

1 H.13

2 Senators Gulick, Cummings, Douglass, Hart and Lyons move that the  
3 Senate propose to the House that the bill be amended as follows:

4 First: By striking out Sec. 2, 33 V.S.A. § 911, in its entirety and inserting in  
5 lieu thereof a new Sec. 2 to read as follows:

6 Sec. 2. 33 V.S.A. § 911 is added to read:

7 § 911. PAYMENT RATES FOR PROVIDERS OF COMMUNITY-BASED  
8 SERVICES

9 (a) The Secretary of Human Services shall calculate payment rates for  
10 providers of community-based services that are reasonable and adequate to  
11 achieve the required outcomes for the populations they serve. When  
12 calculating these payment rates, the Secretary:

13 (1) for informational purposes, shall ensure that the calculations take  
14 into account factors that include:

15 (A) the reasonable cost of any governmental mandate that has been  
16 enacted, adopted, or imposed by any State or federal authority; and

17 (B) a cost adjustment factor to reflect changes in reasonable costs of  
18 goods to and services of providers of community-based services, including  
19 those attributed to inflation and labor market dynamics; and

20 (2) may consider geographic differences in wages, benefits, housing,  
21 and real estate costs in each region of the State.

1        (b) The Secretary shall establish a methodology for calculating payment  
2        rates for providers of community-based services in accordance with this  
3        section. The methodology shall:

4            (1) provide a schedule for conducting studies of the Medicaid  
5        reimbursement rates paid to the providers of community-based services,  
6        including the rates' adequacy and their underlying methodologies, that  
7        includes studying the rates paid to providers for each type of service at least  
8        once every five years;

9            (2) set forth a predictable timeline for redetermination of base rates;

10          (3) include a process for calculating an annual inflationary rate  
11        adjustment;

12          (4) to the extent permitted by the Centers for Medicare and Medicaid  
13        Services, take into account the financial needs of providers whose  
14        reimbursements may be negatively affected by client absences; and

15          (5) use Vermont labor market rates and Vermont costs of operation.

16        (c) The Secretary shall establish a process by which a provider of  
17        community-based services whose financial condition places it at imminent risk  
18        of closure may request provider stabilization from the Agency.

19        (d) The Secretary shall recalculate the payment rates for providers of  
20        community-based services in accordance with this section at least annually and  
21        shall report those rates, and the amounts necessary to fund them, to the House

1     Committees on Appropriations, on Human Services, and on Health Care and  
2     the Senate Committees on Appropriations and on Health and Welfare annually  
3     as part of the Agency’s budget presentation.

4         Second: In Sec. 3, 18 V.S.A. § 8914, preceding “the Departments of  
5     Health’s,” by striking out “determine” and inserting in lieu thereof “calculate”

6         Third: In Sec. 4, payment rates for providers of community-based services;  
7     update on implementation; report, following “developed for,” by striking out  
8     “determining” and inserting in lieu thereof “calculating”