

### SFY25 BAA – House Human Services Recommendations

Section	Governor's Recommendation Amount	BAA Description/Other Notes	HHS Recommendation
<b>B.318 DCF Child Care Development CCFAP caseload savings</b>	\$13,082,592	General fund caseload one-time savings.	Given that CCFAP is an entitlement service, HHS recommends establishing access to Human Services case load reserve to ensure the State's obligations are met when there are future fluctuations in childcare contributions resulting from economic volatility. Access to reserve funds is consistent with a recommendation made by the State Treasurer in December 2024. Additionally, as the fully expanded eligibility rollout only began in late 2024, it is expected that there will continue to be increased uptake in program eligibility over the next several months.
<b>B.318 DCF Child Care Contribution Special Fund</b>	\$13,200,000	Although the E Board reported lower revenue from the childcare contribution on 1/22/25, they did not change their revenue projections	Same as above.
<b>B.321 DCF GA &amp; GA Emergency Housing</b>	\$351,627	Under utilization of GA services (not shelter/hotel/motel)	HHS recommends extending emergency winter weather housing provisions for eligible populations as defined in the FY 25 budget through June 30th, 2025. Current capacity is 1408 rooms. HHS recommends: 1425 rooms = \$1,924,000 - \$351,627 = additional cost of \$1,572,373 (this recommendation includes use of \$351,627 in B.321) (see language)

Section	Governor's Recommendation Amount	BAA Description/Other Notes	HHS Recommendation
<b>B.323</b> <b>DCF</b> <b>Reach Up</b>	\$499,995	Reflects lower than anticipated Reach-up caseload; continued use of ratable reduction and out-of-date base years results in lower than required funds to meet basic needs	HHS recommends maintaining these funds for disbursement to current Reach-up recipients in the form of a one-time inflation response stipend in the amount of \$100/household. $\$100 \times 3,732 = \$373,200$ (\$126,795 remaining; HHS recommends this be retained in B323 to fund any potential caseload increase during FY 25) (see language)
<b>B.322</b> <b>DCF</b> <b>SNAP/3 Squares VT</b>	\$1,300,000	Additional funds from the Federal Government for 3 squares regular benefit caseload adjustment	HHS supports this adjustment and in addition, the committee recommends directing DCF to further utilize the state's federal allocation of discretionary benefit funds to the maximum capacity they are able (see language)
<b>DCF</b> <b>Family Services</b> <b>Division</b> <b>B.316</b> <b>B.317</b>			We have no disagreements with specific BAA line items but have some red flags in terms of the FY26 budget including budgeting for Red Clover and other secure programs and DCF IT projects.

	<b>Governor's Recommendation Amount</b>	<b>Description</b>	<b>HHS Team Recommendation</b>
<b>DAIL B.329 B.330 B.331 B.332 B.333 B.334 B.334.1</b>	\$56,226,879	Multiple changes due to caseload increases; emergency financial relief for nursing facilities and collective bargaining agreement	<p>HHS recommends no changes to the BAA as proposed, however the committee is extremely concerned about the stability of the long term care residential services. This BAA shows the fragility of many of Vermont's 33 SNF. We will be keeping an eye on FY26 the projections as SNF utilization has begun to level off.</p> <p>Inadequate support for home and community services has had a direct impact on B.321, emergency housing.</p>
<b>VDH B.313</b>	<p>\$1,025,125</p> <p>\$4,000,000</p>	Increased revenue from Cannabis Fund	<p>Legislatively required 30% dedicated to substance use prevention; HHS supports this, however during the FY26 budget discussions the committee will seek further information about the best use of these resources.</p> <p>Post submission of the BAA, the Administration is proposing moving \$4M from B.313 to B.307 and adding \$6M for a total of \$10M. There is no language directing the use of these funds that the committee understands are slated for targeted assistance to providers. HHS received information that the additional \$6M was anticipated from FY26 resources. HHS has concerns regarding this and additional oversight is needed for this area.</p>

