether to benchmark the conversion factor floor to a set year; how to incorporate an inflationary adjustment into the fee schedule; whether to continue to use two separate conversion factors (one for primary care services and one standard conversion factor) or transition to one conversion factor but implement other methods of enhanced support for primary care such as implementing payment of Healthcare Common Procedure Coding System (HCPCS) add-on code G2211 for primary care services, while considering the impact the AHEAD Model may have on the use of G-codes.
HHC Proposals									
Visiting Nurses Assn	DVHA		-100% of Medicare LUPA rates This is a blended rate that accounts for expected January LUPA rate adjustment.	$ 1,300,000.00	$ 550,000.00	Base Funding			
Vermont Medical Society American Assn of Pediatrics	DVHA		a positive inflationary adjustment in the Medicaid RBRVS fee schedule in the SFY2025 Budget over 2023 rates that at least equals the Medicare Economic Index of 4.6%	Coming 2/20-21 from Alicia		Base Funding			Absent Vermont legislative action in the State Fiscal Year 2025 budget, the RBRVS fee schedule would not only lack an inflationary adjustment but would be cut by 3.4% when DVHA implements the remaining 2024 Medicare changes. The MEI provides a measure of inflation faced by physicians with respect to their practice costs and general wage levels. It includes a bundle of inputs used in furnishing physicians' services such as physician's time, non-physician employees' compensation, rents and medical equipment. This is the minimum needed to help practices continue to stay open and serve Medicaid beneficiaries. (Jessa Barnard testified 2/7/24)
Health Equity Advisory Commission	VDH		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.		$200K for OHE $250K for HEAC (overall total $450,000)	Base Funding			No match

Vermont Care Partners	DVHA/DMH		6.5% medicaid rate increase ($7.15M MH only general fund-from Amy's doc)	$ 34,661,359.00	$ 7,150,000.00	Base Funding			Note last year we gave a 4% increase to DA/SSA and FQHCs. We also invested $42M in the Blueprint (FQHCs) for expanding MH.
NEMT for Medicaid	DVHA		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	This is a mandated service by Medicaid.		$14.5M appropriated in current FY24 but will only be able to draw down $13.5M because of the DVHA PMPW rate formula. Working on mitigating the formula issue so may need $1M to fill the gap. Will also need $1M for the FY25 gap bringing total request to either 15.5 or 16.5M. 2/20: Anticipate an ask of $500,000in GF in base for FY25 and same in FY24 (we could do in one-time money). Also developing new payment methodology, will extend contract another year. 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. I'm
NEMT for Medicaid	DVHA			$ 1,624,500.00	$685,000.00	Base Funding			$16,124,500 this is FY25 projected expenses (state and federal money). FY25 DVHA NEMT Appropriation: $14,500,000.00
VLA-Office of Health Care Advocate			FY25 is level-funded in Gov. Asking for an increase that is based on inflation.	$ 153,141.32	$ 96,479.03	Base Funding			
Bi-State and Community Health Centers	DVHA		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 Funding			This is in addition to the Governor's Rec of $2.26M Gross (953K GF). This would allow DVHA to bring FQHC rates into compliance with federal law and align each health center's rate with its individual costs. (straight match)
Household Insurance Survey	VDH		"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			Nolan notes that last report cost $387k. Suggest adding $400k to this budget
Mental Health Urgent Care Centers	DMH		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			Not in governor's recommend but there will be a gap. To avoid the March gap.
Howard Center	DMH		Cultural Liaison Program ($300k)		$ 300,000.00	One-Time			The housing ask is a one-time ask to bridge. Not matchable.
Howard Center	DMH		Adult Bed and Residential Program ($523k)		$ 523,000.00	One-Time			
EMS	VDH		Treatment No Transport Reimbursement Rates to 100% of Medicaid	$ 74,000.00	$ 31,200.00	Base Funding			2/16 testimony if reimbursement rate is increasd as proposed in H622-- fiscal impact: would be $31,200 general fund state match. Gross annually $74K this is not in the Governor's Recommend. Clarify ask. the above is just for transport piece not rate increase. We need to know if it rate increase is being asked for.
EMS	VDH		Bill H622 asked for $1M for training for EMS providers	$ 1,000,000.00		One-Time			Another round of one time. This is not including the $150,000 that comes annually from special fund.
Bridges to Health	VDH		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			This amount is for steady state. If add two positions amount would be $1,036,176
UVMMC Vermont Cancer Inititative					$5,000,000.00	One-time for next 5 years			
Potential Bills After Budget Recommend									
			H.721 Medicaid Expansion - Technical Analysis Study	$ 450,000.00		One-Time			From DVHA (2/21) for implementation $200,000 Gross - $100,000 GF; $350,000 of GF to AHS for technical anaylsis (there may be GCF match-still to be determined)

			H.233 Pharmacy Benefit Manager	$ 450,000.00		One-Time			Hoping to raise the fees in the bill
Language Needed									
NEMT	Need methodology language for rates								
HEAC	they also asked for language that we establish the office in statute, require they come back in three years to state whether VDH is the proper place for the office. If we want to do this, we will need Jen to draft language								
Visiting Nurses Assn	Direct DVHA to develop a methodology to compare home health medicaid rates to medicare home health pps. and compare pediatric palliative care rates to home health pps or hospice rates.								
Medicaid Probate Estate Recovery Issue	DVHA has asked for this technical change--Daisy has the notes.								