

2024



ANNUAL REPORT

**GOVERNOR'S RECOMMENDED BUDGET
FOR STATE FISCAL YEAR 2026**

Submitted by

**DEPARTMENT OF VERMONT
HEALTH ACCESS**



<https://dvha.vermont.gov>

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Message from the Commissioner

Greetings,

Thank you for taking the time to learn about the work we do at the Department of Vermont Health Access (DVHA). Your commitment to serving Vermonters is deeply valued, and we look forward to collaborating on opportunities to improve access to quality health care across our state. It has been a year of transition for DVHA and I am honored to step into my role as DVHA's new commissioner. I also want to extend my gratitude to DVHA's leadership team for their guidance and dedication during this time of transition. Their expertise and commitment have been invaluable in ensuring continuity and progress as we move forward together.



This report highlights key achievements from 2024 while also outlining DVHA's budget proposal for state fiscal year 2026 capturing both where we have been and where we are headed.

At DVHA, our mission is clear: to improve Vermonters' health and well-being by ensuring access to high-quality, cost-effective health care. Over the past year, we've made meaningful progress toward that mission:

- Completed the post-pandemic Medicaid renewal restart period with a 75% enrollment retention rate.
- Implemented 12 month continuous Medicaid eligibility for children.
- Secured federal authorization to use Medicaid funds to support housing for Vermonters experiencing homelessness.
- Spearheaded the State's response to the Change Healthcare cyber attack.
- Advanced large-scale performance evaluation efforts for Vermont's Medicaid waiver and underlying programs and investments.
- Completed a yearlong pilot partnership with University of Vermont Medical Center to allow Medicaid beneficiaries to enroll in their comprehensive pain management program, and secured funding for continuation through 2025.
- Completed annual Open Enrollment for qualified health plan coverage for 2025 with record enrollment numbers, utilizing increased federal funding availability to save Vermonters thousands on insurance premiums over previous years.

At the heart of everything we do is people—the Vermonters we serve, the workforce we support, and the partnerships we build. Our success depends on these relationships, and we're committed to fostering a culture of collaboration, integrity, and service. I'm proud to serve Vermonters and to lead the DVHA team in this critical work. I encourage you to explore this report for a deeper look at what we've accomplished and where we're going next.

Dr. DaShawn Groves, Commissioner

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Resources

[Vermont 1115 Global Commitment Waiver Documents](#)

About DVHA

What is DVHA?

The Department of Vermont Health Access (DVHA), within the State of Vermont's Agency of Human Services (AHS), administers the Vermont Medicaid program and Vermont's health insurance marketplace, Vermont Health Connect. The Department's work is broad and includes clinical services, payment, and eligibility for the health plans it administers.

DVHA as a Managed Care Program

The Department occupies a unique role in our state's health care landscape. While most states contract with private Managed Care Organizations (MCOs) to administer their Medicaid programs, Vermont administers its Medicaid program through a state-based, public managed care-like model.¹ Under this administrative framework, DVHA serves as the managed care plan for the Vermont Medicaid program.

Managed Care refers to any health care delivery system or health plan organized to manage cost, utilization, and quality, and it is the predominant Medicaid administrative model across the U.S.² 41 states, including the District of Columbia, currently contract with at least one comprehensive MCO (e.g. UnitedHealthcare, Anthem) in administering their Medicaid programs.³ In these states, private organizations are tasked with operations such as provider contracting, rate setting, and clinical utilization management.

Vermont's Medicaid model is nationally unique. Operating as a public managed care-like plan, DVHA acts directly as the payer for the Medicaid program. As such, the State maintains direction and oversight of the program while still being able to take advantage of managed care administrative flexibilities available through federal Medicaid regulation. The relationship between Vermont's Medicaid Agency (AHS) and DVHA as its health plan is authorized through Vermont's Global Commitment to Health 1115 Demonstration Waiver and further detailed in an intergovernmental agreement. Specifically, DVHA is described as a non-risk, prepaid inpatient health plan (PIHP) via the 1115 waiver and must adhere to federal rules accordingly.

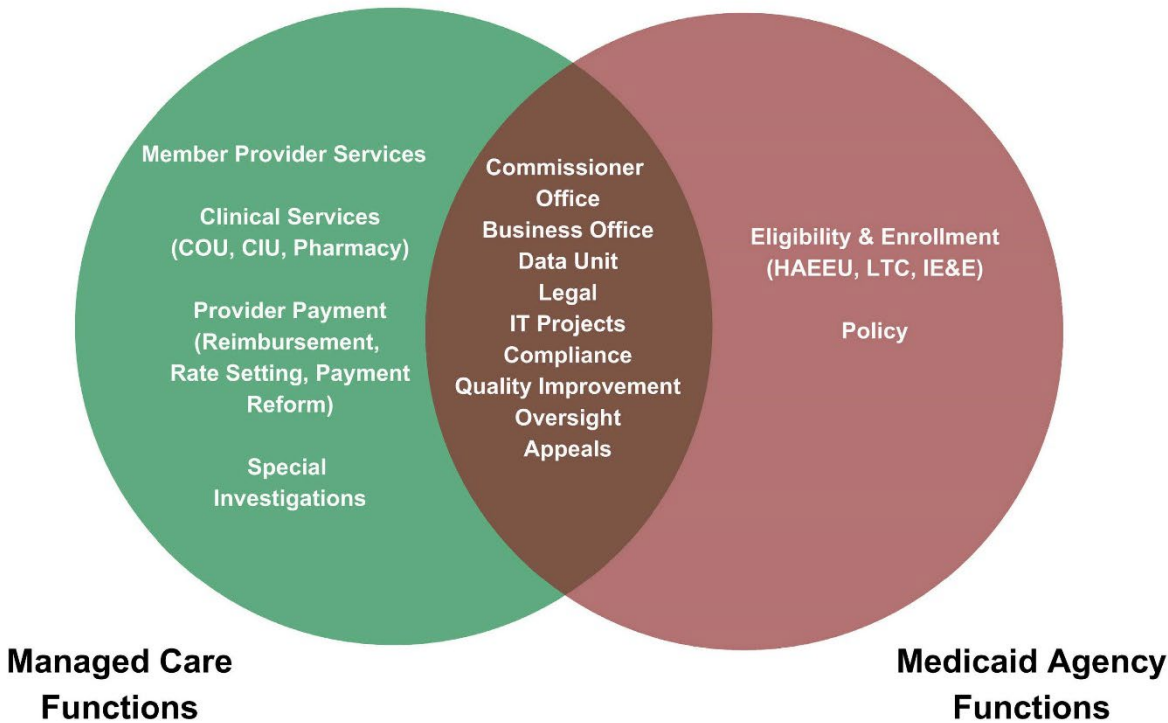
The units within DVHA can generally be organized by function, either as part of the health plan or not. Department responsibilities involving provider relations, clinical services, reimbursement, and rate setting are all aspects of managed care. DVHA also performs Medicaid Agency functions, such as eligibility, which are distinct from its managed care responsibilities.

¹ <https://www.ecfr.gov/current/title-42/section-438.2>

² [Managed Care | Medicaid](#)

³ [Total Medicaid MCOs | KFF](#)

DVHA’s identity as a Managed Care Program allows the Department to be more directly responsive to the needs of Vermont Medicaid members while significantly benefiting from federal flexibilities offered only to managed care plans. Through this model, DVHA is able to manage the network, utilization, rate setting, and reimbursement internally to best support Vermonters and advance the Department’s mission.

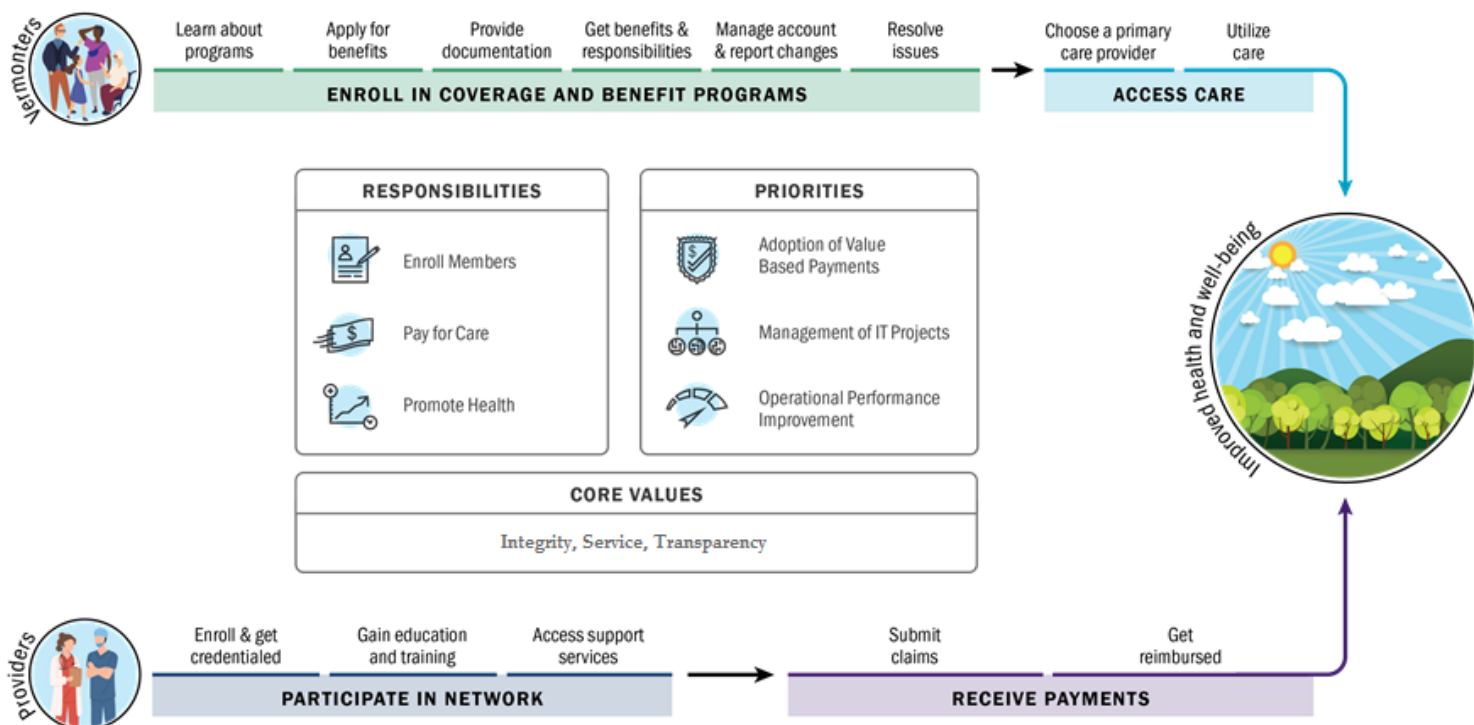


Mission and Values

Mission

Improve Vermonters’ health and well-being
by providing access to high-quality, cost-effective health care.

Our mission underlies all DVHA's work. As a department, we strive to improve Vermonters' health and well-being. We work to provide access to high-quality health care. We are committed to doing this cost-effectively. We are accountable to our members, providers, and to taxpayers.



To support our mission, we:

- Help Vermonters **access health insurance** through Medicaid and through the Health Insurance Marketplace, Vermont Health Connect.
- Help Vermonters **who are covered by Medicaid access health care services**.
- **Pay health care providers** for delivering health care to Vermonters who are covered by **Medicaid**.
- Spend taxpayer dollars wisely by **running an effective, efficient department**.

Core activities:

- 1) We encourage Vermonters to sign up for, or enroll in, health insurance and benefit programs. This work is represented by the “Vermonters” path in the diagram above.
- 2) We pay for Vermonters’ health care if they are in Medicaid programs. We work with a robust network of providers, pharmacies, and other partners. This work is outlined in the “Providers” path above.
- 3) We strategically invest in programs and monitor costs. This work is central to our commitment to quality and improvement.

Values

Our department adheres to the three core values of the Vermont Agency of Human Services:

- 1) **Transparency** – We trust that we will achieve our collective goals most efficiently if we communicate the good, the bad, and the ugly with our partners and stakeholders.
- 2) **Integrity** – We are ethical and honest. Our actions align with our core values as employees of the Department, the Agency, and the State of Vermont.
- 3) **Service** – Everything we do is funded by Vermonters to serve Vermonters. Therefore, we must ensure that our processes and policies are person-centered. We aim to model, drive, and support the integration of person-centered principles throughout our organizational culture.

These values guide our responsibilities, priorities, and mission. We are committed to innovation and collaboration. We approach opportunities to manage Medicaid costs differently with an open mind and are committed to serving Medicaid members, providers, and Vermont taxpayers. We recognize that the success of our initiatives depends on robust working relationships with other state agencies, federal and local governments, and community partners.

Priorities and Connection to the Mission

DVHA has identified three key priorities that support our mission to improve Vermonters' health and well-being by providing access to high-quality, cost-effective health care.

Advancing Value-Based Payments

Value-based payment programs pay for Medicaid-covered health care in a new way, resulting in predictable and flexible payments for both providers and DVHA, as well as ensuring quality of care for Medicaid members. Instead of paying providers solely for the number of services they deliver (e.g., for each test, office visit, hospital stay, and procedure), value-based payment programs link payment to quality, pay differently, or do both. If the value-based payment program pays differently, it can be for entire or selected populations of patients. An important element of value-based payment is regularly monitoring cost, coordination, volume, and quality of care to support all Medicaid members having access to the services they need.

Modernizing Information Technology Infrastructure

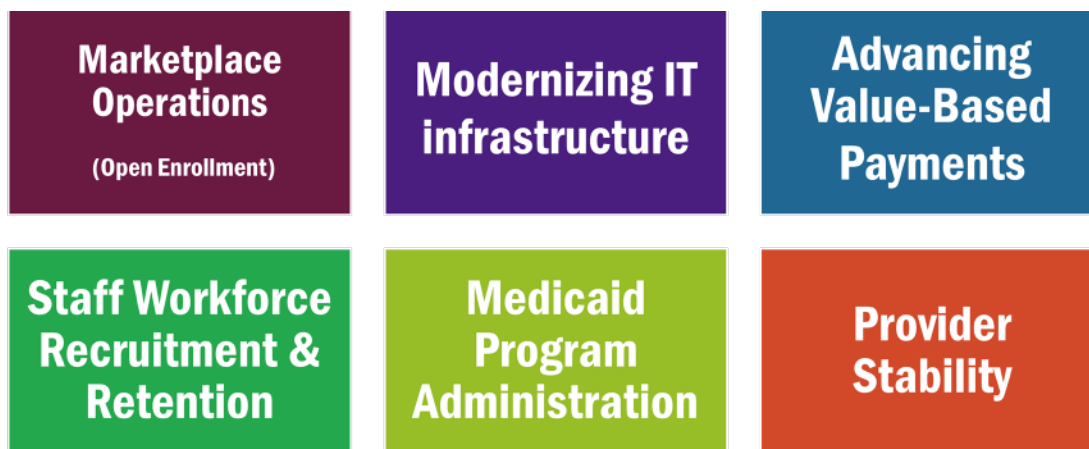
Health care and health insurance systems rely on technology. Vermonters and providers need modern, effective technology systems to sign up for health insurance, to be paid for health care services, and to get the health information they need. We aim to implement and use flexible, responsive information technology systems in the face of changing customer expectations, a shifting federal landscape, and advances in the health care industry. Modern, effective technology solutions support signing up for health insurance, paying health care claims, and accessing health information.

Operational Performance Improvement

Continuous improvement is a core tenet of the Department's work. To improve, DVHA staff determine meaningful ways to measure our work, gather data, and develop scorecards to monitor effectiveness. These scorecards drive clinical initiatives, business decisions, the pursuit of better customer service, a higher quality of care, employee engagement, and operational efficiencies.

Looking to the Future: DVHA's Work

The Department is generally focused on the following priorities and initiatives to support our mission. These building blocks ensure our department can improve Vermonters' access to health care.

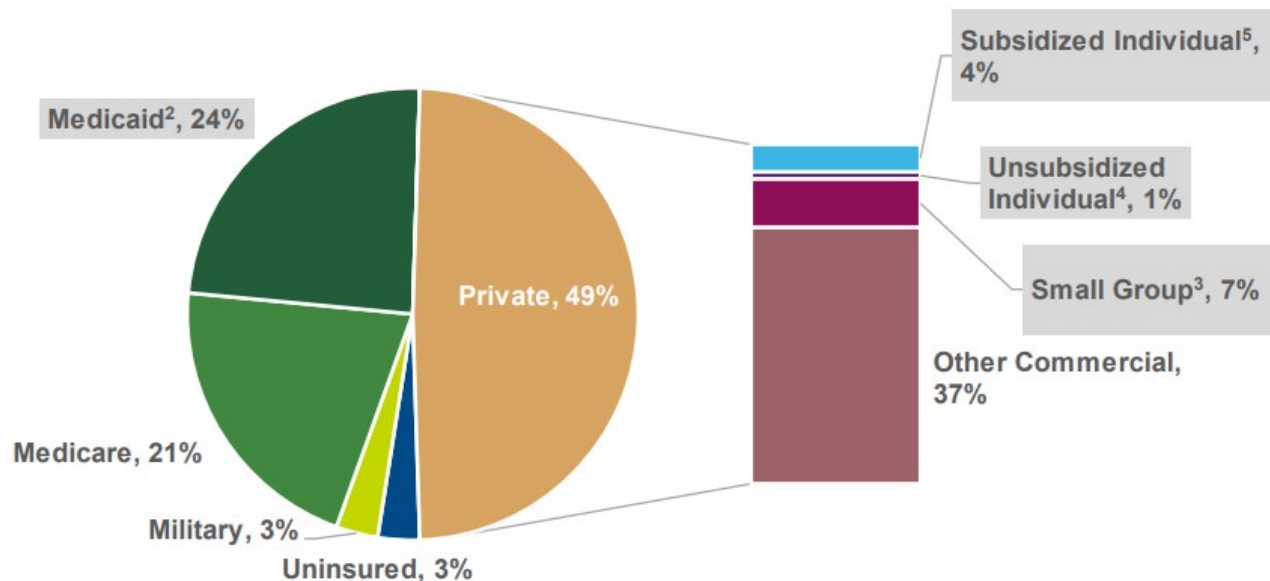


Overview of Vermont Medicaid

Vermont Health Insurance Landscape

More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department. As of September 2024, 167,720 Vermonters are enrolled in Vermont Medicaid and another 71,735 Vermonters are enrolled in a qualified health plan. More information can be found in the Department's Health Insurance Map reports: Health Insurance Maps | Department of Vermont Health Access.⁴

⁴ <https://dvha.vermont.gov/budget-legislative-and-rules/reports-and-studies/health-insurance-maps>



More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

²Enrollment administered by DVHA, benefits managed by DVHA

³Certified by DVHA, enrollment and benefits administered by insurance company partners

⁴Certified by DVHA, enrollment administered by DVHA or by insurance company partners, benefits managed by company partners

⁵Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance company partners

Vermont Medicaid Program

Medicaid programs provide low-cost or free health insurance for eligible Vermonters. Medicaid is a state program that follows Federal rules. Eligibility is based on financial factors and, for certain eligibility groups, on clinical factors. The Vermont Medicaid Program provides comprehensive health coverage, including broad prescription coverage.

- Visit the State's website for the eligibility guidelines in effect for income-based programs for 2025 to learn more.⁵
- Detailed information for all eligibility groups can be found here: Eligibility and Cost-sharing of Programs (vermont.gov).⁶

⁵ <https://info.healthconnect.vermont.gov/compare-plans/eligibility-tables/2025-eligibility-tables>

⁶ https://dvha.vermont.gov/sites/dvha/files/doc_library/Health%20Program%20Eligibility%20Tables.pdf

Medicaid State Plan Eligibility Groups – Full State Plan Benefits

Aged, Blind, Disabled Eligible for SSI or otherwise meet financial eligibility for ABD	New Adults at or below 138% FPL who are: <ul style="list-style-type: none"> Not Pregnant Not 65 or older Not Receiving Medicare 	Working Disabled at or below 250% FPL
Pregnant Women [Dr. Dynasaur] at or below 213% FPL	Children under 19 [Dr. Dynasaur] at or below 317% FPL	Katie Beckett Disabled children under 19 meeting institutional level of care. Parental income/resources not counted.

HCBS for Designated State Plan Populations – Full State Plan Benefits + HCBS

CFC Highest/High Needs -DAIL	Children under 21 with Severe Emotional Disturbance -DMH
Developmental Disabilities -DAIL	Brain Injury -DAIL

Limited Benefit Waiver Groups – Not State Plan Eligible

Waiver Only Expenditures

VPharm For Medicare beneficiaries with income 150 - 225% FPL.	Moderate Needs -DAIL Below 300% of SSI benefit rate who meet clinical criteria and are at risk of institutionalization.	Investments
Marketplace Subsidy Program For individuals at or below 300% FPL who purchase health care coverage in VHC.	Community Rehabilitation Treatment -DMH For individuals with severe and persistent mental illness, regardless of income	SUD IMD Payments -VDH
		Cost-Effective Alternatives
		Palliative Care for under 21 - VDH

Fast Facts

Category	Description	Fact
Coverage	Total Vermonters covered by a health plan that is administered or certified by DVHA (September 2024)	239,455
Providers	Number of providers enrolled in Vermont Medicaid, also known as Green Mountain Care (December 2024)	24,659
Claims	Number of claims processed annually (SFY2024)	8,434,950
	Percent of claims received electronically (SFY2024)	92.39%
	Percent of claims processed within 30 days (SFY2024)	98.99%
Customer Support	Average number of incoming calls per month (2024)	21,364

DVHA Units

The Department's work is broad, incorporating many units and divisions. Each unit contributes significantly to the Department's mission. The following section provides a high-level overview of the Department's organizational structure, including brief descriptions of each unit within DVHA.

Help Vermonters Access Health Insurance

One of the Department's core responsibilities is helping Vermonters access health insurance. Health insurance is a cornerstone of accessing high quality, affordable health care. The Department continuously works to ensure Vermonters can access affordable health insurance that offers comprehensive coverage in alignment with federal requirements.

Health Access Eligibility & Enrollment Unit (HAEEU)

The Health Access Eligibility and Enrollment Unit (HAEEU) is the doorway Vermonters use to access many of the Department's programs. HAEEU operates Vermont's health insurance marketplace, also known as Vermont Health Connect.

Vermont's health insurance marketplace is integrated. This means that Vermonters can come through one "door" to access a range of insurance plans. Vermonters are screened for eligibility for health insurance through Modified Adjusted Gross Income (or MAGI) based Medicaid, Dr. Dynasaur, and Qualified Health Plans, which include federal and state-based financial assistance. HAEEU also enrolls Vermonters into Medicaid for the Aged, Blind and Disabled, VPharm, and the Medicare Savings Programs.

Vermonters can apply for coverage online, by paper, by phone or in-person.

The HAEEU team is comprised of several smaller units:

- Offline/Online Support Teams (Tier 1/Tier 2) - Customer service representatives who determine applicant eligibility for health care programs;
- Tier 3 Call Center, which handles complex case resolution;
- Data Team;
- Access Operations (AOPS) Team, which serves as the primary link between eligibility policy and operations;
- Business & Training Team, which facilitates new hire training and onboarding, develops business processes, and manages operational projects; and
- Communication & Outreach Team, responsible for public education and communication around health care access, including notices, website, social media and the Assister Program.

Long-Term Care (LTC)

The Long-Term Care (LTC) Unit determines financial eligibility for Vermonters who apply for LTC Medicaid. Eligibility for Vermont LTC Medicaid has two parts: (1) Financial Eligibility, determined by DVHA; and (2) Clinical Eligibility, determined by the Department of Disabilities, Aging, and Independent Living (DAIL) or by the Department of Mental Health (DMH).

If they are eligible, Vermonters may receive services in their own home, in the home of another person, in an approved residential care home, in an assisted living facility, or in an approved nursing home. The LTC Medicaid Program covers Choices for Care, Developmental Disabilities Home- and Community-Based Services, the Brain Injury Program, and Intensive Home- and Community-Based Treatment.

Health Care Appeals Team (HCAT)

The Health Care Appeals Team provides investigative research and support for eligibility fair hearings, covered services internal appeals, and covered services fair hearings. The team also oversees the Medicaid Program Grievance and Appeals process, supporting both federal and state regulatory compliance for grievances and appeals processed by the specialized service departments.

Integrated Eligibility & Enrollment (IE&E) Program

The IE&E Program is one of the major Information Technology (IT) initiatives residing under the Agency of Human Services' (AHS) umbrella. The goal of the IE&E Program is to enhance business processes and leverage technology to improve the experience of Vermonters as they apply for, access, and maintain health care and financial benefits. The IE&E Program leverages state and federal resources from both the Centers for Medicare and Medicaid Services (CMS) and the US Department of Agriculture (USDA) Food and Nutrition Service (FNS). This program is a collaborative effort coordinated across multiple agencies and departments.

Help Vermonters Access Health Care Services

The Department is responsible for reviewing, authorizing, and monitoring services for Vermonters who are covered by Medicaid. These services include health care, pharmacy, mental health, and substance use disorder treatment. In addition, the Department responds to questions and concerns from Vermonters covered by Medicaid.

Clinical Services

Clinical Services is comprised of three units: Clinical Operations, Clinical Integrity, and Pharmacy.

Clinical Operations

The Clinical Operations Unit (COU) reviews and monitors the quality, quantity, appropriateness, and effectiveness of health care services requested by providers for members, conducts claims data analysis; develops and/or adopts clinical criteria for established clinical services, new technologies, and medical treatments; assures correct coding for medical benefits; reviews

provider appeals and may provide education related to specific Medicaid policies and procedures.

The Unit also manages the Clinical Utilization Review Board (CURB), an advisory board comprised of ten members with diverse medical experience from throughout the state. The CURB examines existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines, and makes recommendations to DVHA regarding coverage, unit limitations, place of service, and appropriate medical necessity of services in Vermont's Medicaid programs. DVHA retains final authority to evaluate and implement the CURB's recommendations.

Clinical Integrity

The Clinical Integrity Unit (CIU) reviews and monitors the quality, quantity, and effectiveness of health care services requested by providers to ensure that Vermont Medicaid members receive services at the appropriate level of care. Additionally, the CIU conducts claims data analysis; develops and/or adopts clinical criteria for established clinical services and may provide education related to specific Medicaid policies and services. The CIU is responsible for the utilization management of mental health and substance use disorder services. The team also administers the federally required lock-in program (Team Care) designed to prevent diversion, misuse, and abuse of medications. In addition, the CIU authorizes applied behavior analysis (ABA) services for children.

Pharmacy Unit

The DVHA Pharmacy Unit manages pharmacy benefits for members enrolled in Vermont's publicly funded pharmacy benefit programs to ensure members receive medically necessary medications in a timely, cost-effective manner. The team works closely with DVHA's contracted pharmacy benefit manager (PBM). Collaborative responsibilities include facilitating claims processing, determinations for prior authorization requests, management of the preferred drug list (PDL), rebate pricing and negotiations, and assisting members with problems or complaints. The PBM manages a call center staffed with pharmacists and pharmacy technicians who respond to providers who have pharmacy claims, processing issues and prior authorization questions.

The Unit enforces claim rules in compliance with federal and state laws, implements legislative and operational changes to the pharmacy benefit programs, and oversees all federal, state, and supplemental drug rebate programs. In addition, the Pharmacy Unit and its PBM partner work together to manage DVHA's preferred drug list (PDL), pharmacy utilization management programs, and drug utilization review activities focused on promoting rational prescribing in alignment with evidence-based clinical guidelines.

The Pharmacy Unit manages the activities of the Drug Utilization Review Board (DURB), an advisory panel consisting of physicians, pharmacists, and community health practitioners across Vermont. The DURB evaluates drugs based on clinical appropriateness and safety with

consideration for net cost to the state, reviews new drugs for clinical management and PDL status and votes on changes to be made to the Vermont Medicaid PDL.

Pay Health Care Providers for Delivering Health Care to Medicaid Members

The Department works to enroll health care providers in Medicaid. These providers provide medical treatment to Vermonters who have Medicaid for their health insurance. The Department pays providers for caring for Medicaid patients. The Department is the “payer” of Medicaid “claims”, or bills, for health care services.

Member and Provider Services (MPS) Unit

The Department’s Member and Provider Services Unit ensures that Vermont Medicaid members have access to appropriate health care for their physical, mental, and dental health needs. The MPS unit is responsible for engagement, outreach and communication with both members and providers. The goal of the Member and Provider Services Unit is to ensure that members are informed, their issues are addressed promptly, and they are satisfied with the answers received. The Customer Support Center is the point of initial contact for members’ questions and concerns. Members’ calls may be forwarded to Member and Provider Services staff for additional information/review if questions or concerns remain after contact with the Customer Support Center.

Member issues may come to DVHA’s attention in many ways: from members themselves, the Governor’s Office, the AHS Secretary’s Office, from legislators, from Vermont Legal Aid, and from the provider community. Member and Provider Services staff promptly respond to members’ needs, no matter the entry point, and deliver the necessary information in a manner that reduces confusion and increases understanding wherever possible.

The Member and Provider Services Unit coordinates benefit and collection practices with providers, members, and other insurance companies to ensure that Medicaid is the payer of last resort. The Unit also works diligently to recover funds from third parties where Medicaid should not have been solely responsible.

Medicaid Management Information System (MMIS) Program

The goal of the MMIS Program is to modernize and integrate a configurable, interoperable system that will be compliant with the Centers for Medicare and Medicaid Services (CMS) Conditions and Standards. An operational MMIS efficiently and securely shares appropriate data (beneficiary, provider, clinical, etc.) with Vermont agencies, providers, and other stakeholders. The MMIS Program also has oversight of the MMIS core claims processing contract with the State’s vendor, Gainwell Technologies.

Payment Reform Unit

The Payment Reform Unit transitions Vermont Medicaid’s health care revenue model from fee-for-service payments based on volume to alternative payment models based on value. The goals are to improve quality of care, improve the health of Vermont’s population, reduce growth

in the cost of care (known collectively as the “Triple Aim”), and improve the integration of care and services for Vermonters.

The Payment Reform Unit is a resource for internal and external stakeholders to explore potential payment options and to plan, design, implement, test, and evaluate alternative payment models. Because of the complexity of this work, payment reform benefits from systematic processes. AHS and DVHA have developed and refined processes to foster consistent and effective approaches to payment reform.

Rate Setting

The Division of Rate Setting calculates Medicaid rates for residential services provided by Vermont nursing homes, out-of-state nursing homes, and residential facilities for youth called Private Non-Medical Institutions (PNMIs). Rate Setting sets unique rates for each facility based on that facility’s historical costs. The Unit consists of a team of financial auditors, accountants, and technical professionals who perform annual audits to determine which costs are included in the rate calculation in alignment with regulation.

The Division has rules governing the processes for setting the Medicaid rates of each different type of facility. The nursing home Medicaid rates are established pursuant to Methods, Standards, and Principles for Establishing Medicaid Payment Rates for Long-Term Care Facilities, referred to as V.D.R.S.R. PNMI rates are established pursuant to the Methods, Standards, and Principles for Establishing Payment Rates for Private Nonmedical Institutions Providing Residential Child Care Services, referred to as P.N.M.I.R.

Reimbursement

The Reimbursement Unit oversees rate setting, pricing, provider payments, and reimbursement methodologies for a large array of services provided under Vermont’s Medicaid Program. The Unit works with Medicaid providers and other stakeholders to support equitable, transparent, and predictable payment methodologies to ensure efficient and appropriate use of Medicaid resources. The Reimbursement Unit is primarily responsible for implementing and managing prospective payment reimbursement methodologies developed to align with CMS Medicare methodologies for outpatient, inpatient, and professional fee services.

The Unit also oversees a complementary set of specialty fee schedules, including, but not limited to, durable medical equipment, ambulance, clinical laboratory services, physician-administered drugs, dental, home health, hospice, and anesthesia. The Reimbursement Unit also manages the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) payment process as well as supplemental payment administration, such as for Disproportionate Share Hospital (DSH) and Graduate Medical Education programs.

The Unit is involved with addressing the individual and special circumstantial needs of members by working closely with clinical staff from within DVHA and partner agencies to ensure that needed services are provided in an efficient and timely manner. The Reimbursement Unit works

collaboratively on reimbursement policies for specialized programs with AHS sister departments, including the Department of Disabilities, Aging, and Independent Living (DAIL), the Vermont Department of Health (VDH), the Department of Mental Health (DMH), and the Department for Children and Families (DCF).

Spend Taxpayer Dollars Wisely by Running an Effective, Efficient Department

The Department is focused on spending taxpayer dollars responsibly. We strive to run an effective, efficient department, using resources wisely and improving whenever possible. Many of the following units work across the entire Department.

Admin/Operations/Office of Change Management

The Administrative Services Unit works to achieve consistency in administrative processes and procedures across the Department, focusing on customer service and support for all staff. The Organizational Change Management team has worked on various initiatives to improve workforce culture, onboarding, offboarding, position management, and performance evaluations.

The Administrative Services Unit is responsible for operations, including managing building concerns, floor plans, ergonomic assessments, space planning, and departmental records retention policies. The team is also responsible for safety and security for the Department, including emergency procedure plans and continuity of operations planning (COOP), and assisting with telecommunication needs/issues and hardware/software purchases.

Business Office

The DVHA Business Office supports, monitors, manages, and reports all aspects of fiscal planning and responsibility for the Department. The Unit includes Accounts Payable/Accounts Receivable (AP/AR), Grants and Contracts, Fiscal Analytics, and Programmatic Accounting and Compliance.

Areas of responsibility include provider and drug manufacturer assessment billing and receipts, vendor payments, and financial monitoring; procurement, maintenance and compliance for all DVHA-funded contracts and grants; analysis and preparation of the programmatic budget, financial reporting in alignment with federal and state regulations, research requests, and monitoring of program operations.

Commissioner's Office

The Commissioner and the Senior Management Team provide management oversight and strategic direction for DVHA and all of its component units. The two Deputy Commissioners, the Director of Managed Care Operations, the General Counsel, the Chief Medical Officer, the Chief Financial Officer, and the Director of Communications and Legislative Affairs are among the Commissioner's direct reports. This Office produces the Department's annual programmatic budget and ensures that DVHA maintains its focus on furthering the Governor's priorities through its work in managing the integrated eligibility and enrollment process for Medicaid and commercial health insurance plans for vulnerable Vermonters. The Office also manages

communications and tracks legislative priorities for the Department and coordinates legislative testimony.

Data Unit

The Data Management and Analysis Unit provides data analysis, distributes Medicaid data extracts, and reports to regulatory agencies, the legislature, and other stakeholders and vendors. The Unit prepares mandatory federal reporting for the Centers for Medicare and Medicaid Services (CMS), delivers routine Vermont Healthcare Claims Uniform Reporting and Evaluations System (VHCURES) monthly data feeds, develops the annual Healthcare Effectiveness Data and Information Sets (HEDIS) data extracts for quality reporting including CMS Adult and Child Core reporting as well as quarterly HEDIS measure data to support our ACO initiatives, delivers weekly medical and pharmacy claims files and monthly eligibility records to support Care Coordination for the Vermont Chronic Care Initiative (VCCI), and provides ad hoc data analysis for internal DVHA divisions and other AHS departments and state agencies. The Unit continues to support the AHS Central Office with CMS monitoring and evaluation measures for our Global Commitment 1115 Waiver, Substance Use Disorder Demonstration, and Serious Mental Illness & Serious Emotional Disturbance Demonstration.

The Data Unit supports AHS and DVHA initiatives around performance measures, performance improvement projects, and Medicaid Data Warehouse & Analytic Solution (MDWAS), the department's database modernization strategy. The Unit has engaged in a Performance Improvement Project (PIP) aimed at improving the timing and content of clinical staff reach-out to members new to Medicaid. Analysts supporting these projects analyze eligibility and claims records while collaboratively designing, developing and implementing novel system processes to bring the department's analytic capabilities into the 21st century.

Legal Unit

The DVHA Legal Unit is responsible for the legal affairs of the Department. DVHA Legal ensures department-wide consistency in legal approaches and regulatory compliance; provides legal advice and counsel to the different units within DVHA; and provides strategic planning and policy direction on emerging legal issues to promote and uphold DVHA's mission. This includes coordination with the legal efforts of attorneys in other departments at the Agency of Human Services and the Office of the Vermont Attorney General.

Oversight and Monitoring Unit

The Oversight & Monitoring (OMU) Unit is responsible for ensuring the effectiveness and efficiency of departmental control environments, operational processes, regulatory compliance, and financial and performance reporting in line with applicable laws and regulations. The OMU facilitates communication and collaboration between State staff, leadership, Federal and State Auditors, and independent Auditors, including but not limited to Federal and State partners such as the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), the Medicaid Fraud & Residential Abuse Unit (MFRAU) of the Attorney General's (AG) Office, State's Attorney's Office, Medical Practice and Licensing Boards, Drug Enforcement Administration (DEA) and other Law Enforcement Offices. OMU's work includes risk

assessments, coordinating the External Quality Review Organization compliance audit and consultation/coordination with Medicaid programs across AHS.

The OMU includes Healthcare Program Oversight & Monitoring (O&M), PERM Audit facilitation, HealthCare Quality Control (HCQC & MEQC) Case reviews and Promoting Interoperability/EHR Incentive Program audits.

Policy Unit

The Medicaid Policy Unit has recently been repositioned to sit within the Agency's Central Office, but still maintains close ties to DVHA. The Policy Unit works to ensure that DVHA and other AHS departments administer the Medicaid program in compliance with federal and state regulations. Additionally, the Policy Unit works with AHS staff and other public and private partners to develop and implement effective Medicaid policy aimed at advancing the Agency's goals of improving access and quality while reducing overall costs.

The primary functions of the Unit include policy development and implementation, Medicaid legislative coordination, Medicaid administrative rulemaking, policy research and analysis, and the administration of the following: [1115 Global Commitment to Health Waiver](#); [Medicaid State Plan](#); and [Global Commitment Register](#)⁷.

Risk and Quality Management Unit

The Risk and Quality Management (RQM) Unit collaborates with AHS partners to develop a culture of continuous quality improvement, maintain the Vermont Medicaid Quality Management Plan and Work Plan, coordinate quality initiatives including formal performance improvement projects and the production of standard performance measure sets, and is the DVHA lead unit for the Results Based Accountability (RBA) methodology & DVHA RBA Scorecards.

The RQM Unit is partnering with the Department of Aging and Independent Living and the Department of Mental Health to build a cross-Departmental team for policy implementation, quality assurance and monitoring of Home and Community Based Services. The team will be reporting on new sets of measures, including compliance, quality, and experience of care.

The RQM also partners with the Compliance and Oversight & Monitoring units as part of DVHA's Risk Assessment Team in order to create a culture of pro-active regulatory compliance and continuous quality improvement; to identify, analyze, prioritize and correct compliance risks across all departments and programs responsible for Medicaid service delivery; and to take advantage of opportunities to move beyond compliance and identify ways to improve the services we deliver to Vermonters.

⁷ <https://dvha.vermont.gov/global-commitment-to-health>

Special Investigations Unit (SIU)

The Special Investigations Unit (SIU) monitors all program integrity activities within the Medicaid Program in order to prevent, detect, and investigate Medicaid provider and beneficiary fraud, waste, and abuse. The SIU ensures that services are provided as billed and are medically necessary. The work performed by the SIU results in the identification of overpayments, deficiencies, vulnerabilities, and education when applicable. The Unit's overall goal is to protect the integrity of Medicaid funds to ensure taxpayer dollars are spent on the health and welfare of the recipients appropriately.

Annual Report: 2024 Accomplishments and Updates

The following pages describe our service to Vermonters in the context of our core responsibilities and priorities, highlighting accomplishments from 2024.

Advancing Value-Based Payment Programs

Value-based payment programs pay for Medicaid-covered health care in a new way, resulting in predictability and flexibility of payments for providers and for DVHA and quality of care for Medicaid members. Instead of paying providers solely for the number of services they deliver (e.g., for each test, office visit, hospital stay, and procedure), value-based payment programs link payment to quality, pay differently for services or for entire or selected populations of patients, or do both. An important element of value-based payment is regularly monitoring cost, coordination, volume, and quality of care to support all Medicaid members having access to the services they need.

Progress on value-based payment could not occur without the commitment and collaboration of health care providers, people who receive services, advocates, regulators, and policymakers. The goal of value-based payment is to design payments that support an integrated system of care that provides high-quality services throughout the lifespan of Medicaid members.

DVHA has prioritized value-based payment since at least 2014. The largest value-based payment initiative is the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) program, which makes prospective payments to providers who have voluntarily joined together in an ACO. The payments cover a wide range of health care services for most of Vermont's Medicaid members.

In addition to the VMNG ACO program, DVHA is in various stages of value-based payment planning, design, implementation, and evaluation for the following programs:

- Adult and Children's Mental Health Services (with Department of Mental Health [DMH])
- Applied Behavior Analysis Services for Children with Autism
- Children's Integrated Services (with Department for Children and Families [DCF])
- Developmental Disability Services (with Department of Disabilities, Aging, and Independent Living [DAIL])
- High-Technology Nursing Services (with Vermont Department of Health [VDH] and DAIL)
- Inpatient Mental Health Services at the Brattleboro Retreat (with DMH)
- Residential Substance Use Disorder Services (with VDH's Division of Substance Use [DSU])
- Substance Use Disorder Services System of Care Redesign (with VDH's Division of Substance Use [DSU])
- Comprehensive Pain Management Pilot

The federal government's Centers for Medicare and Medicaid Services (CMS) has also prioritized value-based care. CMS has set a goal for 50% of Medicaid payments to be in the form of advanced value-based care models by 2030. Vermont has already exceeded that goal.⁸

Specific accomplishments in advancing value-based payments in 2024 included the following:

- VT Medicaid continued to increase the amount and % of Medicaid dollars flowing through Alternative and Value-Based Payment models. In the 2024 reporting cycle (based on CY2023 data) VT Medicaid reported \$1,268,959,044 flowing primarily through alternative and value-based payment models. This represents 76% of VT Medicaid spend, up from 71% in the last reporting cycle and up from 53% in 2018 when VT first participated in this measurement effort. Vermont continues to surpass CMS goals for uptake of alternative and value-based payments.
- In 2024 DVHA executed a contract with UVMHN to expand participation in its Comprehensive Pain Program (CPP) which integrates modern medicine and evidence-based complementary therapies focused on whole-person, patient-centered, trauma-informed care to Medicaid members experiencing chronic pain (that is musculoskeletal pain lasting greater than three months). DVHA received an extension under the enhanced HCBS grant funds to continue the program as a grant funded pilot through CY 2025. This additional time will allow DVHA to more fully execute its pilot evaluation workplan to inform the post-grant sustainability of the pilot.

Modernizing Business and Information Technology Infrastructure

We aim to streamline business operations by harnessing adaptable, cutting-edge information technology systems to accommodate evolving customer demands, regulatory shifts, and advancements in healthcare. Modern technology is pivotal in facilitating health insurance enrollment, processing healthcare claims, and enabling access to vital health data.

For the Agency of Human Services (AHS) to effectively manage Vermont's Medicaid program while upholding financial integrity and complying with laws, it necessitates dependable, secure, and efficient technology. This task involves multiple stakeholders collaborating to deploy technology and processes that meet these objectives within set timelines and budgets. These stakeholders include the Agency of Digital Services (ADS), the Secretary's Office, the Department of Vermont Health Access (DVHA), and the Department for Children and Families (DCF), all operating within the Agency of Human Services framework.

DVHA is involved in significant IT initiatives through the Medicaid Management Information System (MMIS) Program and the Integrated Eligibility & Enrollment (IE&E) Program. These initiatives enhance the experiences of applicants, enrollees, staff, and healthcare providers. Collaboration with Federal Partners is ongoing to implement improvements progressively. The

⁸ [Medicaid Delivery System Reform Report](https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-2021-to-Leadership-2021-01-06-002-v2.pdf) (Submitted January 15, 2021):

<https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-2021-to-Leadership-2021-01-06-002-v2.pdf>

department is committed to working alongside Federal and State Government leadership to tackle staffing issues, mitigate financial risks for the state, sustain modernization efforts, and execute implementations that adapt to regulatory changes, technological advancements, and consumer expectations.

Medicaid Management Information System (MMIS) Program

The goal of the MMIS Program is to modernize and integrate leveraging a configurable, interoperable system that will be compliant with standards from the Centers for Medicaid and Medicare Services (CMS). When operational, this new MMIS system will efficiently and securely process, manage, and share appropriate data (beneficiary, provider, clinical, claims, etc.) with Vermont agencies, providers, and other stakeholders to meet Vermont's business needs.

Medicaid Data Warehouse and Analytical Solution (MDWAS) Project

The MDWAS solution will leverage new and existing technologies to improve access, security, integrity, and utility of the State's Medicaid data for AHS departments involved with Medicaid service delivery. The departments impacted include DVHA, DAIL, DMH, VDH, DCF, DOC, and the Agency of Human Services Central Office.

The MDWAS project will integrate a new **Medicaid Data Lake (MDL)** and **Data Analytics and Reporting (DAR)** solution with the State's existing **Data Warehouse (DW)** operated by Vermont Information Technology Leaders (VITL). Enhancing the data warehouse will allow the State to reuse existing technology with a focus on extensibility, allowing stakeholders to analyze and report on aggregated Medicaid data from a single location.

Integrated Eligibility & Enrollment Program

The goal of the IE&E Program is to enhance business processes and leverage technology to improve the experience for Vermonters to apply, access, and maintain healthcare and financial benefits. The IE&E Program strategy leverages the culmination of the Centers for Medicaid and Medicare Services (CMS) and the US Department of Agriculture (USDA) Food and Nutrition Service (FNS) mandates and guidelines to support the mission of both Department of Children and Families Economic Services Division (DCF-ESD) and DVHA.

Vermont Integrated Eligibility System (VT-IES) Project

The VT-IES Project is a crucial part of the state's effort to modernize its IE&E system. The current system faces operational and technical challenges impacting Vermonters and state staff. The VT-IES Project aims to address these issues by implementing a customer-focused IES through a phased, modular procurement strategy. The new IES will consist of a Customer Portal, Case Management, and Rules Engine modules, replacing legacy enrollment systems and optimizing eligibility, enrollment, and customer management functionality.

VT-IES will provide Vermonters with a centralized, simplified, and user-friendly experience for applying and managing benefits. It will ensure secure enrollment, personalized access, streamlined applications, and comprehensive customer service. State staff will benefit from reduced manual work, improved data integrity, and automated

processes. Currently, the State is engaged in a request for proposal (RFP) process to determine the contractor engaged in this work.

IE&E Noticing Solution (IEENTC) Project

ESD and DVHA are facing critical challenges with their outdated Bulk and Manual Noticing Solutions, risking business continuity due to potential non-functionality caused by necessary server Operating System updates. These systems' limitations prevent addressing a backlog of enhancements, hindering operational efficiencies and citizen user experience improvements. To combat these issues, the IE&E Noticing Solution (IEENTC) Project is underway, aiming to introduce a new Customer Communication Management System (CCMS) as the core of an IE&E Notice Solution platform, enhancing functionality, efficiency, and user experience while addressing the shortcomings of the current systems.

Operational Performance Improvement

Continuous improvement is a core tenet of the Department's work. To improve, DVHA staff determine meaningful ways to measure our work, gather data and develop scorecards to monitor effectiveness. These scorecards are designed to drive clinical initiatives, business decisions, the pursuit of better customer service, a higher quality of care, and operational efficiencies.

Each of the Department's units tracks performance metrics with an emphasis on the core responsibilities of enrolling members, paying for care, and promoting health. The results can be seen across all three areas of responsibility as well as in general operations.

The Department strives for business efficiency and uses results-based accountability (RBA) principles and tools. Along with other departments in the Agency of Human Services, DVHA uses RBA-based strategy management, the Clear Impact Scorecard, and collaboration support software to facilitate project management, data charting and public communication of results. These tools inform our continuous quality improvement work, inclusive of clinical initiatives. The Department's Performance Accountability Scorecard can be found here: <https://embed.clearimpact.com/Scorecard/Embed/77812>.

Specific examples of quality performance improvement activities are below.

Quality Management: Comprehensive Risk Assessment

Staff from DVHA's Quality, Oversight & Monitoring and Compliance Units maintain a comprehensive risk assessment process for Vermont's Medicaid program. The purposes of this work are to:

- Identify, analyze, prioritize, and correct compliance risks across all departments and programs responsible for Medicaid service delivery; and
- Take advantage of opportunities to move beyond compliance and look for ways to improve the services we deliver to Vermonters.

The assessment entails collaboration with other Agency departments. This project made great progress towards its goals in 2024, as well as informed other regulatory work within DVHA and the Agency.

Prior Authorizations: Clinical and Pharmacy

The total number of prior authorizations substantially declined in SFY24. There were a total of 17,002 PAs, a 43% decrease from SFY23. Historically the volume of PAs has increased slowly over the previous state fiscal years; however, due to the Change Healthcare/Optum cybersecurity outage DVHA was unable to implement prior authorizations on pharmacy claims for nearly six months. The overall prior authorization denial rate has slightly increased throughout SFY 2024 to 32.5%, a growth of 4.5. The increase in the denied PA percentage may be attributed to requests for glucagon-like peptide-1 receptor agonist (GLP-1 RA) drugs used off-label for weight loss. The PDL requires members to have a diagnosis of type 2 diabetes for coverage of GLP-1 drugs, as weight loss is not a covered service, as described in the Vermont Medicaid State Plan.

In SFY24, the Clinical Integrity Unit made changes to the utilization review and prior authorization process for eating disorder treatment levels of care. These changes reduced unnecessary barriers to treatment for members and lessened administrative tasks for our VT Medicaid providers.

Previously, Medicaid had a limit of 24 sessions per calendar year for outpatient therapy, and once the limit of 24 sessions was met, a provider would need to seek prior authorization to request additional sessions. The CIU consulted with the DVHA PA workgroup as well as the CURB and decided to increase the limit to 260 sessions per calendar year before a PA would be needed. This again reduces barriers to treatment for members and administrative burden for providers.

Effectively Managing the Pharmacy Benefit and Pharmaceutical Spend

Each year, the Department reports to the legislature its pharmacy utilization and spend. The Pharmacy Unit managed \$287 million in total gross drug spend in state fiscal year (SFY) 2024, a decrease of 4% over the previous fiscal year. Gross drug spend includes what DVHA paid to pharmacies for all publicly-funded pharmacy benefit programs, including Medicaid for Children and Adults, those dually eligible for Medicare and Medicaid, and Vermont's Pharmaceutical Assistance Program (VPharm). Physician-administered drugs are typically processed through the Medicaid medical benefit, which are not reflected in the above figures. Several variables contributed to the decrease in gross pharmacy spend, including a decline in overall caseload of 11%. However, spending on specialty drugs has increased, resulting in higher net costs per member.⁹

⁹ <https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-2024-Report.pdf> (November 4, 2024)



Living our values: Transparency, Integrity, Service

We are committed to supporting diversity, equity, inclusion, and accessibility as part of our person-centered culture. We actively celebrate our colleagues' and future colleagues' different abilities, racial identities, sexual orientations, ethnicity, age, and gender. Everyone is welcome and supported at the Department of Vermont Health Access.

Our Mission

DVHA's mission is to improve Vermonters' health and well-being by providing them with access to high-quality, cost-effective health care.

Priorities

- ✓ Advancing value-based payments,
- ✓ Management of information technology projects
- ✓ Operational performance improvement.



Communication

83.7%
DVHA Effective communication from management increased by 8.5% from the previous year.



Satisfaction

85.0%
DVHA 85.0% of staff are satisfied with their job



Diversity, Equity and Inclusion

86.9%
DVHA 86.9% believe we have an inclusive work environment where staff diversity is valued and encouraged.



Current Turnover Rate

0.6%
DVHA *As of September 30, 2024.



Current Vacancy Rate

2.7%
DVHA *As of September 30, 2024.

86.6% of staff agree that the work they perform is meaningful and rewarding.

Results from the 2024 [DHR Employee Engagement Survey](#).

280 State Drive, NOB 1
South, Waterbury, VT.

dvha.vermont.gov

802-879-5900

Program Updates

Global Commitment to Health 1115 Waiver

The Global Commitment Demonstration is a partnership between the State and the Federal Government. It increases Vermonters' access to health care services, strengthens the health care system, and supports health care providers still recovering from disruptions brought on by the COVID-19 pandemic.

Since 2005, in addition to providing Medicaid coverage for approximately 200,000 Vermonters, the Global Commitment Demonstration has enabled crucial funding for public health, health care, and health-related services for all Vermonters, regardless of whether they are enrolled in Medicaid or Medicare, have commercial insurance, or are uninsured. With this infrastructure in place, Vermont has nearly universal health coverage and one of the healthiest populations in the nation, despite also having one of the oldest populations.

Specifically, the Demonstration provides unprecedented flexibility through:

- More Dollars to Stabilize and Promote Continued Innovation in Vermont's Health Care System.
- Budget Neutrality (BN) Adjustments to Increase Provider Rates.
- Strengthening Providers' Data Exchange Capabilities to Advance Population Health.

New and Expanded Coverage:¹⁰

- Children's Integrated Services Eligibility Screening and Referral
- Blueprint for Health Spoke Expansion
- HUB Per Member Per Month Rate Increase
- Long-Acting Reversible Contraceptive Rate Update
- Concurrent Education Rehabilitation & Treatment (CERT) Program
- VPharm Child Support Disregard Increase
- Hub Service Expansion
- Developmental Services and Brain Injury Programs
- Transcranial Magnetic Stimulation Prior Authorization Change
- Dental Imaging Prior Authorization Change
- Rate Increase for Northeastern Family Institute (NFI)
- Radiofrequency Ablation Coverage
- Orthodontic Benefit Changes
- Non-Emergency Transportation Temporary Rate Increase
- Rate Increase for Community-Based Mobile Crisis Services

On January 2, 2025, the Centers for Medicare & Medicaid Services (CMS) approved the amendment submitted April 30, 2024, to Vermont's section 1115 demonstration, "Global

¹⁰ [2024 Final Policies | Agency of Human Services](#)

Commitment to Health.” This demonstration is effective through December 31, 2027.¹¹

With this amendment approval, Vermont can newly use Medicaid funds to pay for:

- **Rent** for up to six months for Vermonters who are homeless.
- **Medical respite** services for up to six months for Vermonters who are homeless or at risk of homelessness. Medical respite settings provide a safe and stable place for individuals transitioning out of institutional settings who are at risk of inpatient hospitalizations or emergency department visits to recover and receive care.
- Up to \$10.9 million to **build capacity** among housing providers and other partners to launch these important services

Prescription Assistance Programs

The Vermont Pharmaceutical Program (VPharm) helps pay for prescription medicines with affordable monthly premiums for individuals who meet income guidelines and are enrolled in Medicare Part D, which covers prescription drugs. As of August, 2024 there were 9,161 Vermonters enrolled in VPharm, with 223,963 total claims for SFY24 and a total gross paid amount of \$5,124,279.

In Act 113 of 2024, the Vermont Legislature directed the Agency of Human Services to increase income eligibility limits to Medicare Savings Programs (MSPs). These income limits will go into effect on January 1, 2026 (contingent on federal approval from CMS).

The eligibility expansion of MSPs that will take effect on January 1, 2026, does not change the VPharm program. However, it is likely to affect people enrolled in VPharm as more VPharm enrollees will become eligible for an MSP and therefore be deemed eligible for the federal Low-Income Subsidy (LIS) program. While current VPharm enrollees will not experience a change in their out-of-pocket costs if they are newly deemed eligible for LIS, they would experience the benefits of LIS if they disenrolled from VPharm for any reason. VPharm enrollees newly deemed eligible for LIS will lower the cost to DVHA of covering these individuals.

DVHA submitted a report to the legislature on January 15, 2025 with an analysis of the MSP expansion on VPharm and a series of recommendations built in collaboration with the Office of the Health Care Advocate.¹²

DVHA Partnership: Comprehensive Pain Treatment Pilot Program

Over the course of 2024, DVHA and the University of Vermont Medical Center entered into a pilot program that provided Medicaid members the ability to participate in the Partners

¹¹ [25-019-F-GCR-1115-Waiver-Approval.pdf](#)

¹² <https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-VPharm-Report-FINAL.pdf>

Aligned in Transformative Healing (PATH) program at UVM Medical Center's Comprehensive Pain Program, a clinical arm of the Osher Center for Integrative Health at UVM. Up to 100 Medicaid members suffering from chronic pain participated in the pilot program during 2024.

PATH is a 16-week outpatient program that approaches chronic pain from a "whole person" perspective, melding conventional medical treatment with complementary therapies. Through the program, participants are afforded access to a range of integrative therapies – many, such as reiki, massage therapy, culinary medicine, and yoga, were not previously covered by Medicaid.

Access to this approach to care for Medicaid members has been a first nationally. DVHA's work on this pilot program has attracted national attention, including a visit from the Deputy Chief Medical Officer for CMS. DVHA's Chief Medical Officer was also invited to speak to the Department's work at an event for the National Center for Complementary and Integrative Health (NCCIH) at the National Institutes of Health (NIH).

Only a few comprehensive programs of this type currently exist in the United States, and their costs can easily put them out of reach for many. DVHA and the UVM Medical Center collaborated on an innovative bundled payment model that allows patients access to the full program for one fixed price, rather than billing separately for each visit and service type. Other payors report that participants in the program have demonstrated decreased dependence on opioid pain medication, decreased time away from work, and improved quality of life. DVHA is analyzing the clinical data in response to the pilot and hopes to see similarly positive results.

DVHA received an extension under the enhanced HCBS grant funds to continue the program as a grant funded pilot through 2025. This additional time will allow DVHA to more fully execute its pilot evaluation workplan to inform the post-grant sustainability of the pilot.

Member Experience

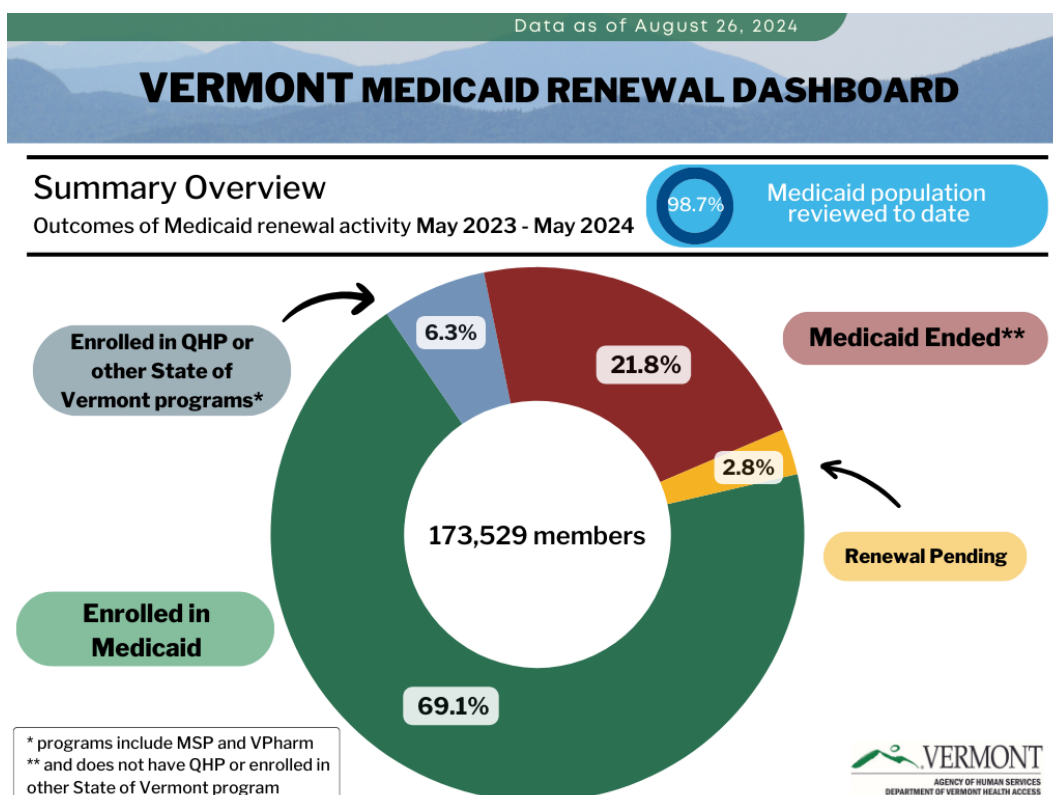
Medicaid Renewals

During the COVID-19 pandemic, the Federal government passed laws to make it easier for people to stay insured and to get, or access, health care. Starting in the spring of 2020 during the federally declared Public Health Emergency, Medicaid agencies were required to keep people on Medicaid with a few exceptions. So, Vermonters remained on Medicaid, even if they no longer qualified. This protection, called continuous coverage, was in place until early 2023.

Between April 2023 and April 2024, DVHA completed the process of restarting Medicaid renewals for Vermonters. This is sometimes referred to as the Medicaid "unwinding" period. "Unwinding" from continuous Medicaid coverage means checking whether Vermonters still qualify for Medicaid programs. This process, called redetermination or renewal, normally happens annually, but it was suspended during the public health emergency. So, beginning in

April 2023, DVHA was responsible for redetermining eligibility for over 200,000 Vermonters receiving Medicaid, many of whom had never participated in the renewal process before. The process uses both data to automatically check if people are still eligible and direct outreach to Vermonters on Medicaid to help determine whether they are still eligible.

DVHA completed the unwinding period in April 2024. This means that all Vermonters on Medicaid whose eligibility needed to be reviewed after the public health emergency received a renewal. DVHA completed unwinding with an **overall coverage retention rate of over 75%** across programs. Most enrollees remained on Medicaid. Many who were no longer eligible for Medicaid transitioned to qualified health plan coverage through the health insurance marketplace, also known as Vermont Health Connect.



The Medicaid renewal process represents a tremendous workload for the Department. DVHA has experienced unprecedented call volume and significant increases to eligibility work buckets. There is a backlog of pending renewals that will continue to be an area of focus in 2025. Vermonters whose Medicaid renewal is pending remain enrolled. A majority of responders tend to remain eligible.

The official enrollment numbers for Vermont Medicaid are posted quarterly. As of the most [recent publication](#) (September 2024), there are about 168K Vermonters enrolled in Medicaid, down from 203K in March of 2023. This outcome is not unexpected. Many of those who lost coverage were enrolled in Medicaid because of the continuous coverage requirement during the

public health emergency. The next Vermont Household Health Insurance Survey will be fielded in 2025 and will provide an indication of how this process has impacted the overall coverage map in the state.

DVHA has learned a great deal from the Medicaid unwinding experience. We found ways to streamline the renewal process and ensure Vermonters who remain eligible do not lose Medicaid. DVHA has obtained [numerous waivers](#) from the federal government, and taken steps within its own authority, to create flexibility in the renewal process, maximize use of automatic renewals, and provide seamless coverage to those who respond after the deadline. Many of these will remain in place beyond the unwinding period. We have also implemented different modalities for staying in touch with Vermonters about coverage options. We have refined outreach approaches which continue to support the ongoing annual renewal process for Medicaid enrollees as well as annual open enrollment for the health insurance marketplace.

Continuous Medicaid Eligibility for Children Under Age 19

In January of 2024, DVHA announced extended Medicaid coverage for children under the age of 19. This extended coverage means that once children qualify for Medicaid, even if they no longer qualify, they typically will not lose coverage until their annual enrollment period.

DVHA expects extending Medicaid coverage for children to have positive effects on children's health and well-being in the short and long term, and it helps Vermonters avoid surprise medical bills. DVHA's coverage change means that children who qualify for Medicaid will be covered by Medicaid insurance for longer in many cases. This is a major benefit for preventing harmful gaps in health coverage for children. Research has consistently shown that access to health care leads to improved health and well-being for children and promotes health equity.

The coverage change began January 1, 2024, is required for all states as part of the Consolidated Appropriations Act of 2023. Under the new rules, children can stay on Medicaid for 12 months after they are first enrolled, or their eligibility is renewed, with a few exceptions. Medicaid coverage may end 12 months from the date the child was determined eligible, for example, if the child is no longer a state resident or turns 19 years old.

In 2023, Vermont also recently extended automatic Medicaid coverage from 60 days to 12 months after giving birth.

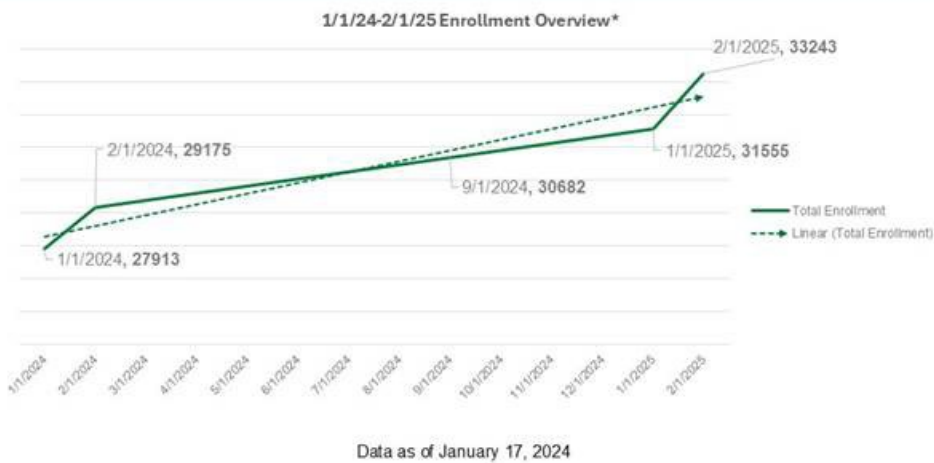
Open Enrollment for 2025

The Department successfully prepared for, launched, and concluded Open Enrollment for 2025 health insurance plans on the marketplace, Vermont Health Connect. Open enrollment ran from November 1 to January 15. During 2025 Open Enrollment, DVHA saw our highest number of Vermonters on record enrolling in a Qualified Health Plan.

Vermonters continue to benefit from the enhanced financial help through the federal government in 2025. All qualified health plans cover preventive care like mental health services and annual check-ups.

For 2025, Vermont changed the way qualified health plans are priced, making the more generous plans available for a lower monthly cost. For the first time, HAEU automatically moved enrollees into more advantageous plans for 2025. All enrollees were encouraged to explore plan options in light of the increased financial assistance and pick the best plan for their circumstances. This resulted in the record enrollment totals as well as a significant shift toward higher levels of coverage.

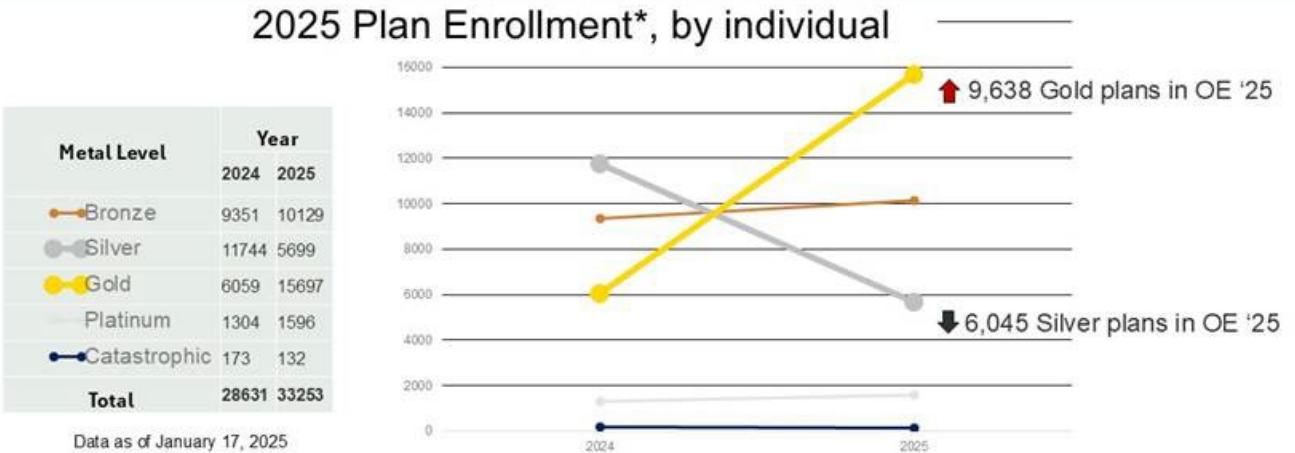
Enrollment grew by over 5K people between Jan '24 and Feb '25



There is a 19% increase in overall enrollment between 1/1/24 and those who will be enrolled on 2/1/25.

*Represents plans selected; Totals will decline because of customers who choose a plan but do not effectuate the plan.

Gold plan enrollment clearly increases while Silver plan enrollment declines



Also new this year, DACA recipients became eligible to enroll in qualified health plans with financial help. All details about plan updates for 2025 are posted on the Vermont Health Connect website at <https://info.healthconnect.vermont.gov/financial-help/2025-plan-updates>.

The Plan Comparison Tool continues to be the “go to” resource for Vermonters to shop for plans and estimate their available financial help. The Tool compares qualified health plans on both plan design and total cost (both premium and out-of-pocket costs) to help Vermonters make informed decisions.

Reaching Vermonters – Increasing Enrollment

Outreach during Open Enrollment was instrumental to the Vermont’s record enrollment gains. Communications efforts help Vermonters understand the health insurance options available to them and the purpose of the state’s health insurance marketplace. Outreach efforts also focus on vulnerable and underserved Vermonters more likely to lack access to health insurance.

In 2024, the Department continued to increase engagement with Vermonters through available outreach mediums. The new tools used during the Medicaid Unwind Process were continued in the Annual Medicaid Renewal process. The frequency of the messaging helps increase Vermonters’ awareness when their Medicaid needed renewing and what to do if their eligibility changed. These efforts continued in the run-up and throughout Open Enrollment. The campaign improved content relevant to what Vermonters need to know to more easily apply for and renew insurance. Education this year focused on plan changes for 2025 which included greater financial help and the greater affordability of Gold Plans. Additionally, DVHA produced an informational toolkit to both engage community partners, and provide them a way to connect and help with Vermonters health insurance needs.

Examples of social media campaign posts and the postcard campaign are below.

Online Application for Medicaid for the Aged, Blind and Disabled social media post:

VT Health Connect
@VTHealthConnect

Aged 65+, blind, or disabled? Our new online application makes it easier than ever to apply for or renew your Medicaid at my.vermont.gov. Do it from the comfort of your home. [#StayCoveredVT](#)

Easy Online Application for Medicaid

Top 3 benefits:

- ✓ Convenient and Fast
- ✓ User-friendly interface
- ✓ Accessible for All

Learn More dvha.vermont.gov/members

ALT VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS



Act to keep your health coverage [#StayInsuredVT](#)

Watch your mail!

Do you have health coverage from Vermont Health Connect or Green Mountain Care? Look for the envelope with the **red stripe**. It has important information that affects your health coverage! Read it carefully and answer.

Did you get this envelope? If not, find out more on our website.



VERMONT
Department of Vermont Health Access
Application & Document Processing Center
280 State Drive
Waterbury, VT 05676-9955

What to do NOW: See if we have your correct address, phone number and email. Is it wrong? Log into your Vermont Health Connect account. Or call us at 1-855-899-9600.

What to do LATER: Carefully read the notice we send you! It will tell you what is changing with your health insurance. It will tell you what you need to do next. Questions? Call us or ask for in-person help from an Assister.

For more information:
dvha.vermont.gov/unwinding
or call 1-855-899-9600

Video: How to Use Vermont Health Connect's Plan Comparison Tool:



Open Enrollment social media post:



Open Enrollment video:



Open Enrollment 2025 - Gold Updates

The team expanded its communications support to all of DVHA. Activities included promoting the new Online Application for Medicaid for the Aged, Blind and Disabled. DVHA produced a simple graphic “How To” which allows for Vermonters to have a visual presentation of the step to apply on-line. The new tool was also promoted through social media and to community partners. Another campaign focused on Second factor authentication, an added layer of security to VHC customer accounts. Activities included conceptualizing how to integrate the messaging into campaigns already underway and developing a visual “How To” to enhance understanding of the process.

During 2024, the Department began working closer with the Vermont Department of Labor (DOL). This effort is part of the “Rapid Response” session for companies that are downsizing or closing. DOL focuses on unemployment and reemployment, while DVHA focuses on educating about health insurance options available after loss of employer-sponsored coverage. This relationship will be further developed in 2025.

Applying for Benefits

Once Vermonters decide that they want to apply for health insurance through Vermont’s integrated health insurance marketplace, they generally take one of four possible paths to enrollment:

How to Apply	
Online 	http://VermontHealthConnect.gov/
By Phone 	1-855-899-9600 (Toll-Free)
By Paper 	http://info.healthconnect.vermont.gov/paper
With an Assister 	https://info.healthconnect.vermont.gov/find-local-help/find

Assister Program

Vermont's [Assister Network](#) consists of approximately 130 Certified Application Counselors, Navigators, and Brokers. Assisters provide in-person and virtual enrollment assistance in all 14 counties of the State of Vermont and often provide critical support for Vermont's vulnerable populations.

2024 saw significant growth in the Assister Program, with an increase of over 30% in the number of Assisters. Key additions to the Assister Program include 19 new Assisters in the Blueprint to Health program, placing Assisters in many primary care offices in remote areas of Vermont, and 10 new Assisters with the United Way Working Bridges program, placing Assisters at over 30 businesses in northern Vermont.

The Assister Program continues to support Assisters in their work through bi-weekly webinars, bi-weekly newsletters, one-on-one support, and the resolution of case escalations. The program also continues to strategically recruit new organizations and Assisters who are positioned to support uninsured Vermonters or those seeking different coverage.

Medicaid and Exchange Advisory Committee (MEAC) and the Beneficiary Advisory Committee (BAC)

The Medicaid and Exchange Advisory Committee is a group that convenes to give input to the Department on topics related to member and provider initiatives, policies, and communications. This statutory advisory committee raises issues for DVHA to consider and provides feedback on policy development and program administration. Meetings are open to the public.

Changes to CMS's *Ensuring Access and Eligibility in Medicaid Rule* require the creation of a Beneficiary Advisory Committee (BAC) in addition to the MEAC by July, 2025. The purpose of this additional committee is to establish a separate space to focus on and elevate the concerns and advice that originate from Medicaid beneficiaries. By rule, BAC members must represent a minimum of one fourth of the MEAC membership. The Vermont BAC will therefore require a minimum of six (6) members. Staff members from DVHA and AHS have worked throughout the year to understand the committee requirements, create bylaws, and develop an implementation

plan. Staff will begin member recruitment in February of 2025 and seeks to exceed the minimum of six (6) members required.

Provider Experience

How we support providers

The Department of Vermont Health Access supports an extensive network of in-state and out-of-state providers. Vermonters have a variety of health care needs and require a network of providers that can address those needs and deliver medically necessary, covered services. As of December 2024, 24,659 providers are enrolled in Vermont Medicaid. This represents an increase from 23,111 in December of 2023. The following table shows the total number of individual providers, as well as the total number of group practices and facilities, by provider type.

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
GENERAL HOSPITAL	-	304
CLINIC CENTER URGENT CARE		10
DENTIST	383	128
PHYSICIAN	12467	446
PODIATRIST	52	8
OPTOMETRIST	144	41
OPTICIAN	1	-
PHARMACY	1	347
HOME HEALTH AGENCY	-	11
INDEPENDENT RADIOLOGY		8
INDEPENDENT LAB	-	148
AMBULANCE	-	110
DURABLE MEDICAL EQUIPMENT SUPPLIER	-	237
PHYSICAL THERAPIST, OCCUPATIONAL	588	122
CHIROPRACTOR	130	54
MASTER LEVEL PSYCHOLOGIST, LICENSED MENTAL HEALTH COUNSELORS, LICENSED SOCIAL	2071	234

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
WORKERS, LICENSED MARRIAGE AND FAMILY THERAPISTS		
NURSING HOME - MEDICARE PARTICIPATING	-	59
NURSING HOME - NON-MEDICARE PARTICIPATING	-	3
ANESTHESIA ASSISTANT	79	-
HOSPICE	-	15
INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) /INTELLECTUAL DISABILITY FACILITY	-	-
PSYCHOLOGIST - DOCTORATE	305	35
RURAL HEALTH CLINIC	-	15
AUDIOLOGIST	71	4
INTERNAL STATE PROGRAMS	-2	16
STATE DESIGNATED MENTAL HEALTH CLINIC	-	52
STATE DEFINED INTELLECTUAL DISABILITY CLINIC	-	16
STATE DEFINED CHILD – FAMILY CLINIC	-	4
MENTAL HEALTH /DEVELOPMENTAL SERVICES CLINIC	-	9
STATE DEFINED INDEPENDENT AGING WAIVER	-	21
NATUROPATHIC PHYSICIAN	83	21
PHARMACIST	284	-
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY	-	18
DIALYSIS FACILITIES	-	13
AMBULATORY SURGICAL CENTER	-	5
PERSONAL CARE SERVICES	-	12
NURSE PRACTITIONER	2831	41
LICENSED NURSE	56	11

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
FEDERALLY QUALIFIED HEALTH CENTER	-	60
NON-EMERGENCY TRANSPORTATION SERVICES	-	11
STATE DEFINED RESIDENTIAL CARE WAIVER	-	111
STATE DEFINED TARGETED CASE MGMT	-	1
STATE DEFINED INDEPENDENT CASE MANAGER	-	1
STATE DEFINED DEPARTMENT OF HEALTH INTELLECTUAL FACILITY	-	
STATE DEFINED VOCATIONAL REHAB AGENCY	-	14
FAMILY SUPPORT MANAGEMENT	-	9
STATE DESIGNATED CHILDRENS MED SERVICES	-	29
STATE DEFINED NON-MED RESIDENTIAL FACILITY	-	134
STATE DEFINED ALCHOL AND DRUG PROGRAM FACILITY	-	35
STATE DEFINED ADULT DAY FACILITY	-	11
STATE DEFINED DEPT OF EDUCATION	-	52
SOLE SOURCE EYEGLASS LAB	-	1
STATE DEFINED CASE RATE AGENCY	-	5
INDEPENDENT BILLING HIGH TECH NURSES	41	-
PHYSICIAN ASSISTANT	1211	-
LICENSED ALCOHOL DRUG COUNSELOR	144	8
LICENSED MIDWIFE	17	5
LICENSED PHYSICAL THERAPY ASSISTANT	4	-
ACCOUNTABLE CARE ORGANIZATION	-	1
NUTRITIONAL EDUCATORS	158	14
SLEEP STUDY CENTER	-	2
BEHAVIORAL ANALYST	141	25
FAMILY SUPPORTIVE HOUSING	-	12

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
COMMUNITY HEALTH WORKER	285	

The Department monitors the adequacy of Vermont Medicaid's network of enrolled providers and ensures that members are served in accordance with managed care requirements. Member and Provider Services works with a variety of associations and societies to encourage providers to participate with Vermont Medicaid & meet the needs of its members.

Revalidation and Access

The Member and Provider Services Unit conducts provider enrollment, screening, revalidation screening and monitoring of the network to help prevent Medicaid fraud, waste, and abuse. Federal regulations, specifically 42 CFR §455.410 and §455.450, require all participating providers to be screened upon initial enrollment and revalidation of enrollment.¹³ In 2024, the Department enrolled, on average, 285 new providers a month and terminated, on average, 53 providers a month from participation with Vermont Medicaid. This represents a positive shift over both the 2023 provider enrollment and termination rates. Providers terminate with Vermont Medicaid for various reasons, including, but not limited to, not wanting to accept Medicaid rates, not submitting claims in the past 36 months, moving, retirement, or not following conditions of enrollment.

Education, Training, and Support Services

The MPS unit is responsible for ensuring members have access to care, as well as for engagement, outreach and communication with both members and providers. The goal is to ensure members and providers are always informed. Providers are assisted by Gainwell's Provider Services unit. Gainwell's services in support of providers include management of a Provider Services Call Center.¹⁴

Provider manual and education resources such as webinars are available at: <http://www.vtmedicaid.com/#/home> and at <https://dvha.vermont.gov/providers>. Gainwell provider representatives continuously outreach all enrolled Vermont-based providers on an annual basis to ensure accurate provider records and billing.

Benefit Rules Management

According to the CMS National Correct Coding Initiative, providers must use the appropriate and correct codes for services that are provided to members. The use of correct codes allows for appropriate reimbursement for services provided to members. All codes (e.g., CPT, HCPCS, and ICD-10) released each year are reviewed and the Medicaid Management Information

¹³ CFR is the Code of Federal Regulations.

¹⁴ Provider Services Telephone Number: 1-800-925-1706

System (MMIS) is updated accordingly by specific deadlines so that providers may submit claims for timely reimbursement.

Other functions of benefit rules management include:

- Reviewing utilization and claims reports for services;
- Reviewing prior authorization requests for specific services;
- Reviewing prior authorization for all requests for services with risk for “imminent harm,”
- Clinical audits to ensure medical necessity and appropriate utilization of services; and
- Collaboration on Agency-wide initiatives, such as Early Periodic Screening Diagnosis & Treatment (EPSDT) review of services, Applied Behavior Analysis utilization review and reconciliation, and clinical case reviews.

Submitting Claims and Reimbursement

Medical Claims Processing

DVHA is now in the fourth year of a five-year contract extension executed with Gainwell Technologies on January 1, 2022. Gainwell has provided the state of Vermont with Medicaid fiscal agent and operations management services since 1981 through its Medicaid Management Information System (MMIS).³⁷ Medical claims processing is a core service involving claims input, resolutions, adjustments, financial payments, prior authorizations, third-party liability claims recoveries, and maintenance of codes and rates to ensure compliance with federal and state policies. Additional services provided by Gainwell include financial management encompassing state and federal reporting, provider management, analytics and quality management, and coordination of benefits.

In state fiscal year (SFY) 2024, Gainwell’s MMIS processed 8,434,950 claims for dozens of programs across departments within the Agency of Human Services and the Agency of Education. SFY24 represented a 26% decrease in number of claims processed over SFY23. In SFY24, 98.99% of all claims were processed within 30 days of receipt, with 92.39% of the total claims received electronically. As fiscal agent, net payments issued to providers by Gainwell from the MMIS financial system were \$2,092,247,403.17.

Claims payments amount decreased by 5.6% from SFY23, while payout amounts increased by 5.3%. Recoupment amounts decreased by 38.9% and refund amounts decreased by 33.78%.

The MMIS core system is continuously enhanced to support evolving state policies and to remain compliant with federal requirements, allowing DVHA to receive 75% federal funding to operate and maintain this CMS-certified system. Major MMIS enhancements included:

- Enhanced the VT Electronic Visit Verification (EVV) system for adoption by Designated Agencies to record home visits for developmental disabilities services.
- Enhanced MMIS financial system to enable more granular association of financial payments to individual members. This capability improves accuracy for financial

reporting such as for TPL refunds (for casualty, estate, trust) and gives expanded options for how value-based payment policy is implemented and tracked.

- Improved claims cost avoidance by integrating with a nation-wide database of commercial insurance information, automatically updating other insurance policies into the state eligibility system.
- Implemented new data extracts of MMIS provider, member, claims, financial, prior authorization, and related information to integrate with the new Medicaid Data Lake system, a component of the Medicaid Data Warehouse and Analytics Solution initiative.
- Implemented new online provider forms, tracking, and automated incentive payments for the Medicaid Data Aggregation and Access Program (MDAAP). This program promotes connectivity to Vermont's Health Information Exchange (VHIE).
- Enhanced T-MSIS federal data extracts to remain compliant with CMS data quality metrics.

Provider Overpayments

In April of this year, Gainwell Technologies, DVHA's Medicaid claims processor, conducted an audit of provider payments and discovered that certain claims for some nurse practitioners had been overpaid for a period of several years. This stemmed from the addition of the provider management module several years ago.

Systems fixes were immediately implemented to ensure claims would pay correctly going forward. Federal rules require that affected claims were reprocessed in order to recoup the historic overpayments. The Medicaid program has an obligation to return the Federal share of funds whenever Medicaid overpayments are identified.

In cooperation with Gainwell, and our state and federal partners, DVHA was able to suspend recoupment until an agreement had been reached for Gainwell to reimburse the State of Vermont for the provider overpayments. Providers who had already had payments recouped were issued remittance payments, and providers who had their recoupment paused were relieved of any obligation to repay. Through this process, DVHA maintained close communication with providers to ensure that they did not endure financial hardship as a result of the overpayment and recoupment matter.

Pharmacy Claims Processing

Change Healthcare, DVHA's prescription benefit management vendor, processed over 1.9 million claims in state fiscal year 2024 resulting in approximately \$287 million in payments to Vermont Medicaid-enrolled pharmacies.¹⁵ Change Healthcare adjudicates pharmacy claims, which are then sent to Gainwell Technologies for payments to the pharmacies. In addition to

¹⁵ [Pharmacy Best Practices and Cost Control Program Report](https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-2024-Report.pdf) (2024):

<https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-2024-Report.pdf>

claims processing, Change Healthcare also operates a provider call center. This provider call center processes all drug-related prior authorizations and provides claims processing support for pharmacies. In state fiscal year 2024, Change Healthcare processed approximately 17,002 drug-related prior authorizations, representing a substantial decrease of 43% from 2023.

The overall prior authorization denial rate slightly increased throughout SFY24 to 32.5%, a growth of 4.5%. The increase in the denied PA percentage may be attributed to requests for glucagon-like peptide-1 receptor agonist (GLP-1 RA) drugs used off-label for weight loss.

Change Healthcare Cyber Attack

DVHA pharmacy claims experienced a major interruption during the cyber attack on Change Healthcare. Beginning in February of 2024, this attack severely disrupted Vermont Medicaid's pharmacy claims processing and prior authorization process. Members were able to access prescriptions again quickly, but there remained almost six months that Vermont Medicaid was unable to implement prior authorization on pharmacy-billed prescription claims. Although providers were encouraged to continue to follow the preferred drug list (PDL), claims did not deny on any prior authorizations to help direct providers to utilize lower net cost, equally effective drugs that DVHA prefers on the PDL. After substantial preparation and provider notifications, prior authorizations were reinstated on August 7, 2024.

The Change Healthcare cyber attack created major disruptions nationwide. DVHA took the lead navigating the State's response, with close coordination between all departmental units, Change Healthcare, and our state partners. DVHA spearheaded communication with members and providers to provide guidance and support. Between DVHA's internal work, and the nearly 100 discrete external communications the Department issued between February and April 2024, the State ensured that members continued to receive prescriptions and that providers continued to be reimbursed. DVHA continues to feel the budgetary impact of this outage, and the State is reviewing any contractual obligations that fall to the contractor for this interruption.

DVHA testified to the legislature in March of 2024 regarding the status of the cyber attack and the state's response.¹⁶

Rate Setting

The Division of Rate Setting audits costs and establishes Medicaid payment rates for the 33 Vermont nursing homes, also referred to as nursing facilities, that accept Medicaid. The Department does this in consultation with DAIL. The Division also sets rates for Private Nonmedical Institutions (PNMI) for Residential Child Care, part of the State's Medicaid program. This is a network of treatment facilities for children and adolescents with emotional, behavioral, and other challenges. These facilities provide treatment for children and adolescents and families. The Division establishes annual rates for 12 PNMI for DCF, DMH, and, periodically, the Division of Substance Use of the Vermont Department of Health. These rates usually have

¹⁶ [DVHA Legislative Testimony – 3.20.24](#)

an education component; as such, staff at the Agency of Education are also involved in the rate setting process.

Annually, the Division of Rate Setting is responsible for setting accurate nursing home and PNMI Medicaid rates in a timely manner in accordance with the Division's rules, providing predictable rates to providers on a set schedule. In 2024, the Division also prioritized several activities to support the nursing home and PNMI systems of care:

- The Division is proud of setting accurate rates in a timely manner, through all staffing changes/vacancies. The Division has not had a high volume of lengthy appeals and legal processes for rate setting because the adjustments were made in accordance with the rules.
- The Division and DVHA went through a rule change for PNMI to include inflation in the rates starting SFY 2024. The Division and DVHA met with VCORP and each individual program to understand their concerns with the current PNMI rate setting system and rules. In SFY 2024, the Division and DVHA plan to continue conversations with the PNMI programs and State leadership to proceed with another rule change addressing some of the concerns of the programs.
- The Division and DVHA started the work to get most of the nursing home and PNMI rules into policy rather than rule. In SFY 2024, the Division and DVHA will continue with the work and to move forward with a rule change.

Governor's Recommended Budget: SFY 2026

Budget Narrative

DVHA's Mission: Improve Vermonters' health and well-being by providing access to high-quality, cost-effective health care.

SFY 2026 Summary: DVHA's state SFY2026 budget request is summarized below. Our budget in total is \$1.26 billion. The increase over FY25 as enacted is \$79.4 million across all funds.

ADMINISTRATION (TOTAL \$182.3 M)

1. Staffing and Contracts Increase **\$8,856,352 GROSS /\$3,939.845 GF**

DVHA has 372 positions, and several ongoing temporary positions. The figures below reflect all Pay Act and reclassification related salary changes; and all benefit cost changes including health care and retirement. There are 8 new positions requested in the VCCI unit for the Justice Re-Entry initiative.

The Vermont Legal Aid funding was previously carried in our program budget. However, new guidance requires that this expense be moved to our Admin budget. This move is neutral on a gross appropriation basis. Finally, there are several adjustments to DVHA-held personal service contracts itemized on our Ups/Downs sheet.

Appropriation	GROSS	GF
Salary	\$2,106,918	\$871,565
Benefits	\$3,530,841	\$1,611,974
Justice Re-entry - 8 New VCCI Positions	\$924,532	\$462,266
Subtotal Staffing changes	\$6,562,291	\$2,945,805
Vermont Legal Aid –gross neutral move	\$547,984	\$273,992
DVHA Contracts – funding adjustments	\$1,746,077	\$720,048
Total Staffing and Contract Changes	\$8,856,352	\$3,939,845

2. Operating Expenses and ISFs Increases **\$7,861,267 GROSS /\$470,465 GF**

This reflects the annual changes in costs we pay to state Internal Service Funds (ISFs). These are charges levied by other departments for shared support services and overhead allocation charges. There are several large IT contracts that are held by ADS but are funded within DVHA's operating budget. There is a technical timing reduction of **-\$8.0 million** to our federal fund appropriation for an ADS held contract, as well as a neutral adjustment to funding sources related to an Implementation Advance Planning Document (IAPD). Finally, there is funding for the equipment needed to support the new VCCI position above.

Appropriation	GROSS	GF
All Internal Service Funds	\$125,733	\$16,287
ADS Contracts – technical adjustments	-\$8,000,000	\$ 447,678
Equipment for 8 new VCCI positions	\$13,000	\$6,500
Total Change	-\$7,861,267	\$470,465

PROGRAM (TOTAL \$1.077 BILLION)

The programmatic changes in DVHA's budget are spread across three different budget lines Global Commitment, State Only, and Medicaid Matched Non-Waiver consistent with specific populations and/or services. The descriptions of these changes are similar across these populations and have been consolidated within this narrative. However, the items are repeated for each population in the Ups/Downs document. DVHA has numerically cross-walked the changes listed below to the Ups/Downs and has included an appropriation-level breakdown table whenever an item is referenced more than once in the Ups/Downs document.

3. Caseload & Utilization Changes

\$51,014,621 GROSS / \$21,419,991 GF

Appropriation	GROSS	GF
B.307 Global Commitment	\$46,117,063	\$18,995,618
B.309 State Only	\$1,411,582	\$1,411,582
B.310 Non-Waiver	\$3,512,976	\$1,012,791
Total Changes	\$51,041,621	\$21,419,991

The Medicaid Consensus Forecast is a collaborative process for estimating caseload and utilization. Annually, DVHA works collaboratively with the Joint Fiscal Office, the Department of Finance and Management, and the Agency of Human Services to collectively project the caseload by Medicaid Eligibility Group (MEG) and analyze and update the baseline cost per member per month based on the most recent experience of expenditures. This gives us the new baseline position for the program budget.

The primary risks to this baseline forecast are 1) If, how and when changes at the federal level impacting Medicaid rollout. 2) If the underlying trend in claims is higher than the modest increase we have included in this budget. The mix of fee-for-service and prospective payments to our hospital service providers in January 2026 is yet to be fully clarified and may impact this trend. 3) If pharmacy costs rise and rebates shrink at higher rates than anticipated. 4) If caseload ticks up from the current trend.

4. MSP Expansion and Buy-In

\$10,859,728 GROSS / \$1,822,382 GF

The federal government allows states to use Medicaid dollars to “buy-in” dually eligible beneficiaries to Medicare and to offer Medicare Savings Programs (MSPs) for income eligible individuals. These are individuals who might otherwise forgo Medicare due to

cost. This caseload sees gradual increases consistent with the aging Vermont population. The member month “buy-in” costs are determined at the federal level and tied to annual Medicare financing calculations. The federal Buy-In rate increase is within our current buy-In baseline, so no specific adjustment is requested at this time.

The amounts below reflect the net cost of implementing the expansion of our MSP programs on January 1, 2026. Act 113 of 2024 significantly increased eligibility from 100% to 145% FPL for the Qualified Medicare Beneficiaries (QMB) and from 135% to 195% for the Qualified Individual (QI-1) MSP programs. The amounts presented above are the estimated partial year, 5-month MSP expansion costs and corresponding estimated savings to the VPharm program resulting from this eligibility expansion. Please note this expansion will need to be fully annualized in the SFY27 budget.

Appropriation	GROSS	GF
B.307 Global Commitment	\$7,114,153	\$2,930,320
B.309 State Only	-\$1,107,936	-\$1,107,936
B.310 Non-Waiver	\$4,853,511	\$0
Total Changes	\$10,859,728	\$1,822,384

5. Required Rate Changes \$2,089,639 GROSS/\$860,722 GF

Payments to Federally Qualified Health Centers and Rural Health Clinics are annually adjusted by the Medicare Economic Index (MEI) which is a measure of cost inflation that Vermont applies to the existing FQHC and RHC payments annually. We estimate \$1.9 million is needed for the annualized January 2025 3.5% adjustment in SFY26. State Medicaid Hospice rates must remain at or above the CMS-established floor, we estimate \$50,000 is needed for the annualization of the January 2025 increase. The final item included here is the cost to our budget for the collective bargaining agreement for services funded in DVHA provided by direct care workers who are represented by AFSCME.

6. New High-Cost Drugs \$4,500,000 GROSS/\$1,853,550 GF

There are several newly approved high-cost drugs or gene therapies that are anticipated to impact the Medicaid budget. These include treatments for liver disease and hemophilia. In addition, Vermont Medicaid follows the Medicare program which has expanded the application of GLP-1 class drugs for certain cardiac conditions. This amount does **NOT** reflect the cost of GLP-1 class drugs to treat obesity which Vermont Medicaid currently does not cover. This reflects our best fiscal estimate for the FY26 baseline impact. But making this estimate is challenging and an ever-moving target as more drugs and more expanded uses are on the horizon. In the case of new gene therapies for hemophilia, very few Vermont Medicaid beneficiaries are expected to need or qualify for this, but the price tag is expected to range from \$2m-\$3m per case. The

hope is this will be broadly offset by avoided medical costs and higher quality of life outcomes over the patient's lifetime compared to current treatment.

7. Annualize PRTF Budget

\$4,261,269 GROSS/\$1,755,217 GF

A Psychiatric Residential Treatment Facility (PRTF) is a facility that has a provider agreement with a State Medicaid Agency to provide a residential inpatient psychiatric service benefit to Medicaid-eligible individuals under the age of 21. This initiative is led by DMH and DCF for 15 in-state PRTF beds slated to be open in early 2025 at the Brattleboro Retreat. DVHA will process the claims for these services. Last year the DVHA budget received \$3.55 million for the FY25 partial year cost of these beds. This amount brings the PRTF total annualized budget amount for SY26 to \$7.81 million.

8. Graduate Medical Education (GME)

\$7,259,045 GROSS/ \$0 GF

DVHA is seeking Global Commitment spending authority to increase the annual GME amount from \$58.4 million to \$65.6 million which is the full amount of GME payment demonstrated by the approved calculation methodology. This proposed funding mechanism does not require additional General Fund dollars.

9. Neutral Program Adjustments

\$0 GROSS

There are many reviews and audits related to our Medicaid budget, directed internally or by our federal partners. As a result, we often find that program components need to be moved from one part of our budget to another as the nature of programs are clarified and refined. This year it was identified that a portion of the Blueprint Spoke, and Pregnancy Intention programs should be classified as waiver investments. These expenses are moving (in budget parlance getting 're-bucketed') to our State Only line item from which GC investments are made. This is net neutral across all funds.

As noted above, VLA funding is required to be moved from our program budget into our Administration budget, this neutral on a gross basis.

10. Vermont Cost Sharing Reduction

-\$1,500,000 GROSS / -\$1,500,000 GF

The GMCB made significant changes to the pricing of the silver plans on the Vermont Health Exchange for CY 2025, resulting in far less uptake of silver plans. The state funded VCSR tied to silver plans therefore has a lower annualized cost.

11. Annual Medicare Part D Clawback

\$1,400,000 GROSS / \$1,400,000 GF

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), which established the Medicare Part D prescription drug program, eliminated Medicaid prescription drug coverage for people dually eligible for Medicare and Medicaid and required these people to receive their drug coverage through a Medicare Part D plan. This reduced state costs. However, the MMA also required states to reimburse the federal government for costs associated with the transfer of prescription drug coverage

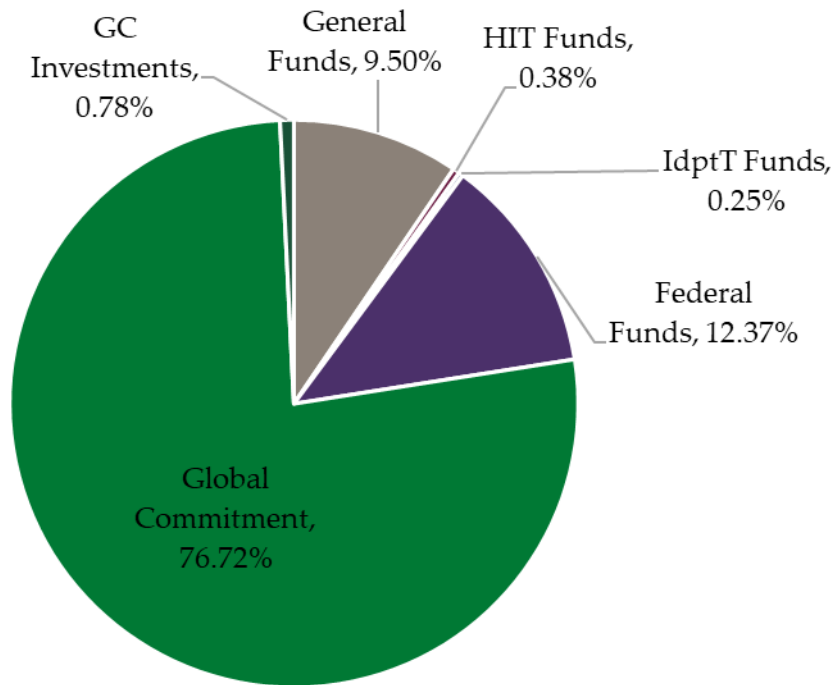
for this population from state Medicaid programs to Medicare. This reflects the fully annualized impact for the most recent federal guidance increasing state Clawback payments to CMS.

ONE TIME APPROPRIATION

1. ACO Transition: SASH and Blueprint \$10,800,000 GC/\$4,448,520 GF

This is to provide one-time bridge funding for the Support and Services at Home (SASH), Primary Care Medical Home (PCMH) and Community Health Team (CHT) services under the Blueprint for Health. Medicare funds to support these programs have flowed through the ACO, and these will not be available in 2026.

DVHA 2026 Recommended Budget by Source of Funds



	GF	SF	IdptT	FF	Medicaid GCF	Invmnt GCF	Total
	General Funds	HIT Funds	IdptT Funds	Federal Funds	Global Commitment	GC Investments	
Total FY26 DVHA Funding	9.50%	0.38%	0.25%	12.37%	76.72%	0.78%	100.00%
TOTAL FY26 DVHA GR	\$ 119,643,321	\$ 4,760,237	\$ 3,178,844	\$ 155,841,980	\$ 966,495,306	\$ 9,854,439	1,259,774,127

Required Reporting

Coverage of Doula Services for Vermont Medicaid

[Act 97 of 2024](#) directed The Department of Vermont Health Access (DVHA) to develop a reimbursement methodology and examine the potential impact of adding coverage of doula services to the Medicaid state plan.

To meet all requirements as outlined in statute, DVHA constructed several potential reimbursement methodologies for Medicaid coverage of doula services. Each of the potential options covered doula services before, during, and after labor and delivery and included varying flexibility in billing increments and coding.

DVHA worked internally to produce potential methodologies and then incorporated stakeholder and provider feedback to develop the final proposed option. During this analysis, DVHA met with advocates from the Vermont Early Childhood Advocacy Alliance and practicing doula providers to craft a methodology that would best serve Medicaid members. Following engagement with stakeholders, a reimbursement methodology was selected that simplifies the billing and reimbursement process for providers who may be enrolling with Vermont Medicaid for the first time.

DVHA recommends the following reimbursement methodology for covering doula services under Vermont Medicaid.

Proposed Reimbursement Methodology					
Service	Description of Service	Service Limit	Duration per Visit	Billing / Payment Structure	Rate
Perinatal Period	Childbirth education; prenatal education; postpartum education and support; support during	12 visits	Minimum duration of 30 minutes	per diem	\$100 per visit ¹⁷

¹⁷ DVHA's proposed reimbursement rate for the established methodology was obtained by averaging Medicaid reimbursement rates from other states. DVHA reviewed the following states to establish an average rate: Maryland, Massachusetts, Michigan, Minnesota, Nevada, New York, and Rhode Island. The average reimbursement for perinatal services is \$100 per visit, and the average reimbursement for labor and delivery services is \$900.

	or after miscarriage or abortion.				
Labor & Delivery	Labor support during vaginal delivery or caesarean section	1 visit	N/A	1 unit	\$900
					Max Allowed: \$2,100

DVHA has constructed a fiscal estimate that provides a range of impacts for the reimbursement methodology based on service utilization percentage. This estimate was established by taking the average Medicaid births from 2021–2023 (2,033 births) and applying the maximum reimbursement allowed for each rate option and service utilization percentage. This assumes each member would utilize the full benefit (12 perinatal visits and 1 labor/delivery).

DVHA anticipates that service utilization will likely not exceed the 10%-30% range, based on utilization rates from other states.

Estimated Service Utilization	Rate Option Maximum Annual Gross (assuming the full \$2,100 was paid per birth)
10%	\$426,930
30%	\$1,280,790
50%	\$2,134,650
70%	\$2,988,510
100%	\$4,269,300

DVHA has determined that a Medicaid state plan amendment would be necessary for Vermont Medicaid to have the authority to reimburse for doula services. In order to have a state plan amendment authorized, Vermont’s Agency of Human Services (AHS) would need to request approval from the Centers for Medicare and Medicaid Services (CMS), and it can often be a lengthy process to receive federal authorization for a state plan amendment.

Reimbursement Rates for Emergency Services

[Act 157 of 2024](#) requires AHS to provide a fiscal estimate for ambulance services if rates were adjusted to be equal to the current Medicare rates. If DVHA were to adopt the Medicare CY25 reimbursement rates for ambulance services, the estimated annualized gross fiscal impact would be an increase of \$520,000. DVHA can provide additional fiscal breakdown and methodology upon request.

DVHA calculated the fiscal estimate using SFY24 utilization repriced with 100% of Medicare's CY25 ambulance rates. The ambulance fee schedule was not updated for 1/1/2025. The last update was effective 7/1/2024 and only increased reimbursement for the treatment no transport code. DVHA benchmarked the treatment no transport code to the Medicare basic life support (BLS) non-emergency rate (procedure code A0428). The last time the entire fee schedule was updated was 1/1/2023.

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State Fiscal Year 2026 Pullouts

FY25 BAA Department Request - DVHA

Sec. B.306	GF	SF	IdpIT	FF	Medicaid GCF	Invmt GCF	Total
Approp #3410010000 - DVHA Administration							
As Passed FY25	38,872,315	4,733,015	4,508,158	128,780,580		4,308,574	182,212,642
Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
DOC - (page 24)	0	0	0	0	0	0	0
Total After FY25 Other Changes	38,872,315	4,733,015	4,508,158	128,780,580	0	4,308,574	182,212,642
FY25 After Other Changes							
Personal Services:							
VT Legal Aid (moving from GC Program)	273,992			273,992			547,984
Health Access Eligibility and Enrollment Unit (HAEU) temps to address Medicaid for the Aged, Blind and Disabled (MADB) backlog	185,879			185,879			331,758
DVHA Held Contracts - net funding change w/ Medicaid only Advanced Planning Document (APD)	327,989			244,221			0
Medicaid Management Information System (MMIS) contract - amendment #4	86,171		(572,210)	588,433			884,824
Justice Reentry MMIS modifications (Demonstration neutral)	100,023			100,023			200,046
Operating Expenses:							
ADS Held Contracts - federal funds adjustment for actual expend timing				(8,000,000)			0
ADS Held Contracts - net funding change w/ Medicaid only APD	447,678		(781,019)	333,341			(8,000,000)
ADS SLA 516660 (from AHS CO)	115,900			115,900			231,800
ADS Additional SLA 516660 needed	423,834			423,834			847,668
ADS Project management - Pharmacy Benefit Manager (PBM) replacement	200,000			1,800,000			2,000,000
Grants:							
							0
							0
FY25 BAA Subtotal of Increases/Decreases	2,151,466	0	(1,353,229)	(3,954,357)	0	0	(3,156,120)
FY25 BAA Gov Recommended	42,023,781	4,733,015	3,154,929	124,836,223	0	4,308,574	179,056,522
FY25 BAA Legislative Changes							
FY25 BAA Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 BAA As Passed - Dept ID 3410010000	42,023,781	4,733,015	3,154,929	124,836,223	0	4,308,574	179,056,522
Approp #3410015000 - DVHA Global Commitment							
As Passed FY25					900,098,777		900,098,777
Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 After Other Changes	0	0	0	0	0	0	0
Total After FY25 Other Changes	0	0	0	0	900,098,777	0	900,098,777
FY25 After Other Changes							
Grants:							
Cashboard and Utilization					78,806,530		78,806,530
Health Care Organization (ACO) CY23 Reconciliation					5,177,895		5,177,895
VT Legal Aid (moving to Admin)					(547,983)		(547,983)
FY24 Pharmacy Rebates Collected in Early SFY25 One-Time Offset					(15,000,000)		(15,000,000)
Hospice rate increase - federal requirement					25,000		25,000
Federally Qualified Health Center (FQHC) - Medicare Economic Index (MEI)					791,867		791,867
Blueprint Spoke and Pregnancy/Intention Initiative (PI) DVHA neutral move					(4,396,857)		(4,396,857)
FY25 BAA Subtotal of Increases/Decreases	0	0	0	0	64,856,252	0	64,856,252
FY25 BAA Gov Recommended	0	0	0	0	964,955,029	0	964,955,029
FY25 BAA Legislative Changes							
FY25 BAA Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 BAA As Passed - Dept ID 3410015000	0	0	0	0	964,955,029	0	964,955,029

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FY25 BAA Department Request - DVHA

	GF	SF	IdpIT	FF	Medicaid GCF	Invmt GCF	Total
Sec. B.309							
Approp #341007000 - DVHA - Medicaid Program - State Only							
As Passed FY25	62,151,546					882,402	63,033,948
Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 After Other Changes	0	0	0	0	0	0	0
Total After FY25 Other Changes	62,151,546	0	0	0	0	882,402	63,033,948
FY25 After Other Changes							
Grants:							
VT Cost Sharing Reduction (VCSR) - 1/1/25 Impact of silver plan pricing	(750,000)						(750,000)
Caseload and Utilization (Immigrant Health Insurance Plan and Vpharm)	1,240,521					4,589,436	1,240,521
Blueprint Spoke and Pregnancy Intention Initiative (PII) DVHA neutral move							
SFY 24 carryforward offset	(333,310)						(333,310)
FY25 BAA Subtotal of Increases/Decreases	137,211	0	0	0	0	4,589,436	4,746,647
FY25 BAA Gov Recommended	62,308,757	0	0	0	0	5,471,838	67,780,595
FY25 BAA Legislative Changes							
FY25 BAA Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 BAA As Passed - Dept ID 341007000	62,308,757	0	0	0	0	5,471,838	67,780,595
Sec. B.310							
Approp #3410018000 - DVHA - Medicaid Matched NON Waiver Expenses							
As Passed FY25	12,511,405			22,483,483			34,994,888
Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 After Other Changes	0	0	0	0	0	0	0
Total After FY25 Other Changes	12,511,405	0	0	22,483,483	0	0	34,994,888
FY25 After Other Changes							
Grants:							
Caseload and Utilization	1,004,055			2,426,267			3,430,322
Blueprint Spoke and Pregnancy Intention Initiative (PII) DVHA neutral move	(56,426)			(136,353)			(192,779)
FY25 BAA Subtotal of Increases/Decreases	947,629	0	0	2,289,914	0	0	3,237,543
FY25 BAA Gov Recommended	13,459,034	0	0	24,773,397	0	0	38,232,431
FY25 BAA Legislative Changes							
FY25 BAA Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 BAA As Passed - Dept ID 3410018000	13,459,034	0	0	24,773,397	0	0	38,232,431
DVHA FY25 BAA Governor Recommended	114,535,266	4,733,015	4,508,158	151,274,063	900,098,777	5,190,976	1,180,340,255
DVHA FY25 BAA Reductions and Other Changes							
DVHA FY25 BAA GovRec Total After Reductions and Other Changes	114,535,266	4,733,015	4,508,158	151,274,063	900,098,777	5,190,976	1,180,340,255
DVHA FY25 BAA Total Increases/Decreases	3,256,306	0	(1,353,229)	(1,664,440)	64,856,292	4,589,436	69,684,322
DVHA FY25 BAA Governor Recommended Addendum	117,791,572	4,733,015	3,154,929	149,609,620	964,955,029	9,780,412	1,250,024,577
DVHA FY25 BAA Total Legislative Changes							
DVHA FY25 BAA Total As Passed	117,791,572	4,733,015	3,154,929	149,609,620	964,955,029	9,780,412	1,250,024,577

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FY28 Department Request - DVHA

		GF	SF	IdptT	FF	Medicaid GCF	Invmt GCF	Total
Sec. B.306	Approp #3410010000 - DVHA Administration	38,872,315	4,733,015	4,508,158	128,790,580		4,308,574	182,212,642
	As Passed FY25							
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)	0	0	0	0	0	0	0
	FY25 After Other Changes	38,872,315	4,733,015	4,508,158	128,790,580	0	4,308,574	182,212,642
	FY25 Legislative Changes							
	FY25 After Legislative Changes	38,872,315	4,733,015	4,508,158	128,790,580	0	4,308,574	182,212,642
	FY25 After Other & Legislative Changes							
	Personal Services:							
	500000: Salary & Wages: Classified Employees	871,565	20,028	10,511	1,182,237		42,577	2,106,918
	500100: Salary & Wages: Exempt Employees	620,463	1,193	7,168	710,769		15,625	1,355,218
	501500: Health Insurance: Classified Employees							
	501510: Health Insurance: Exempt Employees	511,381	5,737	6,019	681,512		15,200	1,219,849
	502000: Retirement: Classified Employees	4,889	157	(22)	2,174		(260)	6,938
	502010: Retirement: Exempt Employees	1,561	40	29	1,876		145	3,651
	All Other Employee Payroll Related Fringe Benefits	14,373	67	210	18,701		740	34,091
	504040: VT Family & Medical Leave Insurance Premium	(2,959)			(10,479)			(13,438)
	504045: Child Care Contribution							0
	505200: Workers' Compensation Insurance Premium	273,992			273,992			547,984
	508000: Vacancy Turnover Savings							0
	VT Legal Aid (moving from GC Program) (BAA Item)							0
	DVHA Held Contracts - net funding change w/ Medicaid only Advanced Planning Document (APD) (BAA Item)	327,989		(572,210)	244,221			730,870
	New Call Center contract - effective 7/1/25	225,839			505,031			198,575
	Memorial Health Contract (VHO) enhanced functions	31,037			161,558			816,932
	BAA Item Management Information System (MMIS) contract - amendment #4	129,183			687,449			924,532
	VT Chronic Care Initiative (VCCI) Staff (8 positions for Justice Reentry initiative) (Demonstration neutral)	462,266			462,266			0
	Operating Expenses:							
	515010: Fee-for-Space Charge	(8,694)			(30,754)			(39,438)
	516000: Insurance Other Than Employee Benefits	102			361			463
	516010: Insurance - General Liability	(2,216)			(7,846)			(10,062)
	516671: VISION/SD	2,691			9,527			12,218
	516685: ADS Allocated Charge	11,268			81,674			102,942
	519006: Human Resources Services	13,126			46,484			59,610
	ADS Held Contracts - federal funds adjustment for actual expend timing				(6,000,000)			(8,000,000)
	ADS Held Contracts - net funding chg w/ Medicaid only APD	447,678		(781,019)	333,341			13,000
	VCCI Staff operating expenses (Demonstration neutral)	6,500			6,500			0
	Grants:							0
								0
								0
	FY25 Subtotal of Increases/Decreases	3,348,044	27,222	(1,328,314)	(2,649,426)	0	74,077	70,553
	FY25 Gov Recommended	43,820,359	4,760,237	3,178,844	126,141,154	0	4,382,601	182,283,195
	FY25 Legislative Changes							
	FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0
	FY25 As Passed - Dept ID 3410010000	43,820,359	4,760,237	3,178,844	126,141,154	0	4,382,601	182,283,195

FY28 Department Request - DVHA

	GF	SF	IdptT	FF	Medicaid GCF	Invmt GCF	Total
Sec. B.307							
Approp #3410015000 - DVHA Global Commitment					900,098,777		900,098,777
As Passed FY25							
Other Changes: Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 Alter Other Changes	0	0	0	0	0	0	0
FY25 Alter Other Changes	0	0	0	0	900,098,777	0	900,098,777
FY25 After Other Changes							
Grants:							
Caseload and Utilization					46,117,063		46,117,063
VT Legal Aid (moving to Admin) (BAA item)					(547,983)		(547,983)
Hospice rate increase - fed requirement (BAA item)					50,000		50,000
Federally Qualified Health Center (FQHC) - Medicare Economic Index (MEI) (BAA item)					1,900,000		1,900,000
New and Expanded Use of high cost drugs (hemoph, liver, GPLI cardiac)					4,500,000		4,500,000
American Federation of State, County & Municipal Employees (AFSCME) Collective Bargaining Agreement					139,639		139,639
Psychiatric Residential Treatment Facility (PRTF) annualize funding for 15 beds and VPharm GC impact					4,261,269		4,261,269
Graduate Medical Education (GME) calculated allowed amount \$85,623,755 - match provided by DVM					7,114,153		7,114,153
Blueprint Spoke and Pregnancy Intention Initiative (PII) Adjustment (DVHA net-neutral)					7,259,045		7,259,045
FY25 Subtotal of Increases/Decreases	0	0	0	0	(4,396,657)	0	(4,396,657)
FY25 Gov Recommended	0	0	0	0	66,396,529	0	66,396,529
FY25 Legislative Changes	0	0	0	0	966,495,306	0	966,495,306
FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 As Passed - DeptID 3410015000	0	0	0	0	966,495,306	0	966,495,306
Sec. B.309							
Approp #3410017000 - DVHA - Medicaid Program - State Only							
As Passed FY25	62,151,546					882,402	63,033,948
Other Changes: Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 Alter Other Changes	0	0	0	0	0	0	0
FY25 Alter Other Changes	0	0	0	0	0	0	0
Total After FY25 Other Changes	62,151,546	0	0	0	882,402	0	63,033,948
FY25 After Other Changes							
Grants:							
Vermont Cost Sharing Reduction (VCSR) - full year impact of silver plan pricing	(1,500,000)						(1,500,000)
Caseload and Utilization (Immigrant Health Insurance Plan and Vpharm)	1,411,582						1,411,582
Clawback increase	1,400,000						1,400,000
MSP Expansion enacted - VPharm GF impact @ 145% OMB	(1,107,936)						(1,107,936)
Blueprint Spoke and Pregnancy Intention Initiative (PII) Adjustment (DVHA net-neutral)							
FY25 Subtotal of Increases/Decreases	203,646	0	0	0	0	4,589,436	4,589,436
FY25 Gov Recommended	62,355,192	0	0	0	0	4,389,436	67,744,628
FY25 Legislative Changes	0	0	0	0	0	5,471,838	5,471,838
FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY25 As Passed - DeptID 3410017000	62,355,192	0	0	0	0	5,471,838	67,827,030

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FY26 Department Request - DVHA

	GF	SF	Idpt	FF	Medicaid GCF	Invmt GCF	Total
Sec. B.310							
Approp #3410018000 - DVHA - Medicaid Matched NON Waiver Expenses As Passed FY25	12,511,405			22,483,483			34,994,888
Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY25 budget)							
FY25 After Other Changes	0	0	0	0	0	0	0
FY25 After Other Changes	12,511,405	0	0	22,483,483	0	0	34,994,888
FY26 After Other Changes							
Grants:							
Caseload and Utilization	1,012,791			2,500,185			3,512,976
MSP Expansion enacted - OI 195%				4,853,511			4,853,511
Blueprint Spoke and Pregnancy Intention Initiative (PII) Adjustment (DVHA net-neutral)	(56,426)			(136,353)			(192,779)
FY26 Subtotal of Increases/Decreases	956,365	0	0	7,217,343	0	0	8,173,708
FY26 Gov Recommended	13,467,770	0	0	29,700,826	0	0	43,168,596
FY26 Legislative Changes							
FY26 Subtotal of Legislative Changes	0	0	0	0	0	0	0
FY26 As Passed - Dept ID 3410018000	13,467,770	0	0	29,700,826	0	0	43,168,596
DVHA FY26 Governor Recommend	114,535,266	4,733,015	4,508,158	151,274,063	900,088,777	5,190,976	1,180,340,255
DVHA FY26 Reductions and Other Changes	0	0	0	0	0	0	0
DVHA FY26 GovRec Total After Reductions and Other Changes	114,535,266	4,733,015	4,508,158	151,274,063	900,088,777	5,190,976	1,180,340,255
DVHA FY26 Total Increases/Decreases	5,108,095	27,222	(1,328,314)	4,587,917	66,396,529	4,663,463	79,433,872
DVHA FY26 Governor Recommend Addendum	119,643,321	4,760,237	3,178,844	155,841,980	966,485,306	9,854,439	1,259,774,127
DVHA FY26 Total Legislative Changes	0	0	0	0	0	0	0
DVHA FY26 Total As Passed	119,643,321	4,760,237	3,178,844	155,841,980	966,485,306	9,854,439	1,259,774,127

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PROGRAM EXPENDITURES			SFY '24 Actuals			SFY '25 As Passed			SFY '25 BAA			SFY '26 Gov Rec			Funding Description	
Adults	Avg. Enrollment	Expenses	PMPM			Avg. Enrollment	Expenses	PMPM				Avg. Enrollment	Expenses	PMPM		
Aged, Blind, or Disabled (ABD)	7,540	\$ 100,980,239	\$ 1,116.01			8,005	\$ 81,357,779	\$ 846.95				7,577	\$ 111,299,630	\$ 1,224.10		
Dual Eligibles	22,574	\$ 102,421,102	\$ 378.09			22,380	\$ 98,482,304	\$ 366.71				20,557	\$ 105,482,774	\$ 427.60		Global Commitment Funded (GC)
General	14,190	\$ 72,845,420	\$ 427.80			15,000	\$ 74,853,922	\$ 415.86				11,098	\$ 62,965,373	\$ 472.80		Global Commitment Funded (GC)
New Adult Childless	41,514	\$ 247,089,162	\$ 496.00			38,000	\$ 223,980,428	\$ 491.19				34,166	\$ 225,199,394	\$ 549.28		Global Commitment Funded (GC)
New Adult W/Child	24,245	\$ 135,630,266	\$ 466.17			22,500	\$ 121,631,661	\$ 450.49				20,198	\$ 125,523,872	\$ 517.89		Enhanced for Childless New Adults - General Funds
Subtotal Adults	110,064	\$ 658,966,178	\$ 498.93			105,885	\$ 600,306,094	\$ 472.45				93,586	\$ 633,730,355	\$ 564.24		Global Commitment Funded (GC)
Children																
Blind or Disabled (BD)	1,937	\$ 30,837,539	\$ 1,326.92			1,800	\$ 24,404,019	\$ 1,129.82				1,882	\$ 31,295,969	\$ 1,385.76		Global Commitment Funded (GC)
General	59,123	\$ 213,876,780	\$ 301.46			58,480	\$ 200,272,643	\$ 285.39				51,612	\$ 217,600,521	\$ 351.34		Global Commitment Funded (GC)
SCHIP (Uninsured)	4,502	\$ 11,541,528	\$ 213.63			4,411	\$ 9,768,527	\$ 184.55				4,660	\$ 13,088,724	\$ 234.06		Title XXI Enhanced
Subtotal Children	65,562	\$ 256,255,846	\$ 325.72			64,691	\$ 234,445,189	\$ 302.01				58,154	\$ 261,985,215	\$ 375.42		
Pharmacy																
Pharmacy Only - GC	9,174	\$ 3,690,889	\$ 33.53			9,763	\$ 4,033,149	\$ 34.43				9,380	\$ 3,515,796	\$ 31.23		Global Commitment Funded (GC)
Pharmacy Only - State Only	9,174	\$ 3,816,693	\$ 34.67			9,763	\$ 3,798,639	\$ 32.42				9,380	\$ 3,718,861	\$ 33.04		General Funds @ 100%
Pharmacy Only Programs	9,174	\$ 7,507,582	\$ 68.19			9,763	\$ 7,831,788	\$ 66.85				9,380	\$ 7,234,657	\$ 64.27		
QHP Assistance																
Premium Assistance	13,272	\$ 5,627,707	\$ 35.34			14,165	\$ 5,414,437	\$ 31.85				16,390	\$ 7,174,053	\$ 36.48		Global Commitment Funded (GC)
Cost Sharing	3,874	\$ 1,681,009	\$ 36.16			4,995	\$ 1,857,076	\$ 30.98				823	\$ 357,076	\$ 36.16		General Funds @ 100%
Subtotal QHP Assistance	13,272	\$ 7,308,716	\$ 45.89			14,165	\$ 7,271,514	\$ 42.78				16,390	\$ 7,531,129	\$ 38.29		
Subtotal Direct Services	198,071	\$ 930,038,322	\$ 391.29			194,504	\$ 849,854,584	\$ 364.11				177,520	\$ 910,481,356	\$ 427.41		
Miscellaneous Program																
Refugee	3,874	\$ 9,886	\$ 0.21			1	\$ -	\$ -				1	\$ -	\$ -		Federally Funded @ 100%
ACA Rebates	-	\$ (5,052,565)				-	\$ (3,036,658)	\$ -				-	\$ (3,036,658)	\$ -		Federally Funded @ 100%
Dr. D Expansion - State Only	260	\$ 1,028,296	\$ 329.37			252	\$ 1,209,600	\$ 400.00				388	\$ 1,593,024	\$ 342.14		General Funds @ 100%
GRT Dental	-	\$ -				-	\$ -	\$ -				468	\$ 198,821	\$ 35.40		Global Commitment Funded (GC)
IMD State Only	-	\$ 15,541,756				-	\$ 14,040,846	\$ -				-	\$ 14,040,846	\$ -		Investments: Global Commitment Funded (GC)
Safety Net Investments	-	\$ 829,820				-	\$ 875,442	\$ -				-	\$ 5,464,878	\$ -		Investments: Global Commitment Funded (GC)
DSH	-	\$ 22,704,470				-	\$ 22,704,471	\$ -				-	\$ 22,704,471	\$ -		Global Commitment Funded (GC)
Clawback	-	\$ 41,550,604				-	\$ 45,821,144	\$ -				-	\$ 47,221,144	\$ -		General Funds @ 100%
Buy-In ~ GC	-	\$ 52,334,694				-	\$ 59,821,373	\$ -				-	\$ 67,680,711	\$ -		Global Commitment Funded (GC)
Buy-In ~ Investments/State Only	-	\$ 5,977				-	\$ 6,351	\$ 6.351				-	\$ 6,351	\$ -		Investments: Global Commitment Funded (GC)
Buy-In ~ Federal Only	-	\$ 5,519,713				-	\$ 6,281,869	\$ -				-	\$ 11,135,380	\$ -		Federally Funded @ 100%
Legal Aid	-	\$ 547,983				-	\$ 547,983	\$ -				-	\$ -	\$ -		Global Commitment Funded (GC)
Misc. Pymts.	-	\$ (363,680)				-	\$ -	\$ -				-	\$ -	\$ -		Global Commitment Funded (GC)
Healthy Vermonters Program	1,061	\$ -	\$ -			1,255	\$ -	\$ -				952	\$ -	\$ -		N/A
Subtotal Miscellaneous Program	5,377	\$ 134,658,956				1,571	\$ 148,273,030					1,911	\$ 152,452,563			
TOTAL PROGRAM EXPENDITURES	203,448	\$ 1,064,695,278				196,175	\$ 998,127,614					186,592	\$ 1,070,968,057			
												179,541	\$ 1,077,490,933			

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FEDERAL MATCH RATES

FFIS + JFO/Admin consensus - 2026 October 2024

Fiscal Years 2024 to 2026 [Prior years are in hidden rows]

Title XIX / Medicaid (program) & Title IV-E**/Foster Care (program):

Federal Fiscal Year				State Fiscal Year			
FFY	From	To	Federal Share	e-FMAP	Total Federal Share	State Share	Total Federal Share
2024	10/1/2023	09/30/2024	56.75%		56.75%	43.25%	56.52%
	COVID e-FMAP		56.75%	0.38%	57.13%	42.88%	57.52%
2025	10/1/2024	09/30/2025	58.19%		58.19%	41.81%	57.83%
2026	10/1/2025	09/30/2026	59.01%		59.01%	40.99%	58.81%

Title XXI / CHIP (program & admin) enhanced FMAP:

Federal Fiscal Year				State Fiscal Year			
FFY	From	To	Federal Share	e-FMAP	Total Federal Share	State Share	Total Federal Share
2024	10/1/2023	09/30/2024	69.73%		69.73%	30.28%	69.56%
	includes COVID e-FMAP		69.99%	n/a	69.99%	30.01%	70.26%
2025	10/1/2024	09/30/2025	70.73%		70.73%	29.27%	70.48%
2026	10/1/2025	09/30/2026	71.31%		71.31%	28.69%	71.17%

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Categories of Service

Summarized from CMS 64/21 Line Description as Reported to CMS

	SFY 24 Actual
DSH Payments	\$ 22,701,880
GME Payments	\$ 51,217,782
ACO - Payments *	\$ 199,685,167
Inpatient Hospital Services - Regular Payments	\$ 104,887,987
MH Facility - Payments	\$ 62,355,711
Outpatient Hospital Services - Regular Payments	\$ 73,154,062
Physician and Surgical Services - Regular Payments	\$ 46,193,335
Personal Care Services - Regular Payment	\$ 11,684,545
Other Practitioners Services - Regular Payments	\$ 38,103,069
FQHC and RHC	\$ 41,864,283
Prescribed Drugs	\$ 263,070,133
Rx Rebates	\$ (155,387,676)
Nursing Facility Services - Regular Payments	\$ 862,901
Non-Emergency Medical Transportation - Regular Payments	\$ 15,657,093
Dental Services	\$ 41,710,450
Laboratory And Radiological Services	\$ 15,123,436
Home Health Services	\$ 16,360,783
Primary Care Case Management Services	\$ 16,276,896
Hospice Benefits	\$ 8,122,747
Diagnostic Screening & Preventive Services	\$ 7,707,979
Rehab services, PT,OT,S/LT	\$ 39,696,083
ALL OTHER SERVICES	\$ 36,286,983
Medicaid Health Insurance Payments	\$ 7,948,659
Buy-In to Medicare	\$ 57,860,385
Clawback	\$ 41,550,604
Total	\$ 1,064,695,278

* ACO Payments are the prospective payments made to the ACO for the attributed population under the VMNG program. These payments cover the cost of services for attributed members from providers receiving fixed payments through the ACO (which include hospitals and certain independent primary care practices); they also include a \$4.75 PMPM passed through to practices for care coordination and provider support.

Caseload & Utilization

This section details the historical and projected caseload and utilization of Medicaid services. By statute, Vermont uses a consensus process to forecast Medicaid caseload and utilization by Medicaid Eligibility Group (MEG). Program spending is a function of caseload, utilization, and cost for services.

Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults

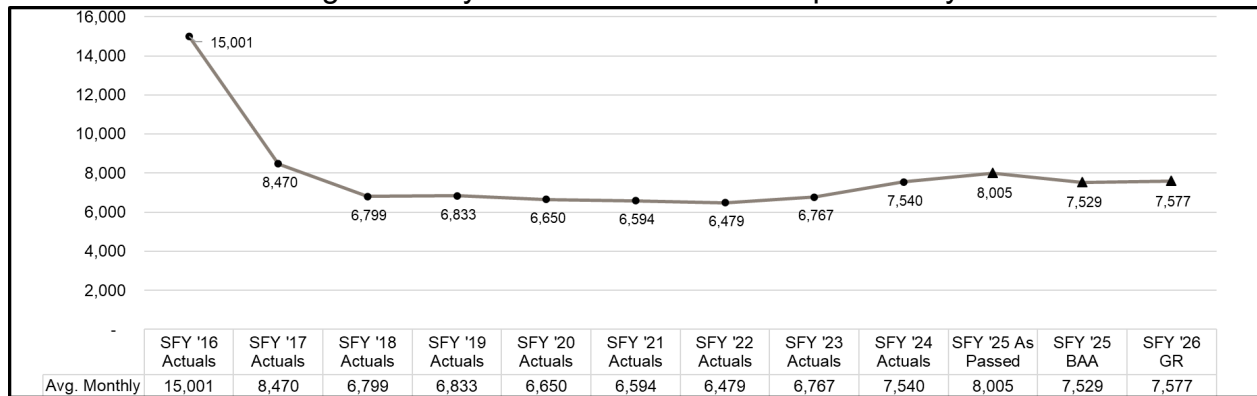
The eligibility requirements for the Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults are as follows:

- Age 19 and older
- Determined ABD but ineligible for Medicare includes:
 - Supplemental Security Income (SSI) cash assistance recipients
 - Working disabled
 - Hospice patients
 - Breast and Cervical Cancer Treatment (BCCT) participants
 - Medicaid/Qualified Medicare Beneficiaries (QMB)
 - Medically needy – eligible because their income is greater than the cash assistance level but less than the protected income level (PIL) – may be ABD or the parents/caretaker relatives of disabled or medically needy minor children

ABD Adult Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	6,594	\$ 58,918,132	\$ 744.56
SFY 2022	6,479	\$ 64,186,768	\$ 825.63
SFY 2023	6,767	\$ 75,523,964	\$ 930.00
SFY 2024	7,540	\$ 100,980,239	\$ 1,116.01
SFY 2025 As Passed	8,005	\$ 81,357,779	\$ 846.95
SFY 2025 BAA	7,529	\$ 106,322,619	\$ 1,176.81
SFY 2026 Gov. Rec.	7,577	\$ 111,299,630	\$ 1,224.10

Average Monthly Caseload Actuals Comparison by SFY



Dual Eligible

Dual Eligible members are enrolled in both Medicare and Medicaid. Medicare eligibility is based on being at least 65 years of age or determined blind or disabled.

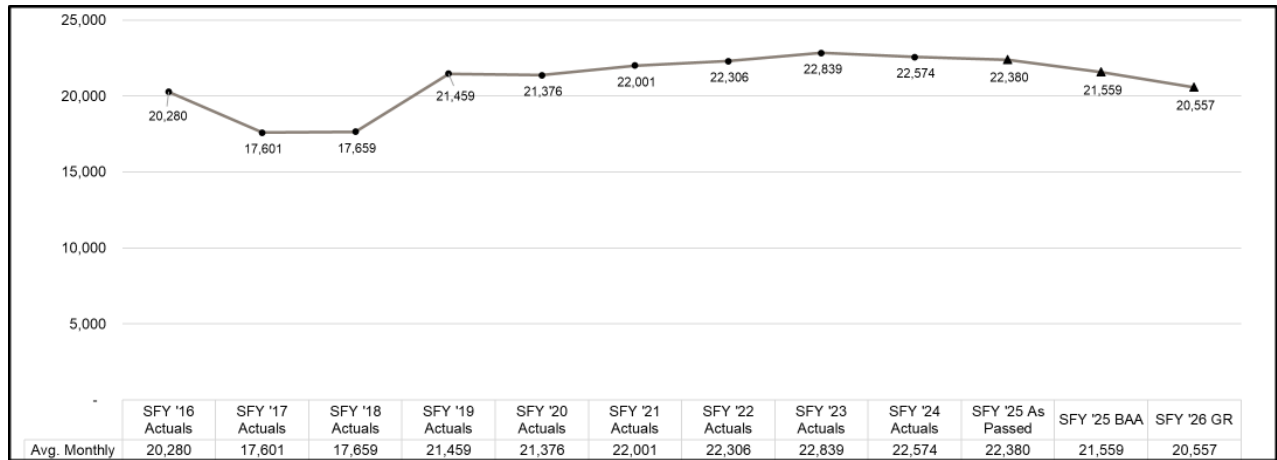
Medicaid assists with:

- Medicare:
 - o Co-payments
 - o Co-insurance
 - o Deductibles
- Non-Medicare routine services:
 - o Hearing
 - o Dental
 - o Transportation

Dual Eligible Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	22,001	\$ 82,481,872	\$ 312.42
SFY 2022	22,306	\$ 84,981,924	\$ 317.49
SFY 2023	22,839	\$ 91,380,940	\$ 333.42
SFY 2024	22,574	\$ 102,421,102	\$ 378.09
SFY 2025 As Passed	22,380	\$ 98,482,304	\$ 366.71
SFY 2025 BAA	21,559	\$ 109,428,546	\$ 422.98
SFY 2026 Gov. Rec.	20,557	\$ 105,482,774	\$ 427.60

Average Monthly Caseload Actuals Comparison by SFY



General Adults

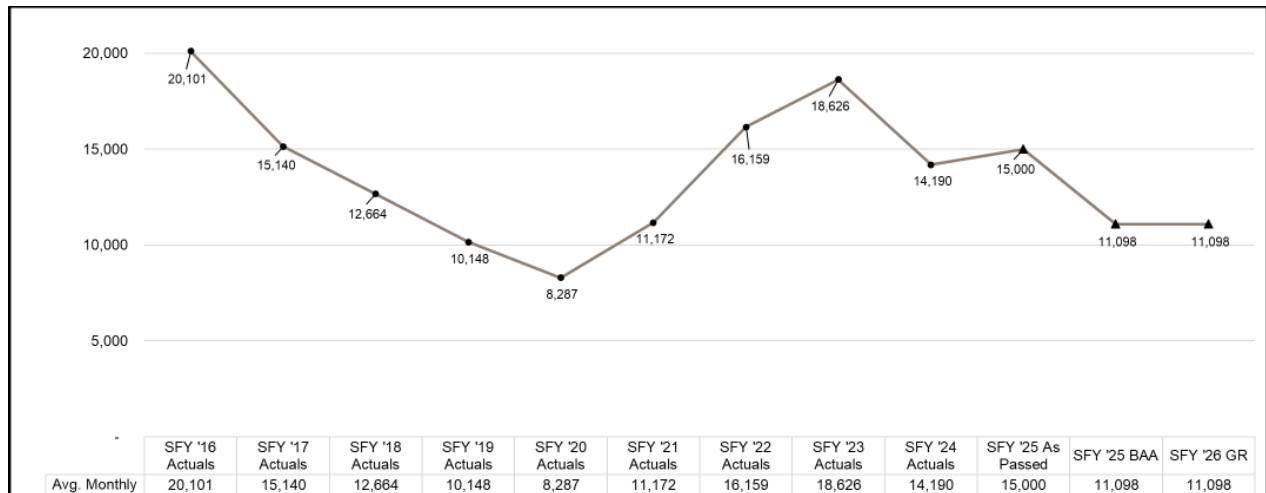
The eligibility requirements for General Adults are as follows:

- Age 19 and older
 - Pregnant People, Parent(s), caretaker(s), or relative(s) of minor children (including cash assistance recipients)
- Those receiving transitional Medicaid after the receipt of cash assistance
- Income below the Protected Income Level (PIL)

General Adults Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	11,172	\$ 58,810,030	\$ 438.67
SFY 2022	16,159	\$ 70,203,809	\$ 362.05
SFY 2023	18,626	\$ 87,549,655	\$ 391.71
SFY 2024	14,190	\$ 72,845,420	\$ 427.80
SFY 2025 As Passed	15,000	\$ 74,853,922	\$ 415.86
SFY 2025 BAA	11,098	\$ 62,965,373	\$ 472.80
SFY 2026 Gov. Rec.	11,098	\$ 66,224,686	\$ 497.27

Average Monthly Caseload Actuals Comparison by SFY



New Adults without Children

The eligibility requirements for New Adults without Children are as follows:

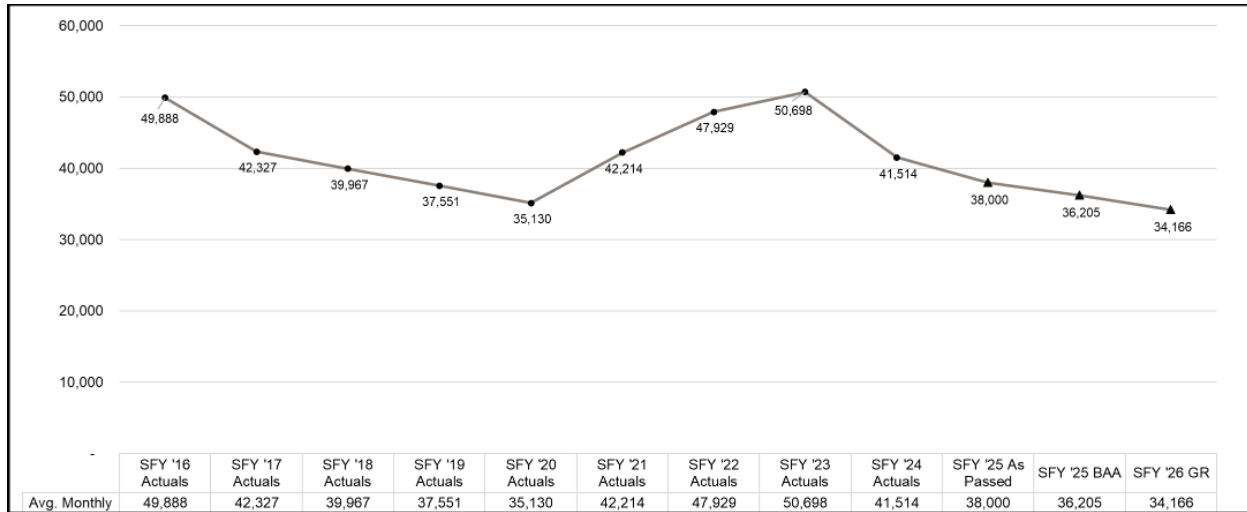
- Age 19 and older
- Income below the designated FPL
- No children in the household

The federal government reimburses services for New Adults without Children in the household at a higher percentage rate.

New Adults Without Children Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	42,214	\$ 220,623,074	\$ 435.53
SFY 2022	47,929	\$ 254,594,682	\$ 442.66
SFY 2023	50,698	\$ 284,264,122	\$ 467.25
SFY 2024	41,514	\$ 247,089,162	\$ 496.00
SFY 2025 As Passed	38,000	\$ 223,980,428	\$ 491.19
SFY 2025 BAA	36,205	\$ 226,853,735	\$ 522.15
SFY 2026 Gov. Rec.	34,166	\$ 225,199,394	\$ 549.28

Average Monthly Caseload Actuals Comparison by SFY



New Adults with Children

The eligibility requirements for New Adults with Children are as follows:

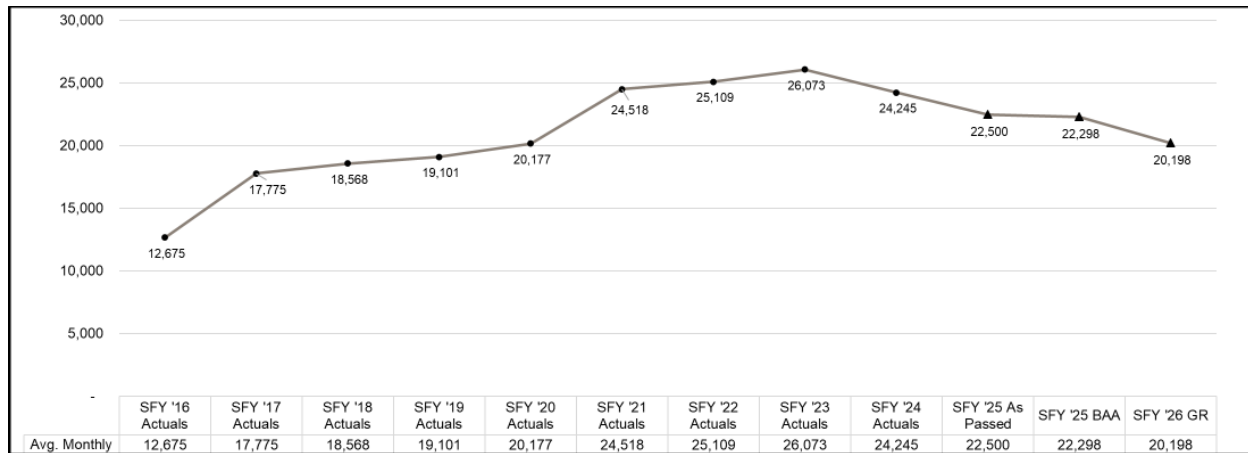
- Age 19 and older
- Income below the designated FPL
- With children in the household under the age of 19

Unlike New Adults without children the federal government reimburses services for New Adults with Children in the household at the unenhanced Global Commitment rate.

New Adults with Children Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	24,518	\$ 114,487,987	\$ 389.13
SFY 2022	25,109	\$ 131,731,050	\$ 437.20
SFY 2023	26,073	\$ 131,458,276	\$ 420.16
SFY 2024	24,245	\$ 135,630,256	\$ 466.17
SFY 2025 As Passed	22,500	\$ 121,631,661	\$ 450.49
SFY 2025 BAA	22,298	\$ 132,030,077	\$ 493.43
SFY 2026 Gov. Rec.	20,198	\$ 125,523,872	\$ 517.89

Average Monthly Caseload Actuals Comparison by SFY



Blind or Disabled (BD) and/or Medically Needy Children

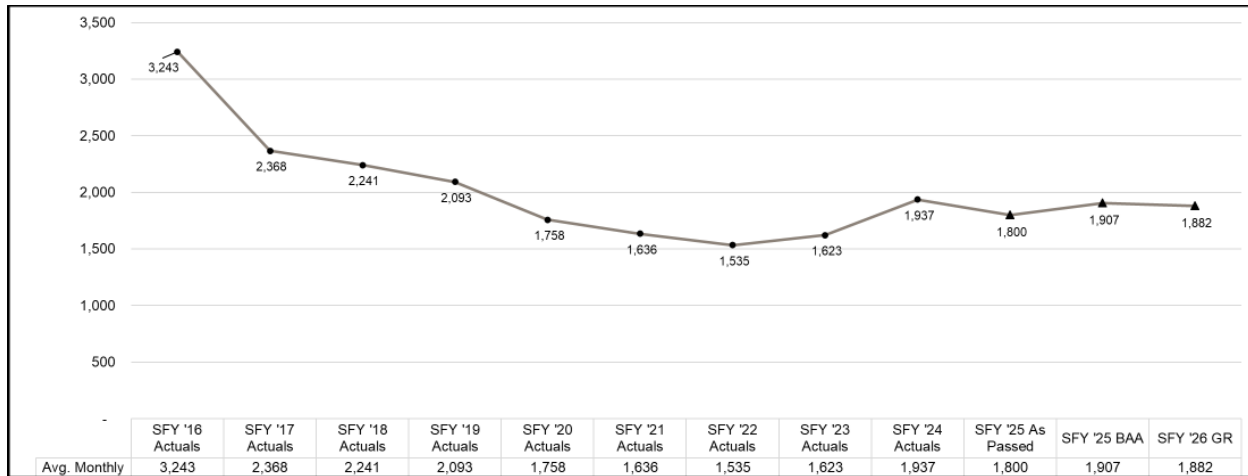
The eligibility requirements for Blind or Disabled (BD) and/or Medically Needy Children are as follows:

- Age cap of 19 years, unless eligible for a special exception
- Blind or disabled status as determined by the federal Social Security Administration, or the State
- Supplemental Security Income (SSI) cash assistance recipients
- Hospice patients
- Those eligible under “Katie Beckett” rules
- Medically needy Vermonters:
 - o Children whose household income is greater than the cash assistance level but less than the PIL
 - o Medically needy children may or may not be blind or disabled

BD Child Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	1,636	\$ 19,998,435	\$ 1,018.77
SFY 2022	1,535	\$ 18,708,639	\$ 1,015.84
SFY 2023	1,623	\$ 20,460,752	\$ 1,050.45
SFY 2024	1,937	\$ 30,837,539	\$ 1,326.92
SFY 2025 As Passed	1,800	\$ 24,404,019	\$ 1,129.82
SFY 2025 BAA	1,907	\$ 30,703,633	\$ 1,341.71
SFY 2026 Gov. Rec.	1,882	\$ 31,295,969	\$ 1,385.76

BD Child Average Monthly Caseload Actuals Comparison by SFY



General Children

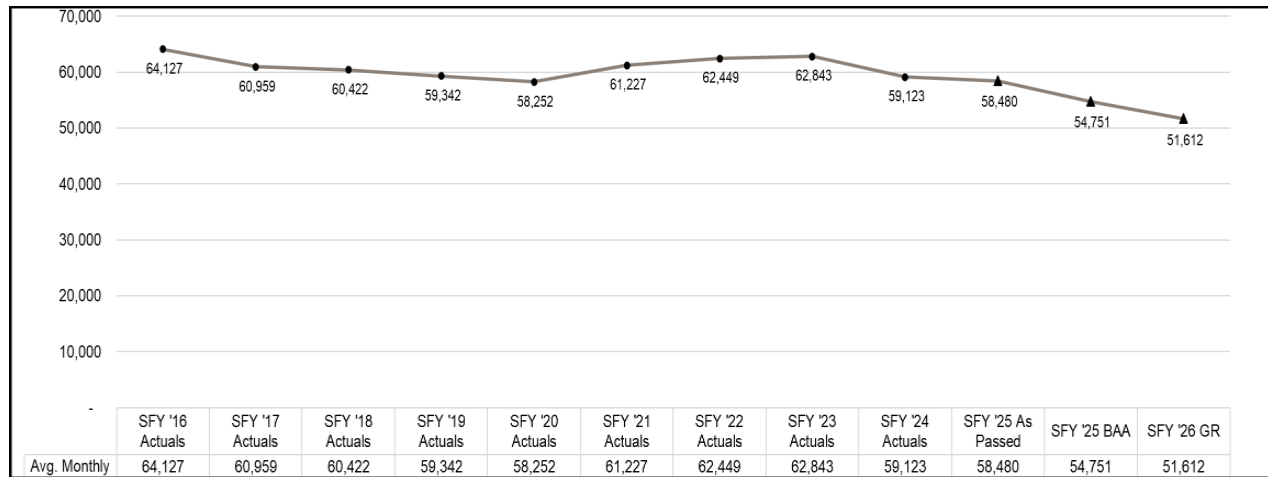
The eligibility requirements for General Children are as follows:

- Age 18 and younger
- Income below the designated FPL
- Categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E)

General Children Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	61,227	\$ 155,993,778	\$ 212.32
SFY 2022	62,449	\$ 187,735,433	\$ 250.52
SFY 2023	62,843	\$ 200,331,099	\$ 265.65
SFY 2024	59,123	\$ 213,876,780	\$ 301.46
SFY 2025 As Passed	58,480	\$ 200,272,643	\$ 285.39
SFY 2025 BAA	54,751	\$ 220,785,936	\$ 351.34
SFY 2026 Gov. Rec.	51,612	\$ 217,600,521	\$ 351.34

Average Monthly Caseload Actuals Comparison by SFY



Children's Health Insurance Program (CHIP)

As of January 1, 2014, CHIP is operated as a Medicaid Expansion with enhanced federal funding from Title XXI of the Social Security Act.

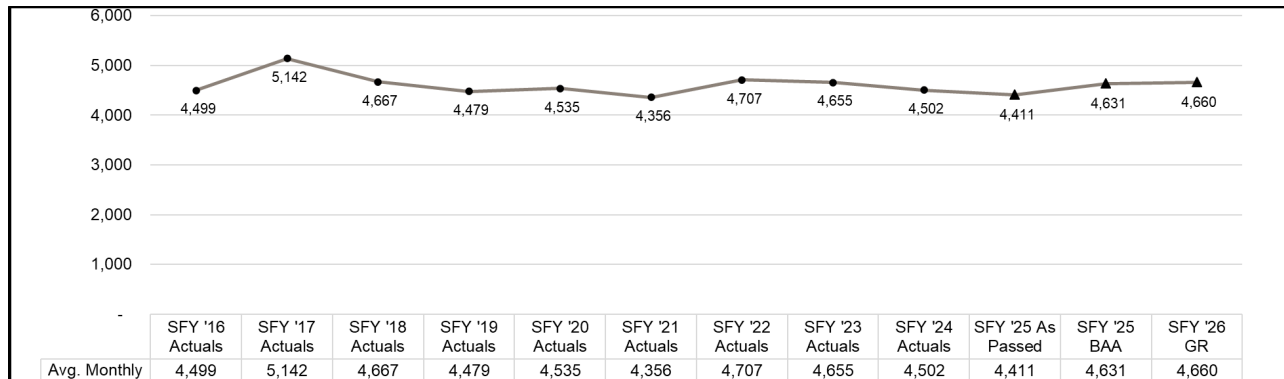
The general eligibility requirements for CHIP are:

- Age 18 and younger
- Income below the designated FPL
- Uninsured

CHIP Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	4,356	\$ 9,417,889	\$ 180.17
SFY 2022	4,707	\$ 9,920,819	\$ 175.64
SFY 2023	4,655	\$ 10,472,332	\$ 187.46
SFY 2024	4,502	\$ 11,541,528	\$ 213.63
SFY 2025 As Passed	4,411	\$ 9,768,527	\$ 184.55
SFY 2025 BAA	4,631	\$ 13,006,071	\$ 234.04
SFY 2026 Gov. Rec.	4,660	\$ 13,088,724	\$ 234.06

Average Monthly Caseload Actuals Comparison by SFY



IHIP (aka Dr. D expansion)

The Immigrant Health Insurance Plan (IHIP) was enacted by the Vermont General Assembly in Act 48 of 2021 and is codified in state statute at 33 V.S.A. chapter 19, subchapter 9. IHIP was created to establish Dr. Dynasaur-like coverage for certain Vermont residents (children under 19 years of age and pregnant individuals) who have an immigration status for which Medicaid coverage is not available, including migrant workers who are employed in seasonal occupations in Vermont, and who are otherwise uninsured. IHIP began July 1, 2022, and is an entirely state funded program. IHIP covers hospital, medical, and dental services as well as prescription drugs. IHIP does not cover long-term services and supports, including home- and community-based services (HCBS).

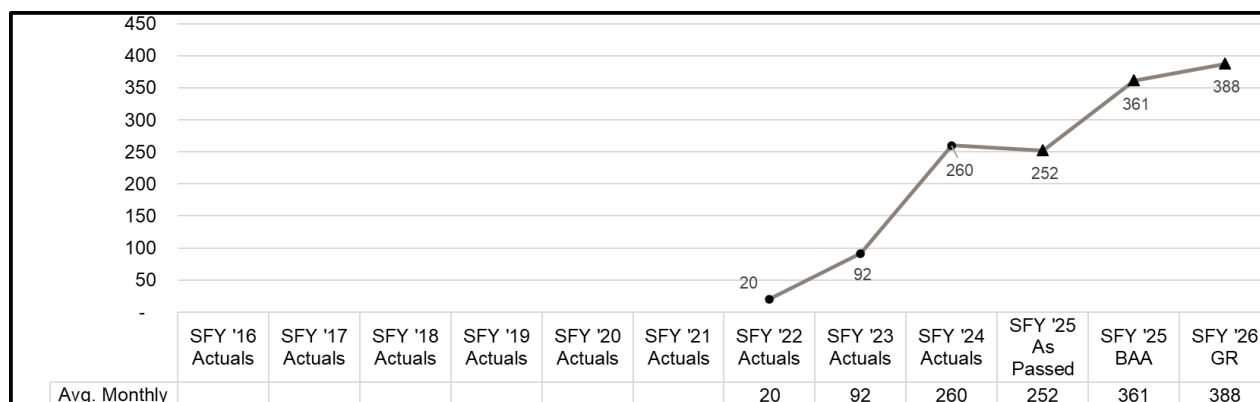
The general eligibility requirements for IHIP are as follows:

- Under age 19 OR pregnant
- Income below the designated FPL
- Otherwise uninsured
- Ineligible for Medicaid due to immigration status (except for Emergency Medicaid)

IHIP Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	-	\$ -	\$ -
SFY 2022	20	\$ 30,937	\$ 128.90
SFY 2023	92	\$ 277,024	\$ 251.61
SFY 2024	260	\$ 1,028,296	\$ 329.37
SFY 2025 As Passed	252	\$ 1,209,600	\$ 400.00
SFY 2025 BAA	361	\$ 1,482,169	\$ 342.14
SFY 2026 Gov. Rec.	388	\$ 1,593,024	\$ 342.14

Average Monthly Caseload Actuals Comparison by SFY



Pharmacy Only Programs – Prescription Assistance

Vermont provides prescription assistance programs to help Vermonters pay for prescription medicines based on income, disability status, and age under the name VPharm. There are monthly premiums based on income and co-pays based on the cost of the prescription.

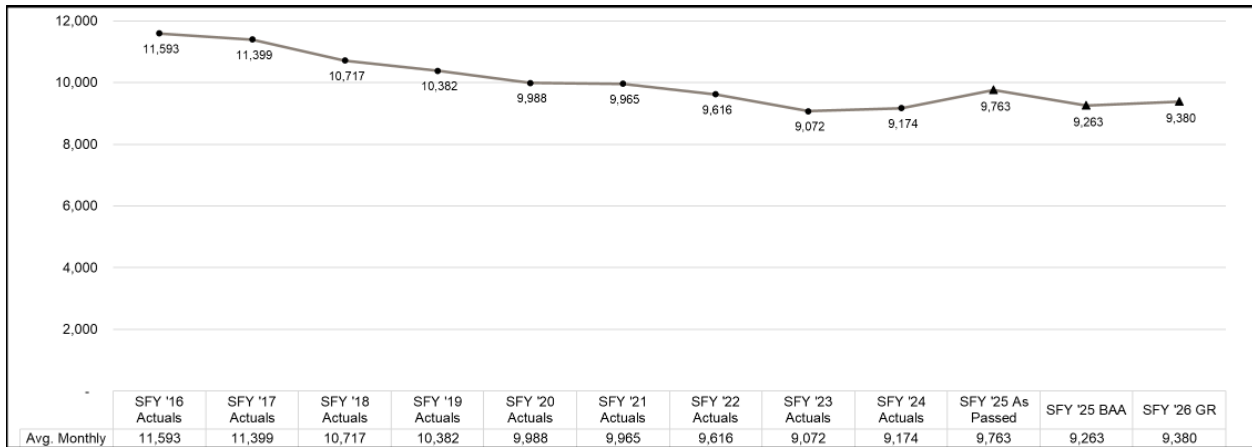
The eligibility requirements for VPharm are as follows:

- Age 65 and older
- Any age with disability
- Current Medicare Part D eligibility
- Income below the designated FPL

VPharm Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	9,965	\$ 4,892,710	\$ 40.92
SFY 2022	9,616	\$ 6,392,816	\$ 55.40
SFY 2023	9,072	\$ 7,275,937	\$ 66.83
SFY 2024	9,174	\$ 7,507,582	\$ 68.19
SFY 2025 As Passed	9,763	\$ 7,831,788	\$ 66.85
SFY 2025 BAA	9,263	\$ 8,554,200	\$ 76.96
SFY 2026 Gov. Rec.	9,380	\$ 7,234,657	\$ 64.27

Average Monthly Caseload Actuals Comparison by SFY



Healthy Vermonters

Healthy Vermonters provides a discount on prescription medicines for individuals not eligible for other pharmacy assistance programs. There are no programmatic costs to the state for this program.

The eligibility requirements for Healthy Vermonters are:

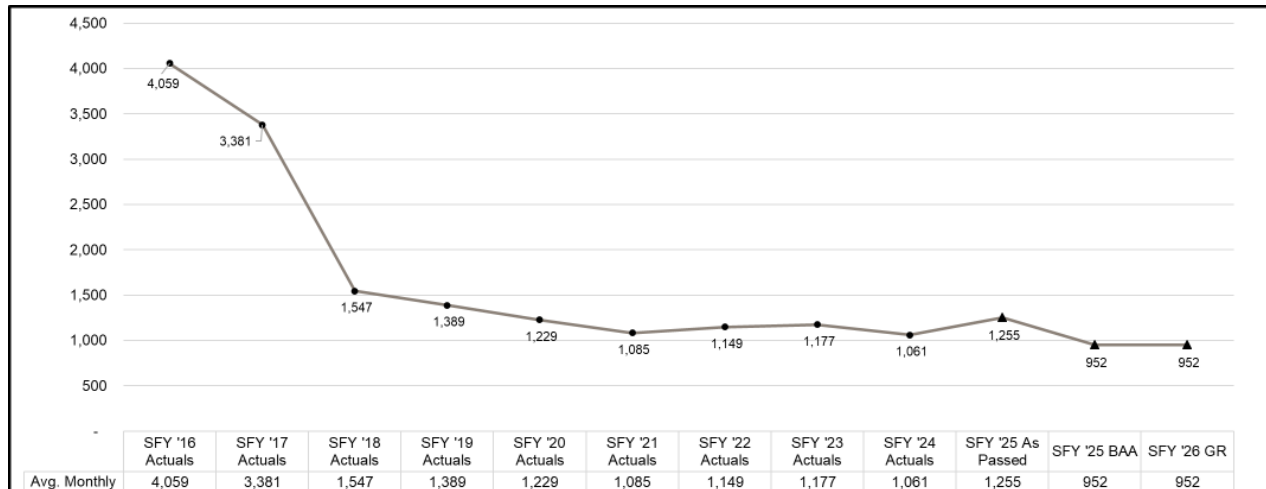
- Household incomes up to 350% and 400% FPL if they are aged or disabled.

Healthy Vermonters Caseload Comparison by State Fiscal Year

There is no programmatic cost to the State for this program.

SFY	Caseload
SFY 2021	1,085
SFY 2022	1,149
SFY 2023	1,177
SFY 2024	1,061
SFY 2025 As Passed	1,255
SFY 2025 BAA	952
SFY 2026 Gov. Rec.	952

Average Monthly Caseload Actuals Comparison by SFY



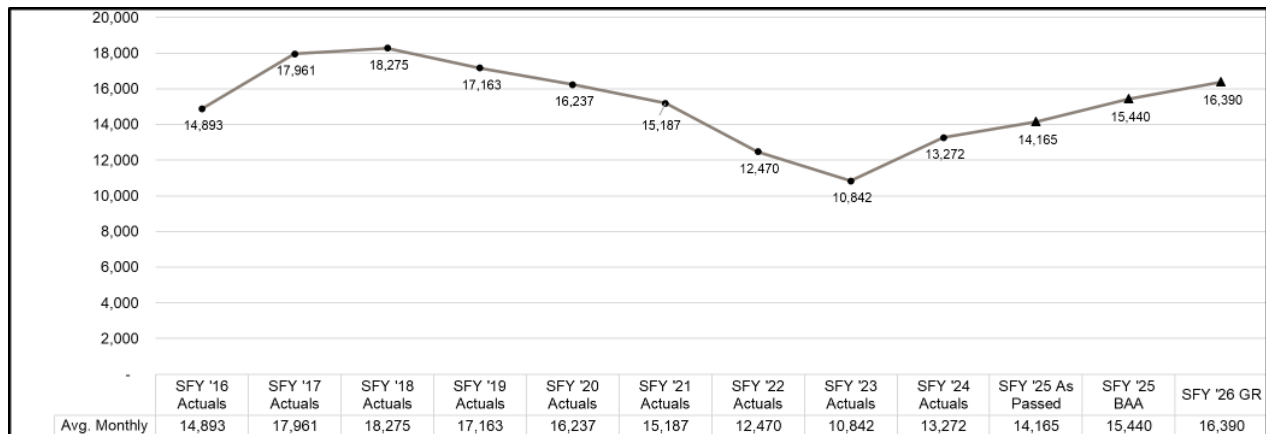
Premium Assistance and Cost Sharing

Individuals with household income over the Medicaid FPL can choose to enroll in a qualified health plan through Vermont Health Connect, Vermont's health benefit exchange. These plans have varying cost sharing and premium levels. There are federal tax credits to make premiums more affordable for people and generally limit premiums to less than 8.5% of their household income, and federal subsidies to make out of pocket expenses more affordable for people with incomes below the designated PIL. In addition to the federal tax credits and cost sharing subsidies provided by the Affordable Care Act, the State of Vermont further subsidizes premiums and cost sharing for enrollees who are eligible.

Premium Assistance Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	15,187	\$ 5,591,697	\$ 30.68
SFY 2022	12,470	\$ 4,524,778	\$ 30.24
SFY 2023	10,842	\$ 4,139,283	\$ 31.82
SFY 2024	13,272	\$ 5,627,707	\$ 35.34
SFY 2025 As Passed	14,165	\$ 5,414,437	\$ 31.85
SFY 2025 BAA	15,440	\$ 6,758,229	\$ 36.48
SFY 2026 Gov. Rec.	16,390	\$ 7,174,053	\$ 36.48

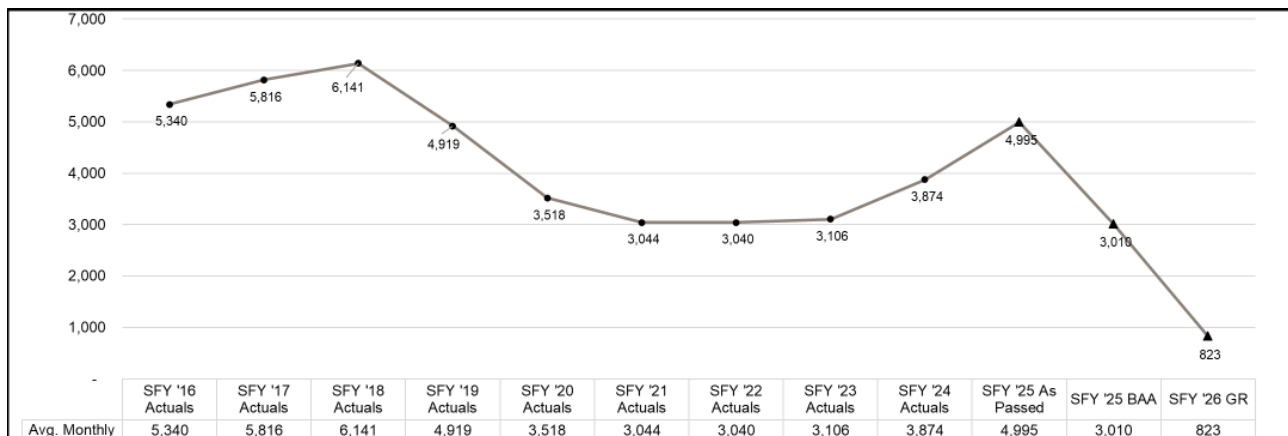
Premium Assistance Average Monthly Caseload Actuals Comparison by SFY



Cost Sharing Caseload, Expenditure, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2021	3,044	\$ 1,176,262	\$ 32.20
SFY 2022	3,040	\$ 985,102	\$ 27.00
SFY 2023	3,106	\$ 1,151,486	\$ 30.90
SFY 2024	3,874	\$ 1,681,009	\$ 36.16
SFY 2025 As Passed	4,995	\$ 1,857,076	\$ 30.98
SFY 2025 BAA	3,010	\$ 1,107,076	\$ 30.65
SFY 2026 Gov. Rec.	823	\$ 357,076	\$ 36.16

Cost Sharing Average Monthly Caseload Actuals Comparison by SFY



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Appendix A: Vantage Reports

Report ID: VTPB-07_GOV REC
Run Date: 01/27/2025
Run Time: 03:03 PM

State of Vermont FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Salaries and Wages		FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and FY2025 As Passed		Percent Change FY2026 Governor's Recommend and FY2025 As Passed	
Description	Code												
Classified Employees	500000	27,263,573		25,585,150		25,585,150		27,927,006		2,341,856		9.2%	
Exempt	500010	0		1,674,077		1,674,077		1,870,524		196,447		11.7%	
Overtime	500060	413,643		0		0		0		0		0.0%	
Shift Differential	500070	0		0		0		0		0		0.0%	
Market Factor - Classified	500899	0		613,244		613,244		665,887		52,643		8.6%	
Vacancy Turnover Savings	508000	0		(1,365,685)		(1,365,685)		(1,365,685)		0		0.0%	
Total: Salaries and Wages		27,677,216		26,506,786		26,506,786		29,097,732		2,590,946		9.8%	

Fringe Benefits		FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and FY2025 As Passed		Percent Change FY2026 Governor's Recommend and FY2025 As Passed	
Description	Code												
FICA - Classified Employees	501000	2,006,428		2,004,175		2,004,175		2,187,323		183,148		9.1%	
FICA - Exempt	501010	0		119,384		119,384		132,707		13,323		11.2%	
Health Ins - Classified Empl	501500	6,398,822		7,209,704		7,209,704		8,429,418		1,219,714		16.9%	
Health Ins - Exempt	501510	0		256,477		256,477		558,968		302,491		117.9%	
Retirement - Classified Empl	502000	7,289,515		6,951,937		6,951,937		8,210,166		1,258,229		18.1%	
Retirement - Exempt	502010	0		463,615		463,615		514,852		51,237		11.1%	
Dental - Classified Employees	502500	286,876		299,463		299,463		304,592		5,129		1.7%	
Dental - Exempt	502510	0		11,098		11,098		11,951		853		7.7%	
Life Ins - Classified Empl	503000	118,309		115,484		115,484		108,368		(7,116)		-6.2%	

FY2026

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Report ID: VTPB-07_GOV REC

Run Date: 01/27/2025

Run Time: 03:03 PM

State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Fringe Benefits		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Life Ins - Exempt	503010	0	8,066	8,066	7,734	(332)	-4.1%
LTD - Classified Employees	503500	4,673	4,499	4,499	4,057	(442)	-9.8%
LTD - Exempt	503510	0	2,812	2,812	3,146	334	11.9%
EAP - Classified Empl	504000	12,069	12,132	12,132	13,630	1,498	12.3%
EAP - Exempt	504010	0	442	442	525	83	18.8%
FMLI	504040	0	101,154	101,154	105,656	4,502	4.5%
Child Care Contribution Exp	504045	0	89,968	89,968	125,266	35,298	39.2%
Employee Tuition Costs	504530	10,239	10,000	10,000	10,000	0	0.0%
Workers Comp - Ins Premium	505200	241,371	225,125	225,125	211,687	(13,438)	-6.0%
Unemployment Compensation	505500	2,073	0	0	0	0	0.0%
Total: Fringe Benefits		16,370,376	17,885,535	17,885,535	20,940,046	3,054,511	17.1%

Contracted and 3rd Party Service		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Contr&3Rd Pty-Educ & Training	507350	1,855	0	0	2,200	2,200	100.0%
IT Contracts - Storage	507544	0	0	0	0	0	0.0%
IT Contracts - Application Development	507565	5,587,387	13,492,093	14,176,717	13,492,093	0	0.0%
IT Contracts - Application Support	507566	27,880,054	41,542,759	41,542,759	41,542,759	0	0.0%
Other Contr and 3Rd Pty Serv	507600	33,746,854	35,214,099	35,962,129	37,508,180	2,294,061	6.5%
Interpreters	507615	2,707	43,000	43,000	6,000	(37,000)	-86.0%
Recording & Other Fees	507620	630	0	0	3,000	3,000	100.0%
Custodial	507670	14,423	1,000	1,000	33,000	32,000	3,200.0%

FY2026

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Report ID: VTPB-07_GOV REC
Run Date: 01/27/2025
Run Time: 03:03 PM

State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Contracted and 3rd Party Service	Description	Code	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Total: Contracted and 3rd Party Service			67,233,909	90,292,951	91,725,605	92,587,212	2,294,261	2.5%

PerDiem and Other Personal Services	FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and FY2025 As Passed		Percent Change FY2026 Governor's Recommend and FY2025 As Passed
	Description	Code									
Catamount Health Assessment		505700	7,323	8,400	8,400	8,400	8,400	0	0.0%		
Per Diem		506000	3,900	8,126	8,126	8,126	8,126	0	0.0%		
Other Peris Serv		506200	0	226,200	557,958	218,502	218,502	(7,698)	-3.4%		
Sheriffs		506230	0	1,150	1,150	0	0	(1,150)	-100.0%		
Total: PerDiem and Other Personal Services			11,223	243,876	575,634	235,028	235,028	(8,848)	-3.6%		
Total: 1. PERSONAL SERVICES			111,292,724	134,929,148	136,693,560	142,860,018	142,860,018	7,930,870	5.9%		

Budget Object Group: 2. OPERATING

Equipment	FY2024 Actuals		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
	Description	Code					
Maintenance Equipment		522300	315	0	600	600	100.0%
Office Equipment		522410	122	100	900	800	800.0%
Safety Supplies & Equipment		522440	3	0	100	100	100.0%

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

IT/Telecom Services and Equipment		FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and FY2025 As Passed		Percent Change FY2026 Governor's Recommend and FY2025 As Passed	
Description	Code												
ADS Emp Expense Exp	516687		4,453		0		0		4,000		4,000		100.0%
ADS Temp Emp Exp	516688		0		0		0		0		0		0.0%
Hw - Computer Peripherals	522201		13,198		0		0		25,400		25,400		100.0%
Hardware - Desktop & Laptop Pc	522216		70,102		115,000		115,000		115,350		350		0.3%
Hw - Printers, Copiers, Scanners	522217		0		18,000		18,000		0		(18,000)		-100.0%
Hw-Personal Mobile Devices	522258		343		0		0		0		0		0.0%
Hw-Video Conferencing	522260		9,353		0		0		3,900		3,900		100.0%
Hardware - Data Network	522273		0		1,000		1,000		0		(1,000)		-100.0%
Hardware - Voice Network	522277		0		0		0		0		0		0.0%
Software-Application Development	522283		0		3,000		3,000		800		(2,200)		-73.3%
Software - Application Support	522284		0		42,000		42,000		3,500		(38,500)		-91.7%
Software - Desktop	522286		0		85,000		85,000		0		(85,000)		-100.0%
Software-Security	522288		0		1,500		1,500		0		(1,500)		-100.0%
Software - Server	522289		0		2,200		2,200		0		(2,200)		-100.0%
Communications Equipment	522430		0		0		0		0		0		0.0%
Total: IT/Telecom Services and Equipment			6,057,995		2,522,352		3,601,820		2,815,605		293,253		11.6%

IT Repair and Maintenance Services		FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and FY2025 As Passed		Percent Change FY2026 Governor's Recommend and FY2025 As Passed	
Description	Code												
Repair & Maint - Office Tech	513010		39,196		41,000		41,000		42,800		1,800		4.4%
Hardware-Rep&Maint-Desk Lap PC	513037		0		0		0		0		0		0.0%
Software-Rep&Maint-ApplicaSupp	513050		22,249		0		0		26,000		26,000		100.0%

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Organization: 3410010000 - DVHA - Administration

Description		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
IT Repair and Maintenance Services							
Code							
Total: IT Repair and Maintenance Services		61,445	41,000	41,000	68,800	27,800	67.8%

Description		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Other Operating Expenses							
Code							
Single Audit Allocation		0	40,000	40,000	0	(40,000)	-100.0%
Bank Service Charges		0	250	250	0	(250)	-100.0%
Total: Other Operating Expenses		0	40,250	40,250	0	(40,250)	-100.0%

Description		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Other Rental							
Code							
Rental of Equipment & Vehicles		0	0	0	0	0	0.0%
Rental - Auto		4,741	23,020	23,020	10,020	(13,000)	-56.5%
Rental - Office Equipment		4,384	32,000	32,000	9,500	(22,500)	-70.3%
Rental - Other		85	0	0	300	300	100.0%
Total: Other Rental		9,210	55,020	55,020	19,820	(35,200)	-64.0%

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

Other Purchased Services	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code					
Insurance Other Than Empl Bene	516000	20,229	17,000	17,463	463	2.7%
Insurance - General Liability	516010	142,672	132,171	122,109	(10,062)	-7.6%
Insurance - Auto	516020	132	0	250	250	100.0%
Property Insurance	516099	0	0	0	0	0.0%
Dues	516500	56,904	55,000	92,500	37,500	68.2%
Licenses	516550	123,285	79,000	131,250	52,250	66.1%
Advertising-Other	516815	3,673	10,000	8,000	(2,000)	-20.0%
Advertising - Job Vacancies	516820	5,632	10,000	9,000	(1,000)	-10.0%
Printing and Binding	517000	359,084	267,000	410,972	143,972	53.9%
Photocopying	517020	0	100	0	(100)	-100.0%
Registration For Meetings&Conf	517100	20,901	2,000	21,500	19,500	975.0%
Training - Info Tech	517110	0	20,000	0	(20,000)	-100.0%
Empl Train & Background Checks	517120	345	1,000	1,000	0	0.0%
Postage	517200	419,959	307,500	424,808	117,308	38.1%
Freight & Express Mail	517300	15,314	25,200	18,357	(6,843)	-27.2%
Instate Conf, Meetings, Etc	517400	3,075	25,000	6,500	(18,500)	-74.0%
Catering-Meals-Cost	517410	0	1,000	600	(400)	-40.0%
Outside Conf, Meetings, Etc	517500	13,075	28,000	12,100	(15,900)	-56.8%
Other Purchased Services	519000	27,800	61,250	30,250	(31,000)	-50.6%
Human Resources Services	519006	338,303	314,036	373,646	59,610	19.0%
Administrative Service Charge	519010	25,915	30,000	30,000	0	0.0%
Security Services	519025	1,363	0	2,000	2,000	100.0%
Moving State Agencies	519040	224	0	650	650	100.0%
Infrastructure as a Service	519081	17,622,376	37,741,509	29,741,509	(8,000,000)	-21.2%
Total: Other Purchased Services		19,200,260	39,126,766	31,454,464	(7,672,302)	-19.6%

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

Property and Maintenance		FY2024 Actuals		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code							
Water/Sewer	510000	60		68	68	68	0	0.0%
Disposal	510200	170		1,200	1,200	580	(620)	-51.7%
Recycling	510220	3,041		0	0	4,000	4,000	100.0%
Custodial	510400	5,600		0	0	0	0	0.0%
Repair & Maint - Buildings	512000	1		1,100	1,100	400	(700)	-63.6%
Other Repair & Maint Serv	513200	143		23,000	23,000	2,000	(21,000)	-91.3%
Repair&Maint-Property/Grounds	513210	3,845		34,000	34,000	6,500	(27,500)	-80.9%
Total: Property and Maintenance		12,858		59,368	59,368	13,548	(45,820)	-77.2%

Property Rental		FY2024 Actuals		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code							
Rent Land & Bldgs-Office Space	514000	503,695		1,011,749	1,011,749	891,749	(120,000)	-11.9%
Rent Land&Bldgs-Non-Office	514010	69		60	60	100	40	66.7%
Fee-For-Space Charge	515010	815,718		771,605	771,605	732,167	(39,438)	-5.1%
Total: Property Rental		1,319,481		1,783,414	1,783,414	1,624,016	(159,398)	-8.9%

Supplies		FY2024 Actuals		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code							
Office Supplies	520000	57,201		36,000	36,000	73,900	37,900	105.3%

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

Supplies	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Gasoline	227	500	500	600	100	20.0%
Other General Supplies	404	3,000	3,000	2,400	(600)	-20.0%
Educational Supplies	0	0	0	0	0	0.0%
Recognition/Awards	5,357	600	600	6,600	6,000	1,000.0%
Food	0	9,000	9,000	3,000	(6,000)	-66.7%
Water	199	2,000	2,000	2,000	0	0.0%
Electricity	1,051	1,000	1,000	2,000	1,000	100.0%
Heating Oil #2 - Uncut	0	400	400	0	(400)	-100.0%
Propane Gas	937	400	400	2,050	1,650	412.5%
Books&Periodicals-Library/Educ	0	11,700	11,700	4,200	(7,500)	-64.1%
Subscriptions	188,884	50,100	50,100	90,100	40,000	79.8%
Subscriptions Other Info Serv	9,088	0	0	11,000	11,000	100.0%
Other Books & Periodicals	0	1,500	1,500	0	(1,500)	-100.0%
Household, Facility&Lab Suppl	0	400	400	0	(400)	-100.0%
Paper Products	71	1,200	1,200	850	(350)	-29.2%
Total: Supplies	263,399	117,800	117,800	198,700	80,900	68.7%

Travel	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Travel-Inst-Auto Mileage-Emp	27,161	140,000	140,000	35,300	(104,700)	-74.8%
Travel-Inst-Other Transp-Emp	907	16,000	16,000	3,000	(13,000)	-81.3%
Travel-Inst-Meals-Emp	3,071	1,800	1,800	2,750	950	52.8%
Travel-Inst-Lodging-Emp	137	0	0	300	300	100.0%

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Travel	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code					
Travel-Inst-Incidentals-Emp	518040	82	2,400	1,400	(1,000)	-41.7%
Travel-Inst-Auto Mileage-Nonemp	518300	653	4,541	2,791	(1,750)	-38.5%
Travel-Inst-Other Trans-Nonemp	518310	0	450	0	(450)	-100.0%
Travel-Outst-Auto Mileage-Emp	518500	1,874	5,100	4,250	(850)	-16.7%
Travel-Outst-Other Trans-Emp	518510	8,095	90,300	17,800	(72,500)	-80.3%
Travel-Outst-Meals-Emp	518520	7,602	16,000	9,500	(6,500)	-40.6%
Travel-Outst-Lodging-Emp	518530	25,593	53,232	27,432	(25,800)	-48.5%
Travel-Outst-Incidentals-Emp	518540	1,451	12,000	3,500	(8,500)	-70.8%
Total: Travel		76,626	341,823	108,023	(233,800)	-68.4%
Total: 2. OPERATING		27,005,614	44,171,193	36,310,876	(7,860,317)	-17.8%

Budget Object Group: 3. GRANTS

Grants Rollup	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code					
Other Grants-Service Agreemnt	550501	2,197,920	3,112,301	3,112,301	0	0.0%
Other Grants - MOU	550502	1,276,587	0	0	0	0.0%
Medical Services Grants	604250	(1,938)	0	0	0	0.0%
AHS Cost Allocation Exp. Acct.	799090	10,144	0	0	0	0.0%
Total: Grants Rollup		3,482,714	3,112,301	3,112,301	0	0.0%
Total: 3. GRANTS		3,482,714	3,112,301	3,112,301	0	0.0%

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

Total Expenditures	141,781,052	182,212,642	179,056,522	182,283,195	70,553	0.0%
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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Contracted and 3rd Party Service		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Other Contr and 3Rd Pty Serv	507600	547,983	547,983	0	0	(547,983)	-100.0%
Total: Contracted and 3rd Party Service		547,983	547,983	0	0	(547,983)	-100.0%
Total: 1. PERSONAL SERVICES		547,983	547,983	0	0	(547,983)	-100.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Other Grants	550500	0	13,109,475	13,109,475	13,109,475	0	0.0%
Medical Services Grants	604250	965,333,786	886,441,319	951,845,554	953,385,831	66,944,512	7.6%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		965,333,786	899,550,794	964,955,029	966,495,306	66,944,512	7.4%
Total: 3. GRANTS		965,333,786	899,550,794	964,955,029	966,495,306	66,944,512	7.4%
Total Expenditures		965,881,769	900,098,777	964,955,029	966,495,306	66,396,529	7.4%

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Organization: 3410017000 - DVHA - Medicaid/State Only Programs

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Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Other Grants-Service Agreement	550501	0	0	0	0	0	0.0%
Medical Services Grants	604250	64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%
Total: 3. GRANTS		64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%
Total Expenditures		64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%

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FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Description	Code						
Medical Services Grants	604250	34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%
Total: 3. GRANTS		34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%
Total Expenditures		34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%

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State of Vermont

FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410872601 - DVHA-Blueprint Programs

Budget Object Group: 3. GRANTS

Grants Rollup		FY2026 Governor's Recommended Budget		Difference Between FY2026 Governor's Recommend and As Passed		Percent Change FY2026 Governor's Recommend and As Passed	
Description	Code						
Other Grants	550500	0	0	10,800,000	10,800,000		100.0%
Total: Grants Rollup		0	0	10,800,000	10,800,000		100.0%
Total: 3. GRANTS		0	0	10,800,000	10,800,000		100.0%
Total Expenditures		0	0	10,800,000	10,800,000		100.0%

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410892201 - DVHA-HCBS Plan

Budget Object Group: 1. PERSONAL SERVICES

Salaries and Wages		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Classified Employees	500000	124,245	0	0	0.0%
Overtime	500060	112	0	0	0.0%
Total: Salaries and Wages		124,357	0	0	0.0%

Fringe Benefits		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
FICA - Classified Employees	501000	9,149	0	0	0.0%
Health Ins - Classified Empl	501500	17,659	0	0	0.0%
Retirement - Classified Empl	502000	33,203	0	0	0.0%
Dental - Classified Employees	502500	656	0	0	0.0%
Life Ins - Classified Empl	503000	613	0	0	0.0%
EAP - Classified Empl	504000	56	0	0	0.0%
Total: Fringe Benefits		61,335	0	0	0.0%

Contracted and 3rd Party Service		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Other Contr and 3Rd Pty Serv	507600	0	0	0	0.0%
Total: Contracted and 3rd Party Service		0	0	0	0.0%

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Organization: 3410892201 - DVHA-HCBS Plan

Total: 1. PERSONAL SERVICES	135,692	0	0	0	0	0.0%
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Budget Object Group: 2. OPERATING

IT/Telecom Services and Equipment		FY2024 Actuals		Difference Between Recommend and As Passed		Percent Change Recommend and As Passed
Description	Code					
Telecom-Telephone Services	516652	463	0	0	0	0.0%
Hw - Computer Peripherals	522201	0	0	0	0	0.0%
Hardware - Desktop & Laptop Pc	522216	0	0	0	0	0.0%
Total: IT/Telecom Services and Equipment		463	0	0	0	0.0%

IT Repair and Maintenance Services		FY2024 Actuals		Difference Between Recommend and As Passed		Percent Change Recommend and As Passed
Description	Code					
Repair & Maint - Office Tech	513010	40	0	0	0	0.0%
Total: IT Repair and Maintenance Services		40	0	0	0	0.0%

Property and Maintenance		FY2024 Actuals		Difference Between Recommend and As Passed		Percent Change Recommend and As Passed
Description	Code					
Recycling	510220	10	0	0	0	0.0%
Total: Property and Maintenance		10	0	0	0	0.0%

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Organization: 3410892201 - DVHA-HCBS Plan

Property Rental		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Fee-For-Space Charge	515010	3,737	0	0	0.0%
Total: Property Rental		3,737	0	0	0.0%

Travel		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Travel-Inst-Incidentals-Emp	518040	7	0	0	0.0%
Total: Travel		7	0	0	0.0%
Total: 2. OPERATING		4,258	0	0	0.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
AHS Cost Allocation Exp. Acct.	799090	258	0	0	0.0%
Total: Grants Rollup		258	0	0	0.0%
Total: 3. GRANTS		258	0	0	0.0%
Total Expenditures					-100.0%

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report
Organization: 3410892301 - DVHA-HCBS Spending Plan

Budget Object Group: 1. PERSONAL SERVICES

Contracted and 3rd Party Service		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
IT Contracts - Application Support	507566	15,000	0	0	0.0%
Other Contr and 3Rd Pty Serv	507600	606,504	0	0	0.0%
Total: Contracted and 3rd Party Service		621,504	0	0	0.0%
Total: 1. PERSONAL SERVICES		621,504	0	0	0.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Medical Services Grants	604250	771,758	0	0	0.0%
Total: Grants Rollup		771,758	0	0	0.0%
Total: 3. GRANTS		771,758	0	0	0.0%
Total Expenditures					-100.0%

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410892401 - DHVA-Blueprint/Hub & Spoke

Budget Object Group: 1. PERSONAL SERVICES

Contracted and 3rd Party Service		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Other Contr and 3Rd Pty Serv	507600	49,200	0	0	0.0%
Total: Contracted and 3rd Party Service		49,200	0	0	0.0%
Total: 1. PERSONAL SERVICES		49,200	0	0	0.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Actuals		Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code				
Other Grants - MOU	550502	10,159	0	0	0.0%
Medical Services Grants	604250	6,028,084	0	0	0.0%
AHS Cost Allocation Exp. Acct.	799090	(10,402)	0	0	0.0%
Total: Grants Rollup		6,027,840	0	0	0.0%
Total: 3. GRANTS		6,027,840	0	0	0.0%
Total Expenditures					-100.0%

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State of Vermont

FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410892501 - DVHA-Medicaid Global Payment

Budget Object Group: 3. GRANTS

Grants Rollup		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		Difference Between Recommend and FY2025 As Passed		Percent Change Recommend and FY2025 As Passed	
Description	Code								
Other Grants	550500	0	9,279,583	13,299,583	0	(9,279,583)		-100.0%	
Total: Grants Rollup		0	9,279,583	13,299,583	0	(9,279,583)		-100.0%	
Total: 3. GRANTS		0	9,279,583	13,299,583	0	(9,279,583)		-100.0%	
Total Expenditures		0	9,279,583	13,299,583	0	(9,279,583)		-100.0%	

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report
Organization: 3410892502 - DVHA-Technical Analysis

Budget Object Group: 3. GRANTS

Grants Rollup		FY2025 Original As Passed Budget	Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Description	Code				
Other Grants	550500	0	150,000	0	-100.0%
Total: Grants Rollup		0	150,000	0	-100.0%
Total: 3. GRANTS		0	150,000	0	-100.0%
Total Expenditures		0	150,000	0	-100.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		Difference Between Recommend and FY2025 As Passed		Percent Change Recommend and FY2025 As Passed	
Description	Code								
Other Grants	550500	0	100,000	100,000	0	(100,000)		-100.0%	
Total: Grants Rollup		0	100,000	100,000	0	(100,000)		-100.0%	
Total: 3. GRANTS		0	100,000	100,000	0	(100,000)		-100.0%	
Total Expenditures		0	100,000	100,000	0	(100,000)		-100.0%	

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State of Vermont
FY2026 Governor's Recommended Budget: Detail Report

Organization: 3410892504 - DVHA-Treatment Without Transpo

Budget Object Group: 3. GRANTS

Grants Rollup		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		Difference Between Governor's Recommended and FY2025 As Passed		Percent Change Governor's Recommended and FY2025 As Passed	
Description	Code								
Other Grants	550500	0	74,000	74,000	0	(74,000)		-100.0%	
Total: Grants Rollup		0	74,000	74,000	0	(74,000)		-100.0%	
Total: 3. GRANTS		0	74,000	74,000	0	(74,000)		-100.0%	
Total Expenditures		0	74,000	74,000	0	(74,000)		-100.0%	

Fund Name		FY2024 Actuals		FY2025 Original As Passed Budget		FY2025 Governor's BAA Recommended Budget		FY2026 Governor's Recommended Budget		Difference Between Governor's Recommended and FY2025 As Passed		Percent Change Governor's Recommended and FY2025 As Passed	
Fund Code													
10000	General Fund	115,505,696	114,785,266	114,785,266	118,041,572	118,041,572	119,643,321	119,643,321	119,643,321	4,858,055		4.2%	
20405	Global Commitment Fund	978,112,282	914,643,336	914,643,336	988,109,024	988,109,024	987,149,745	987,149,745	987,149,745	72,506,409		7.9%	
21500	Inter-Unit Transfers Fund	3,709,814	4,508,158	4,508,158	3,154,929	3,154,929	3,178,844	3,178,844	3,178,844	(1,329,314)		-29.5%	
21916	Vermont Health IT Fund	2,444,948	4,733,015	4,733,015	4,733,015	4,733,015	4,760,237	4,760,237	4,760,237	27,222		0.6%	
22005	Federal Revenue Fund	114,364,101	151,274,063	151,274,063	149,609,620	149,609,620	155,841,980	155,841,980	155,841,980	4,567,917		3.0%	
22045	Coronavirus Relief Fund	0	0	0	0	0	0	0	0	0		0.0%	
Funds Total		1,214,136,840	1,189,943,838	1,189,943,838	1,263,648,160	1,263,648,160	1,270,574,127	1,270,574,127	1,270,574,127	80,630,289		6.8%	

Position Count	381
FTE Total	378.87

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Salaries and Wages	27,677,216	26,506,786	26,506,786	29,097,732	2,590,946	9.8%
Fringe Benefits	16,370,376	17,885,535	17,885,535	20,940,046	3,054,511	17.1%
Contracted and 3rd Party Service	67,233,909	90,292,951	91,725,605	92,587,212	2,294,261	2.5%
PerDiem and Other Personal Services	11,223	243,876	575,634	235,028	(8,848)	-3.6%
Budget Object Group Total: 1. PERSONAL SERVICES	111,292,724	134,929,148	136,693,560	142,860,018	7,930,870	5.9%

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Equipment	4,340	83,400	83,400	7,900	(75,500)	-90.5%
IT/Telecom Services and Equipment	6,057,995	2,522,352	3,601,820	2,815,605	293,253	11.6%
IT Repair and Maintenance Services	61,445	41,000	41,000	68,800	27,800	67.8%
Other Operating Expenses	0	40,250	40,250	0	(40,250)	-100.0%
Other Rental	9,210	55,020	55,020	19,820	(35,200)	-64.0%
Other Purchased Services	19,200,260	39,126,766	33,126,766	31,454,464	(7,672,302)	-19.6%
Property and Maintenance	12,858	59,368	59,368	13,548	(45,820)	-77.2%
Property Rental	1,319,481	1,783,414	1,783,414	1,624,016	(159,398)	-8.9%
Supplies	263,399	117,800	117,800	198,700	80,900	68.7%
Travel	76,626	341,823	341,823	108,023	(233,800)	-68.4%
Budget Object Group Total: 2. OPERATING	27,005,614	44,171,193	39,250,661	36,310,876	(7,860,317)	-17.8%

Budget Object Group: 3. GRANTS

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Grants Rollup	3,482,714	3,112,301	3,112,301	3,112,301	0	0.0%
Budget Object Group Total: 3. GRANTS	3,482,714	3,112,301	3,112,301	3,112,301		0.0%

Total Expenditures	141,781,052	182,212,642	179,056,522	182,283,195	70,553	0.0%
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Fund Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
General Funds	39,322,243	39,872,315	42,023,781	43,820,359	3,948,044	9.9%
Special Fund	2,444,948	4,733,015	4,733,015	4,760,237	27,222	0.6%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	92,559,440	128,790,580	124,836,223	126,141,154	(2,649,426)	-2.1%
Global Commitment	3,744,608	4,308,574	4,308,574	4,382,601	74,027	1.7%
IDT Funds	3,709,814	4,508,158	3,154,929	3,178,844	(1,329,314)	-29.5%
Funds Total	141,781,052	182,212,642	179,056,522	182,283,195	70,553	0.0%

Position Count	381
FTE Total	378.87

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Contracted and 3rd Party Service	547,983	547,983	0	0	(547,983)	-100.0%
Budget Object Group Total: 1. PERSONAL SERVICES	547,983	547,983	0	0	(547,983)	-100.0%

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Grants Rollup	965,333,786	899,550,794	964,955,029	966,495,306	66,944,512	7.4%
Budget Object Group Total: 3. GRANTS	965,333,786	899,550,794	964,955,029	966,495,306	66,944,512	7.4%
Total Expenditures	965,881,769	900,098,777	964,955,029	966,495,306	66,396,529	7.4%

Fund Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Global Commitment	965,881,769	900,098,777	964,955,029	966,495,306	66,396,529	7.4%
Funds Total	965,881,769	900,098,777	964,955,029	966,495,306	66,396,529	7.4%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410017000 - DVHA - Medicaid/State Only Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Grants Rollup	64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%
Budget Object Group Total: 3. GRANTS	64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%
Total Expenditures	64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%

Fund Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
General Funds	63,279,198	62,151,546	62,308,757	62,355,192	203,646	0.3%
Global Commitment	835,797	882,402	5,471,838	5,471,838	4,589,436	520.1%
Funds Total	64,114,995	63,033,948	67,780,595	67,827,030	4,793,082	7.6%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
Grants Rollup	34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%
Budget Object Group Total: 3. GRANTS	34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%
Total Expenditures	34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%

Fund Name	FY2024 Actuals	FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and FY2025 As Passed	Percent Change FY2026 Governor's Recommend and FY2025 As Passed
General Funds	12,893,853	12,511,405	13,459,034	13,467,770	956,365	7.6%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	21,804,661	22,483,483	24,773,397	29,700,826	7,217,343	32.1%
IDT Funds	0	0	0	0	0	0.0%
Funds Total	34,698,514	34,994,888	38,232,431	43,168,596	8,173,708	23.4%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410872601 - DVHA-Blueprint Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name				FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and As Passed	Percent Change FY2026 Governor's Recommend and As Passed
Grants Rollup	0	0	0	10,800,000	10,800,000	100.0%
Budget Object Group Total: 3. GRANTS	0	0	0	10,800,000	10,800,000	100.0%
Total Expenditures	0	0	0	10,800,000	10,800,000	100.0%

Fund Name				FY2026 Governor's Recommended Budget	Difference Between FY2026 Governor's Recommend and As Passed	Percent Change FY2026 Governor's Recommend and As Passed
Global Commitment	0	0	0	10,800,000	10,800,000	100.0%
Funds Total	0	0	0	10,800,000	10,800,000	100.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892201 - DVHA-HCBS Plan

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Salaries and Wages	124,357	0	0	0	0	0.0%
Fringe Benefits	61,335	0	0	0	0	0.0%
Contracted and 3rd Party Service	0	0	0	0	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	185,692	0	0	0		0.0%

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
IT/Telecom Services and Equipment	463	0	0	0	0	0.0%
IT Repair and Maintenance Services	40	0	0	0	0	0.0%
Property and Maintenance	10	0	0	0	0	0.0%
Property Rental	3,737	0	0	0	0	0.0%
Travel	7	0	0	0	0	0.0%
Budget Object Group Total: 2. OPERATING	4,258	0	0	0		0.0%

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Grants Rollup	258	0	0	0	0	0.0%
Budget Object Group Total: 3. GRANTS	258	0	0	0		0.0%
Total Expenditures	190,208	0	0	0	0	0.0%

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State of Vermont
FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892201 - DVHA-HCBS Plan

Fund Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Global Commitment	190,208	0	0	0	0	0.0%
Funds Total	190,208	0	0	0	0	0.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892301 - DVHA-HCBS Spending Plan

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Contracted and 3rd Party Service	621,504	0	0	0	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	621,504	0	0	0	0	0.0%

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Grants Rollup	771,758	0	0	0	0	0.0%
Budget Object Group Total: 3. GRANTS	771,758	0	0	0	0	0.0%

Total Expenditures	1,393,262	0	0	0	0	0.0%
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Fund Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Global Commitment	1,393,262	0	0	0	0	0.0%
Funds Total	1,393,262	0	0	0	0	0.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892401 - DHVA-Blueprint/Hub & Spoke

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Contracted and 3rd Party Service	49,200	0	0	0	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	49,200	0	0	0		0.0%

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Grants Rollup	6,027,840	0	0	0	0	0.0%
Budget Object Group Total: 3. GRANTS	6,027,840	0	0	0		0.0%

Total Expenditures	6,077,040	0	0	0	0	0.0%
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Fund Name	FY2024 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
General Funds	10,402	0	0	0	0	0.0%
Federal Funds	0	0	0	0	0	0.0%
Global Commitment	6,066,638	0	0	0	0	0.0%
Funds Total	6,077,040	0	0	0		0.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892501 - DVHA-Medicaid Global Payment

Budget Object Group: 3. GRANTS

Budget Object Rollup Name		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Grants Rollup	0	9,279,583	13,299,583	(9,279,583)	-100.0%
Budget Object Group Total: 3. GRANTS	0	9,279,583	13,299,583	(9,279,583)	-100.0%

Total Expenditures	0	9,279,583	13,299,583	(9,279,583)	-100.0%
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Fund Name		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Global Commitment	0	9,279,583	13,299,583	(9,279,583)	-100.0%
Funds Total	0	9,279,583	13,299,583	(9,279,583)	-100.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892502 - DVHA-Technical Analysis

Budget Object Group: 3. GRANTS

Budget Object Rollup Name		FY2025 Original As Passed Budget	Governor's BAA Recommended Budget	FY2025 Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Grants Rollup	0	150,000	150,000	150,000	(150,000)	-100.0%
Budget Object Group Total: 3. GRANTS	0	150,000	150,000	150,000	(150,000)	-100.0%

Total Expenditures	0	150,000	150,000	150,000	(150,000)	-100.0%
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Fund Name		FY2025 Original As Passed Budget	Governor's BAA Recommended Budget	FY2025 Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
General Funds	0	150,000	150,000	150,000	(150,000)	-100.0%
Funds Total	0	150,000	150,000	150,000	(150,000)	-100.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892503 - DVHA-Medicare Savings Program

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2025 Original As Passed Budget	Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Grants Rollup	0	100,000	(100,000)	-100.0%
Budget Object Group Total: 3. GRANTS	0	100,000	(100,000)	-100.0%

Total Expenditures	0	100,000	(100,000)	-100.0%
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Fund Name	FY2025 Original As Passed Budget	Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
General Funds	0	100,000	(100,000)	-100.0%
Funds Total	0	100,000	(100,000)	-100.0%

Position Count	
FTE Total	

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State of Vermont

FY2026 Governor's Recommended Budget: Rollup Report

Organization: 3410892504 - DVHA-Treatment Without Transpo

Budget Object Group: 3. GRANTS

Budget Object Rollup Name		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Grants Rollup	0	74,000	74,000	(74,000)	-100.0%
Budget Object Group Total: 3. GRANTS	0	74,000	74,000	(74,000)	-100.0%

Total Expenditures	0	74,000	74,000	(74,000)	-100.0%
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Fund Name		FY2025 Original As Passed Budget	FY2025 Governor's BAA Recommended Budget	Difference Between Recommend and FY2025 As Passed	Percent Change Recommend and FY2025 As Passed
Global Commitment	0	74,000	74,000	(74,000)	-100.0%
Funds Total	0	74,000	74,000	(74,000)	-100.0%

Position Count	
FTE Total	

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State of Vermont
FY2026 Governor's Recommended Budget
Grants Out Inventory Report



3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
15420	22005	HE Grants	\$220,768
15420	21916	HE Grants	\$288,240
15420	22005	Blueprint Grants	\$382,665
15420	10000	Blueprint Grants	\$436,142
15420	20405	Blueprint Grants	\$1,784,486
Total			\$3,112,301

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State of Vermont
FY2026 Governor's Recommended Budget
Grants Out Inventory Report



3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Request Code	Fund	Justification	Budgeted Amount
15421	20405 GC Program Grants		\$966,495,306
Total			\$966,495,306

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State of Vermont
FY2026 Governor's Recommended Budget
Grants Out Inventory Report



3410017000 - DVHA - Medicaid/State Only Programs

Budget Request Code	Fund	Justification	Budgeted Amount
15422	20405	Investment Grants	\$5,471,838
15422	10000	State Only Grants	\$62,355,192
Total			\$67,827,030

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State of Vermont
FY2026 Governor's Recommended Budget
Grants Out Inventory Report



3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Request Code	Fund	Justification	Budgeted Amount
15423	10000	Non-Waiver GF Grants	\$13,467,770
15423	22005	Non-Waiver Federal Grants	\$29,700,826
Total			\$43,168,596

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State of Vermont
FY2026 Governor's Recommended Budget
Position Summary Report

03410-Department of Vermont Health Access

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
0	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
1	033900 - Hlth Fac Sr Audit & Rate Spec	1.00	1	73,528	51,460	5,624	130,612
2	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
3	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
4	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
5	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
6	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
7	000070 - Nurse Case Manager / URN I	1.00	1	65,104	48,930	4,980	119,014
730001	501100 - DVHA Program Consultant	1.00	1	68,786	58,787	5,262	132,835
730002	533500 - Member & Provider Svcs Super	1.00	1	74,110	60,386	5,670	140,166
730003	512200 - Long Term Care Specialist II	1.00	1	70,700	35,672	5,410	111,782
730005	463100 - Health Care Project Director	1.00	1	121,721	74,688	9,312	205,721
730006	459800 - Health Program Administrator	1.00	1	65,687	47,701	5,025	118,413
730007	495900 - Med Hlthcare Data & Stat Anal	1.00	1	71,802	35,998	5,493	113,293
730009	460500 - Special Investigations Unit	1.00	1	101,983	58,778	7,802	168,563
730011	460560 - Oversight&Monitor Security Aud	1.00	1	100,589	68,342	7,894	176,825
730012	089080 - Financial Manager I	1.00	1	79,622	38,010	6,090	123,722
730013	004800 - Program Technician II	1.00	1	55,848	31,207	4,273	91,328
730014	499700 - Medicaid Operations Adm	1.00	1	79,144	61,558	6,054	146,756
730018	089080 - Financial Manager I	1.00	1	74,423	36,785	5,892	116,900
730020	464900 - DVHA Program & Oper Auditor	1.00	1	61,401	47,420	4,697	113,518
730021	459800 - Health Program Administrator	1.00	1	86,549	53,969	6,621	147,139
730023	501100 - DVHA Program Consultant	1.00	1	72,737	59,975	5,565	138,277
730024	089230 - Administrative Svcs Cord II	1.00	1	72,738	49,820	5,564	128,122
730025	501100 - DVHA Program Consultant	1.00	1	76,981	51,093	5,889	133,963
730027	459500 - Provider Relations Specialist	1.00	1	77,126	24,060	5,900	107,086
730028	499105 - Senior Policy & Implementation	1.00	1	84,178	63,412	6,439	154,029
730029	459800 - Health Program Administrator	1.00	1	84,136	39,704	6,436	130,276

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State of Vermont
FY2026 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730030	514400 - Dir Data Mgn Analysis & Integ	2.00	2	220,459	118,781	16,865	356,105
730031	089080 - Financial Manager I	1.00	1	82,181	25,578	6,287	114,046
730032	089130 - Financial Director I	1.00	1	92,601	42,247	7,083	141,931
730034	000075 - Nurse Case Manager / URN II	1.00	1	128,298	66,238	9,814	204,350
730035	000072 - Senior Nurse Auditor	1.00	1	93,774	66,117	7,174	167,066
730036	000075 - Nurse Case Manager / URN II	1.00	1	110,354	47,349	8,442	166,145
730037	501100 - DVHA Program Consultant	1.00	1	66,685	58,156	5,102	129,943
730047	000086 - Nurse Administrator II	1.00	1	150,284	83,067	11,496	244,848
730049	089140 - Financial Director II	1.00	1	98,863	44,128	7,563	150,554
730050	000090 - Nursing Operations Director	1.00	1	139,726	87,398	10,689	237,813
730051	004900 - Program Technician III	1.00	1	56,638	31,442	4,332	92,412
730053	089230 - Administrative Svcs Cord II	1.00	1	62,484	46,740	4,780	114,004
730054	089080 - Financial Manager I	1.00	1	72,134	59,796	5,518	137,448
730056	459500 - Provider Relations Specialist	1.00	1	75,046	23,435	5,741	104,222
730059	033900 - Hlth Fac Sr Audit & Rate Spec	1.00	1	73,528	50,988	5,624	130,140
730060	495900 - Med Hlthcare Data & Stat Anal	1.00	1	89,814	65,103	6,871	161,788
730061	089141 - Financial Director IV	1.00	1	135,054	41,428	10,332	186,814
730067	501100 - DVHA Program Consultant	1.00	1	70,803	49,238	5,416	125,457
730068	533500 - Member & Provider Svcs Super	1.00	1	87,318	53,825	6,680	147,823
730069	000075 - Nurse Case Manager / URN II	1.00	1	131,948	77,484	10,094	219,526
730073	000070 - Nurse Case Manager / URN I	1.00	1	103,840	69,098	7,944	180,881
730074	000075 - Nurse Case Manager / URN II	1.00	1	117,879	73,287	9,018	200,186
730075	000070 - Nurse Case Manager / URN I	1.00	1	110,944	71,217	8,488	190,649
730076	000070 - Nurse Case Manager / URN I	1.00	1	97,382	29,938	7,450	134,769
730081	089050 - Financial Administrator I	1.00	1	58,532	32,016	4,476	95,024
730082	004900 - Program Technician III	1.00	1	56,639	31,443	4,332	92,414
730084	464900 - DVHA Program & Oper Auditor	1.00	1	61,401	47,419	4,697	113,517
730086	486400 - Project & Operations Dir	1.00	1	126,235	65,346	9,657	201,238
730087	735500 - Healthcare Assistant Admin II	1.00	1	92,477	42,211	7,074	141,762
730088	501100 - DVHA Program Consultant	1.00	1	79,144	24,665	6,054	109,863

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State of Vermont
FY2026 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730089	501100 - DVHA Program Consultant	1.00	1	74,901	36,929	5,730	117,560
730090	533500 - Member & Provider Svcs Super	1.00	1	97,740	57,330	7,477	162,547
730091	508560 - VCCI Outreach & Support Coord	1.00	1	58,531	32,012	4,478	95,021
730093	512350 - Long Term Care Medicaid Super	1.00	1	89,815	27,870	6,871	124,556
730094	000070 - Nurse Case Manager / URN I	1.00	1	87,890	55,208	6,724	149,823
730097	735110 - VT Healthcare Service Spec III	1.00	1	57,866	46,380	4,426	108,672
730098	000070 - Nurse Case Manager / URN I	1.00	1	91,232	44,281	6,979	142,493
730102	498000 - Health Enterprise Director II	1.00	1	135,054	78,922	10,330	224,306
730103	458902 - Health Services Researcher	1.00	1	105,435	48,866	8,065	162,366
730105	501100 - DVHA Program Consultant	1.00	1	56,638	55,136	4,332	116,106
730107	735000 - VT Healthcare Service Spec I	1.00	1	74,859	50,458	5,727	131,044
730108	735110 - VT Healthcare Service Spec III	1.00	1	61,963	46,582	4,741	113,286
730109	501100 - DVHA Program Consultant	1.00	1	74,901	50,470	5,730	131,101
730110	478100 - Business Process Manager	1.00	1	98,342	57,511	7,523	163,376
730112	536900 - VHC Support Services Spec	1.00	1	64,521	33,812	4,936	103,269
730113	536900 - VHC Support Services Spec	1.00	1	68,786	35,093	5,262	109,141
730114	536900 - VHC Support Services Spec	1.00	1	58,531	55,707	4,478	118,716
730115	499700 - Medicaid Operations Adm	1.00	1	84,490	63,505	6,463	154,458
730123	434100 - Dental Program Manager	0.85	2	79,697	24,868	6,097	110,662
730124	464900 - DVHA Program & Oper Auditor	1.00	1	63,627	47,080	4,867	115,574
730125	406705 - Program Improvement Manager	1.00	1	84,177	39,716	6,439	130,332
730126	460570 - Program Integrity Analyst	1.00	1	86,986	64,254	6,654	157,894
730127	533500 - Member & Provider Svcs Super	1.00	1	95,035	56,516	7,270	158,821
730131	000070 - Nurse Case Manager / URN I	1.00	1	114,061	72,149	8,725	194,935
730132	508560 - VCCI Outreach & Support Coord	1.00	1	62,483	46,739	4,780	114,002
730133	000070 - Nurse Case Manager / URN I	1.00	1	124,030	75,123	9,487	208,638
730134	000070 - Nurse Case Manager / URN I	1.00	1	94,152	42,515	7,203	143,871
730135	000070 - Nurse Case Manager / URN I	1.00	1	94,152	56,055	7,203	157,411
730136	000070 - Nurse Case Manager / URN I	1.00	1	110,944	71,218	8,486	190,649
730137	089270 - Administrative Svcs Mngr II	1.00	1	92,476	42,214	7,074	141,764

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State of Vermont
FY2026 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730138	068520 - Blueprint Payment Ops Admin	1.00	1	104,770	59,439	8,014	172,223
730140	503801 - Data Analytics & Info Admin	1.00	1	83,887	58,447	6,417	148,751
730141	459500 - Provider Relations Specialist	1.00	1	75,046	36,974	5,741	117,761
730142	464905 - Spec Investigations Unit Mgr	1.00	1	87,069	64,280	6,661	158,010
730143	464905 - Spec Investigations Unit Mgr	1.00	1	98,342	67,243	7,523	173,108
730144	464902 - DVHA Sr. Auditor & Program Con	1.00	1	97,740	57,329	7,477	162,546
730145	495900 - Med Hlthcare Data & Stat Anal	1.00	1	84,490	39,811	6,463	130,764
730146	486200 - Asst Dir of Blueprint for Hlth	1.00	1	104,770	45,901	8,014	158,685
730147	486200 - Asst Dir of Blueprint for Hlth	0.80	1	74,081	60,377	5,667	140,125
730170	089090 - Financial Manager II	1.00	1	81,744	69,938	6,254	157,936
730171	464900 - DVHA Program & Oper Auditor	1.00	1	77,459	37,698	5,927	121,084
730172	480210 - DVHA Asst Dir Quality&Risk Mgt	0.80	1	74,081	36,366	5,667	116,114
730174	334100 - Audit Liaison/Int Control	1.00	1	76,918	37,208	5,884	120,010
730175	497901 - Health Reform Portfo Dir II	1.00	1	101,982	45,067	7,802	154,851
730177	499700 - Medicaid Operations Adm	1.00	1	79,144	61,897	6,055	147,096
730178	464915 - DVHA Healthcare QC CAP Auditor	1.00	1	70,200	49,057	5,370	124,627
730181	460555 - Oversight & Monitoring Asst	1.00	1	81,578	38,936	6,240	126,754
730182	536900 - VHC Support Services Spec	1.00	1	66,685	34,175	5,101	105,961
730185	464910 - DVHA Healthcare QC Auditor	1.00	1	74,942	50,482	5,733	131,157
730186	459800 - Health Program Administrator	1.00	1	70,200	59,212	5,370	134,782
730187	550200 - Contracts & Grants Administrat	1.00	1	72,446	36,194	5,542	114,182
730188	512100 - Long Term Care Specialist I	1.00	1	72,738	59,976	5,564	138,278
730189	550200 - Contracts & Grants Administrat	1.00	1	70,200	59,214	5,370	134,784
730190	536900 - VHC Support Services Spec	1.00	1	66,685	47,714	5,101	119,500
730192	000070 - Nurse Case Manager / URN I	1.00	1	100,471	68,095	7,686	176,250
730193	000075 - Nurse Case Manager / URN II	1.00	1	100,049	44,274	7,653	151,976
730194	089230 - Administrative Svcs Cord II	1.00	1	68,786	58,786	5,262	132,834
730195	503801 - Data Analytics & Info Admin	1.00	1	83,887	39,631	6,417	129,935
730197	067400 - Mgr Qlty Imprvmt and Care Mgm	1.00	1	98,883	30,596	7,564	137,043
730198	533200 - Senior Behav Hlth CRC Mgr	1.00	1	84,490	25,909	6,463	116,862

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State of Vermont
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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730199	089240 - Administrative Svcs Cord III	1.00	1	57,865	46,380	4,427	108,672
730200	019660 - AHS Director of Field Services	1.00	1	120,473	50,824	9,216	180,513
730201	000086 - Nurse Administrator II	1.00	1	134,160	68,090	10,263	212,513
730202	053100 - DVHA Data Anlyst and Info Chie	1.00	1	78,167	52,348	5,980	136,495
730204	533200 - Senior Behav Hlth CRC Mg	1.00	1	81,744	52,174	6,253	140,171
730205	485400 - DVHA Clinical Therapist	1.00	1	91,873	55,567	7,029	154,469
730206	977025 - Rate Model Spec Projects Lead	0.80	1	71,651	59,649	5,482	136,782
730207	499700 - Medicaid Operations Adm	1.00	1	84,490	63,505	6,463	154,458
730208	454300 - DVHA Rate Setting Mang	1.00	1	114,150	62,260	8,732	185,142
730210	000070 - Nurse Case Manager / URN I	1.00	1	91,232	27,251	6,980	125,464
730211	008900 - Project Director	1.00	1	81,224	62,524	6,214	149,962
730212	000078 - Nurse Auditor	1.00	1	79,822	52,836	6,107	138,765
730213	501100 - DVHA Program Consultant	1.00	1	66,684	58,157	5,101	129,942
730215	000070 - Nurse Case Manager / URN I	1.00	1	124,029	64,966	9,489	198,485
730216	000070 - Nurse Case Manager / URN I	1.00	1	110,944	71,218	8,488	190,650
730218	000070 - Nurse Case Manager / URN I	1.00	1	97,381	29,939	7,450	134,771
730219	537300 - DVHA Dir Quality & Risk Mgmt	1.00	1	115,898	72,940	8,866	197,704
730227	501100 - DVHA Program Consultant	1.00	1	62,483	33,199	4,780	100,462
730232	089220 - Administrative Svcs Cord I	1.00	1	55,286	31,036	4,230	90,552
730234	464910 - DVHA Healthcare QC Auditor	1.00	1	72,446	59,887	5,543	137,876
730235	089270 - Administrative Svcs Mngr II	1.00	1	71,801	21,607	5,493	98,901
730236	330310 - VHC Business Process Coord	1.00	1	79,144	38,206	6,054	123,404
730238	459800 - Health Program Administrator	1.00	1	77,459	61,392	5,926	144,777
730239	459800 - Health Program Administrator	1.00	1	74,942	60,637	5,733	141,312
730240	857200 - Communications & Outreach Coor	1.00	1	60,424	19,041	4,622	84,087
730241	463100 - Health Care Project Director	1.00	1	102,232	58,240	7,822	168,294
730244	034550 - HCR Integration Manager	1.00	1	94,952	57,280	7,263	159,495
730245	098500 - Admin HC Pymnt Refrm Analytics	1.00	1	98,884	30,172	7,564	136,620
730248	478105 - HC Payment Refrm Process Mgr	1.00	1	81,744	52,527	6,253	140,524
730249	977020 - Payment Refrm Spec Proj Lead	1.00	1	101,775	68,260	7,786	177,821

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State of Vermont
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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730251	464950 - Dir of Ops for ACO Programs	1.00	1	78,166	52,982	5,979	137,127
730252	533900 - Medicaid Provider Rel Oper Chf	1.00	1	89,315	41,260	6,832	137,407
730253	004800 - Program Technician II	1.00	1	50,690	29,660	3,876	84,226
730254	977010 - Deputy Dir of Payment Reform	1.00	1	108,908	70,840	8,331	188,079
730256	496600 - Grant Programs Manager	1.00	1	82,181	52,657	6,286	141,124
730260	497730 - Federal Certification Lead	1.00	1	89,980	54,998	6,883	151,861
730272	501100 - DVHA Program Consultant	1.00	1	60,423	46,123	4,622	111,168
730273	087800 - Dir of Customer Communication	1.00	1	101,775	68,697	7,785	178,257
730275	501100 - DVHA Program Consultant	1.00	1	64,521	57,506	4,936	126,963
730277	486400 - Project & Operations Dir	1.00	1	101,982	68,760	7,801	178,543
730278	501100 - DVHA Program Consultant	1.00	1	76,981	61,251	5,889	144,121
730279	008900 - Project Director	1.00	1	108,909	60,685	8,331	177,925
730280	486405 - Project & Operations Spec	1.00	1	95,659	56,704	7,318	159,681
730281	501100 - DVHA Program Consultant	1.00	1	60,424	32,582	4,623	97,629
730282	464923 - DVHA Quality Control Director	1.00	1	89,585	54,875	6,852	151,292
730283	501100 - DVHA Program Consultant	1.00	1	64,522	57,504	4,937	126,963
730284	148400 - Senior Autism Specialist	1.00	1	84,490	25,909	6,464	116,863
730286	499700 - Medicaid Operations Adm	0.81	1	72,749	59,978	5,566	138,293
730287	442100 - Project Administrator Bluepri	1.00	1	67,579	34,731	5,170	107,480
730288	551850 - Dir of Comm & Leg Affairs AHS	1.00	1	89,564	54,876	6,852	151,292
730289	735200 - Benefits Program Mentor	1.00	1	68,307	48,487	5,225	122,019
730290	735100 - VT Healthcare Service Spec II	1.00	1	56,639	34,081	4,332	95,052
730291	735100 - VT Healthcare Service Spec II	1.00	1	56,639	44,982	4,332	105,953
730292	735100 - VT Healthcare Service Spec II	1.00	1	66,685	34,463	5,101	106,249
730293	735100 - VT Healthcare Service Spec II	1.00	1	58,531	45,551	4,478	108,560
730294	735110 - VT Healthcare Service Spec III	1.00	1	57,866	46,283	4,427	108,576
730295	735100 - VT Healthcare Service Spec II	1.00	1	66,685	47,715	5,101	119,501
730296	735100 - VT Healthcare Service Spec II	1.00	1	58,531	32,012	4,478	95,021
730297	735100 - VT Healthcare Service Spec II	1.00	1	64,521	57,506	4,936	126,963
730298	735000 - VT Healthcare Service Spec I	1.00	1	60,902	46,264	4,659	111,825

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730299	735000 - VT Healthcare Service Spec I	1.00	1	51,708	29,963	3,956	85,627
730300	459800 - Health Program Administrator	1.00	1	67,912	58,525	5,194	131,631
730301	464900 - DVHA Program & Oper Auditor	1.00	1	65,686	57,856	5,025	128,567
730302	735100 - VT Healthcare Service Spec II	1.00	1	66,685	34,463	5,101	106,249
730303	735100 - VT Healthcare Service Spec II	1.00	1	64,521	47,351	4,936	116,808
730304	735000 - VT Healthcare Service Spec I	1.00	1	53,560	33,156	4,097	90,813
730305	735000 - VT Healthcare Service Spec I	1.00	1	51,709	44,571	3,955	100,235
730306	735100 - VT Healthcare Service Spec II	1.00	1	58,531	55,706	4,478	118,715
730307	735100 - VT Healthcare Service Spec II	1.00	1	54,663	45,439	4,182	104,284
730308	735000 - VT Healthcare Service Spec I	1.00	1	51,708	44,570	3,956	100,234
730309	735200 - Benefits Program Mentor	1.00	1	68,307	34,948	5,225	108,480
730310	735000 - VT Healthcare Service Spec I	1.00	1	53,560	30,518	4,097	88,175
730313	735100 - VT Healthcare Service Spec II	1.00	1	58,531	55,706	4,478	118,715
730314	735100 - VT Healthcare Service Spec II	1.00	1	58,531	62,961	4,478	125,970
730315	735000 - VT Healthcare Service Spec I	1.00	1	62,940	33,337	4,815	101,092
730316	735000 - VT Healthcare Service Spec I	1.00	1	53,560	16,126	4,097	73,783
730317	735000 - VT Healthcare Service Spec I	1.00	1	53,560	49,334	4,097	106,991
730318	735110 - VT Healthcare Service Spec III	1.00	1	70,700	59,362	5,409	135,471
730319	735000 - VT Healthcare Service Spec I	1.00	1	62,940	33,337	4,815	101,092
730320	735000 - VT Healthcare Service Spec I	1.00	1	55,286	44,578	4,230	104,094
730321	735100 - VT Healthcare Service Spec II	1.00	1	66,685	34,463	5,101	106,249
730322	735100 - VT Healthcare Service Spec II	1.00	1	70,803	59,394	5,416	135,613
730323	512100 - Long Term Care Specialist I	1.00	1	58,532	32,016	4,476	95,024
730324	735000 - VT Healthcare Service Spec I	1.00	1	62,940	46,876	4,815	114,631
730325	735500 - Healthcare Assistant Admin II	1.00	1	81,744	38,636	6,254	126,634
730326	735110 - VT Healthcare Service Spec III	1.00	1	70,700	48,903	5,409	125,012
730327	735750 - Business Reporting Admin	1.00	1	87,319	40,284	6,680	134,283
730328	735000 - VT Healthcare Service Spec I	1.00	1	55,286	31,038	4,229	90,553
730329	735200 - Benefits Program Mentor	1.00	1	70,700	22,129	5,409	98,238
730330	735500 - Healthcare Assistant Admin II	1.00	1	79,144	61,900	6,054	147,098

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730331	735100 - VT Healthcare Service Spec II	1.00	1	62,483	33,200	4,780	100,463
730332	735200 - Benefits Program Mentor	1.00	1	61,963	19,504	4,741	86,208
730333	735100 - VT Healthcare Service Spec II	1.00	1	56,639	44,982	4,332	105,953
730334	735000 - VT Healthcare Service Spec I	1.00	1	51,708	29,962	3,956	85,626
730335	735100 - VT Healthcare Service Spec II	1.00	1	66,685	48,002	5,101	119,788
730336	735110 - VT Healthcare Service Spec III	1.00	1	66,102	34,286	5,056	105,444
730337	735200 - Benefits Program Mentor	1.00	1	66,102	47,825	5,056	118,983
730338	735100 - VT Healthcare Service Spec II	1.00	1	60,424	56,275	4,624	121,323
730339	735110 - VT Healthcare Service Spec III	1.00	1	64,043	47,209	4,899	116,151
730340	459800 - Health Program Administrator	1.00	1	65,686	47,701	5,025	118,412
730341	735200 - Benefits Program Mentor	1.00	1	61,963	56,737	4,741	123,441
730342	735300 - Fair Hearing Specialist	1.00	1	61,963	33,044	4,740	99,747
730343	735730 - Data and Reporting Analyst	1.00	1	76,440	23,853	5,847	106,140
730344	004700 - Program Technician I	1.00	1	58,427	45,520	4,469	108,416
730345	735000 - VT Healthcare Service Spec I	1.00	1	62,483	33,200	4,780	100,463
730346	735110 - VT Healthcare Service Spec III	1.00	1	68,307	48,488	5,226	122,021
730347	735000 - VT Healthcare Service Spec I	1.00	1	55,286	33,676	4,229	93,191
730348	536900 - VHC Support Services Spec	1.00	1	66,685	47,714	5,101	119,500
730349	735100 - VT Healthcare Service Spec II	1.00	1	58,531	32,012	4,478	95,021
730352	512300 - Long Term Care Specialist III	1.00	1	86,548	40,429	6,621	133,598
730353	512200 - Long Term Care Specialist II	1.00	1	83,948	39,652	6,422	130,022
730354	512200 - Long Term Care Specialist II	1.00	1	70,700	35,672	5,410	111,782
730355	004800 - Program Technician II	1.00	1	63,232	33,152	4,837	101,221
730356	512300 - Long Term Care Specialist III	1.00	1	86,548	53,970	6,620	147,138
730357	512100 - Long Term Care Specialist I	1.00	1	62,484	46,740	4,780	114,004
730358	512200 - Long Term Care Specialist II	1.00	1	70,700	59,062	5,410	135,172
730359	459900 - ESD Health Care Elig Dir	1.00	1	115,898	49,439	8,866	174,203
730360	735500 - Healthcare Assistant Admin II	1.00	1	87,318	53,824	6,680	147,822
730361	460557 - OMU Healthcare Unit Manager	1.00	1	95,597	42,736	7,313	145,646
730362	512100 - Long Term Care Specialist I	1.00	1	72,738	49,820	5,564	128,122

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730363	512200 - Long Term Care Specialist II	1.00	1	66,102	57,984	5,056	129,142
730364	512300 - Long Term Care Specialist III	1.00	1	79,644	38,358	6,092	124,094
730365	503405 - Healthcare Programs Director	1.00	1	108,659	60,611	8,312	177,582
730366	486405 - Project & Operations Spec	1.00	1	76,627	50,988	5,862	133,477
730367	512100 - Long Term Care Specialist I	1.00	1	66,684	48,004	5,100	119,788
730368	512200 - Long Term Care Specialist II	1.00	1	66,102	57,984	5,056	129,142
730369	512200 - Long Term Care Specialist II	1.00	1	64,044	33,672	4,898	102,614
730370	735500 - Healthcare Assistant Admin II	1.00	1	79,144	37,864	6,054	123,062
730371	512200 - Long Term Care Specialist II	1.00	1	64,044	33,672	4,898	102,614
730372	512350 - Long Term Care Medicaid Super	1.00	1	87,319	40,661	6,680	134,660
730373	512200 - Long Term Care Specialist II	1.00	1	70,700	59,366	5,410	135,476
730374	512100 - Long Term Care Specialist I	1.00	1	54,662	45,442	4,182	104,286
730375	735510 - Healthcare Assistant Admin I	1.00	1	79,643	61,705	6,093	147,441
730377	503400 - Benefits Programs Administrator	1.00	1	95,659	66,860	7,317	169,836
730378	735500 - Healthcare Assistant Admin II	1.00	1	87,318	54,202	6,680	148,200
730379	735500 - Healthcare Assistant Admin II	1.00	1	87,318	26,268	6,681	120,267
730381	464910 - DVHA Healthcare QC Auditor	1.00	1	72,446	36,193	5,543	114,182
730382	512100 - Long Term Care Specialist I	1.00	1	60,424	18,190	4,622	83,236
730383	512200 - Long Term Care Specialist II	1.00	1	81,640	62,652	6,246	150,538
730384	512200 - Long Term Care Specialist II	1.00	1	66,102	57,984	5,056	129,142
730385	512350 - Long Term Care Medicaid Super	1.00	1	95,036	56,516	7,271	158,823
730388	512100 - Long Term Care Specialist I	1.00	1	74,900	60,306	5,730	140,936
730389	735510 - Healthcare Assistant Admin I	1.00	1	77,459	61,059	5,926	144,444
730390	735500 - Healthcare Assistant Admin II	1.00	1	89,814	65,104	6,871	161,789
730391	735510 - Healthcare Assistant Admin I	1.00	1	63,628	57,238	4,868	125,734
730392	735510 - Healthcare Assistant Admin I	1.00	1	72,446	22,655	5,541	100,642
730393	735510 - Healthcare Assistant Admin I	1.00	1	72,446	38,831	5,543	116,820
730394	735100 - VT Healthcare Service Spec II	1.00	1	66,685	34,463	5,101	106,249
730395	735400 - VT Healthcare Srvc Supervisor	1.00	1	76,918	23,665	5,885	106,468
730396	735100 - VT Healthcare Service Spec II	1.00	1	60,424	32,581	4,622	97,627

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730397	089280 - Administrative Svcs Mngr III	0.81	1	63,904	19,233	4,889	88,026
730398	735110 - VT Healthcare Service Spec III	1.00	1	70,700	22,129	5,409	98,238
730399	735100 - VT Healthcare Service Spec II	1.00	1	76,981	51,094	5,889	133,964
730400	459800 - Health Program Administrator	1.00	1	74,942	50,159	5,734	130,835
730401	735200 - Benefits Program Mentor	1.00	1	66,102	34,286	5,056	105,444
730402	735400 - VT Healthcare Svc Supervisor	1.00	1	79,623	61,701	6,092	147,416
730403	735500 - Healthcare Assistant Admin II	1.00	1	84,490	39,448	6,463	130,401
730404	735400 - VT Healthcare Svc Supervisor	1.00	1	76,918	61,229	5,885	144,032
730405	735200 - Benefits Program Mentor	1.00	1	64,043	57,364	4,899	126,306
730406	735400 - VT Healthcare Svc Supervisor	1.00	1	79,623	24,811	6,092	110,526
730407	735500 - Healthcare Assistant Admin II	1.00	1	79,144	51,744	6,053	136,941
730408	459800 - Health Program Administrator	1.00	1	74,942	50,482	5,734	131,158
730409	735400 - VT Healthcare Svc Supervisor	1.00	1	74,422	36,787	5,693	116,902
730410	735110 - VT Healthcare Service Spec III	1.00	1	70,700	49,207	5,409	125,316
730411	735200 - Benefits Program Mentor	1.00	1	74,942	50,482	5,734	131,158
730412	735100 - VT Healthcare Service Spec II	1.00	1	58,531	45,551	4,478	108,560
730413	735110 - VT Healthcare Service Spec III	1.00	1	70,700	59,362	5,409	135,471
730414	735100 - VT Healthcare Service Spec II	1.00	1	62,483	19,661	4,780	86,924
730415	735600 - HAEU Cust Eligibility&Support	1.00	1	89,565	64,646	6,852	161,063
730416	735000 - VT Healthcare Service Spec I	1.00	1	68,744	33,931	5,259	107,934
730417	735100 - VT Healthcare Service Spec II	1.00	1	68,786	35,092	5,262	109,140
730419	089420 - Administrative Svcs Dir IV	1.00	1	128,772	77,026	9,852	215,650
730420	735500 - Healthcare Assistant Admin II	1.00	1	87,318	64,355	6,680	158,353
730421	735400 - VT Healthcare Svc Supervisor	1.00	1	82,181	52,657	6,286	141,124
730422	735400 - VT Healthcare Svc Supervisor	1.00	1	74,422	36,787	5,693	116,902
730423	735100 - VT Healthcare Service Spec II	1.00	1	56,639	55,137	4,332	116,108
730424	089230 - Administrative Svcs Cord II	1.00	1	54,662	17,312	4,182	76,156
730425	735200 - Benefits Program Mentor	1.00	1	60,112	18,095	4,598	82,805
730426	735400 - VT Healthcare Svc Supervisor	1.00	1	69,742	21,842	5,335	96,919
730427	735100 - VT Healthcare Service Spec II	1.00	1	56,639	55,137	4,332	116,108

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730428	735400 - VT Healthcare Svc Supervisor	1.00	1	79,623	51,887	6,090	137,600
730429	735100 - VT Healthcare Service Spec II	1.00	1	56,639	55,137	4,332	116,108
730430	735100 - VT Healthcare Service Spec II	1.00	1	56,639	31,443	4,332	92,414
730431	735300 - Fair Hearing Specialist	1.00	1	61,984	48,582	4,740	113,286
730433	735000 - VT Healthcare Service Spec I	1.00	1	51,708	44,989	3,956	100,653
730434	735100 - VT Healthcare Service Spec II	1.00	1	64,521	33,812	4,936	103,269
730435	735100 - VT Healthcare Service Spec II	1.00	1	62,483	33,200	4,780	100,463
730436	735200 - Benefits Program Mentor	1.00	1	60,112	56,182	4,598	120,892
730437	735300 - Fair Hearing Specialist	1.00	1	61,963	33,044	4,740	99,747
730438	735100 - VT Healthcare Service Spec II	1.00	1	54,663	45,439	4,182	104,284
730439	536900 - VHC Support Services Spec	1.00	1	56,639	44,982	4,332	105,953
730440	735100 - VT Healthcare Service Spec II	1.00	1	64,521	33,812	4,936	103,269
730441	735110 - VT Healthcare Service Spec III	1.00	1	64,043	33,670	4,899	102,612
730442	735200 - Benefits Program Mentor	1.00	1	61,963	33,043	4,741	99,747
730443	735300 - Fair Hearing Specialist	1.00	1	57,866	31,812	4,426	94,104
730444	735300 - Fair Hearing Specialist	1.00	1	70,699	35,668	5,409	111,776
730446	735300 - Fair Hearing Specialist	1.00	1	60,112	18,949	4,598	83,659
730447	735100 - VT Healthcare Service Spec II	1.00	1	56,639	31,444	4,333	92,416
730448	464900 - DVHA Program & Oper Auditor	1.00	1	74,942	36,943	5,734	117,619
730449	735000 - VT Healthcare Service Spec I	1.00	1	64,522	64,484	4,936	133,942
730452	735500 - Healthcare Assistant Admin II	1.00	1	69,118	49,692	5,288	124,098
730453	081550 - Appeals Director	1.00	1	95,659	56,706	7,318	159,683
730456	089130 - Financial Director I	1.00	1	98,884	43,712	7,564	150,160
730457	497901 - Health Reform Portfo Dir II	1.00	1	119,204	35,848	9,120	164,172
730458	089120 - Financial Manager III	1.00	1	89,981	41,074	6,883	137,938
730459	735700 - Healthcare Eligib & Enorll Dir	1.00	1	116,439	73,298	8,907	198,644
730460	494000 - Exchange Project Director	1.00	1	117,458	73,409	8,985	199,852
730461	089080 - Financial Manager I	1.00	1	74,423	50,325	5,693	130,441
730462	089240 - Administrative Svcs Cord III	1.00	1	70,700	35,672	5,410	111,782
730463	533500 - Member & Provider Svcs Super	1.00	1	76,627	61,142	5,862	143,631

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730464	410300 - Workforce Management Coord II	1.00	1	74,942	50,482	5,733	131,157
730465	330310 - VHC Business Process Coord	1.00	1	81,744	62,330	6,254	150,328
730466	735800 - Healthcare Deputy Dir of Ops	1.00	1	102,231	44,699	7,820	154,750
730467	486400 - Project & Operations Dir	1.00	1	89,004	55,536	6,808	151,348
730468	498800 - Medicaid Fiscal Analyst	1.00	1	65,687	34,161	5,026	104,874
730469	735710 - Eligib & EnorII Data Director	1.00	1	89,565	65,028	6,852	161,445
730470	857300 - Communications & Notices Mgr	1.00	1	87,319	64,354	6,680	158,353
730471	208900 - Business Analyst	1.00	1	69,742	35,380	5,335	110,457
730472	089240 - Administrative Svcs Cord III	1.00	1	68,308	58,646	5,226	132,180
730473	410300 - Workforce Management Coord II	1.00	1	77,459	61,392	5,926	144,777
730474	459800 - Health Program Administrator	1.00	1	67,912	48,370	5,196	121,478
730475	735500 - Healthcare Assistant Admin II	1.00	1	81,744	62,327	6,253	150,324
730476	089280 - Administrative Svcs Mngr III	1.00	1	87,069	64,278	6,660	158,007
730477	089400 - Administrative Svcs Dir II	1.00	1	105,560	70,016	8,074	183,650
730478	735750 - Business Reporting Admin	1.00	1	81,744	62,682	6,254	150,680
730479	330320 - Knowledge Management Sys Admin	1.00	1	72,446	49,732	5,543	127,721
730480	410300 - Workforce Management Coord II	1.00	1	67,912	58,525	5,196	131,633
730481	089230 - Administrative Svcs Cord II	1.00	1	66,684	58,160	5,100	129,944
730482	330320 - Knowledge Management Sys Admin	1.00	1	67,912	34,831	5,194	107,937
730483	406705 - Program Improvement Manager	1.00	1	89,981	41,461	6,883	138,325
730484	735750 - Business Reporting Admin	1.00	1	79,144	38,206	6,054	123,404
730485	330320 - Knowledge Management Sys Admin	1.00	1	70,200	35,518	5,370	111,088
730486	460550 - Oversight & Monitoring Dir	1.00	1	108,660	70,770	8,312	187,742
730487	018000 - Change Management Practitioner	1.00	1	74,111	23,152	5,669	102,932
730488	018050 - Sr. Change Mgmt Practitioner	1.00	1	84,178	26,179	6,440	116,797
730489	330320 - Knowledge Management Sys Admin	1.00	1	65,686	34,162	5,025	104,873
730490	089270 - Administrative Svcs Mngr II	1.00	1	87,318	54,201	6,680	148,199
730491	510000 - Director of Rate Setting	1.00	1	105,436	69,980	8,064	183,480
730492	032950 - Health Facility Auditor	1.00	1	71,802	66,948	5,494	144,244
730493	514900 - Rate Setting Process Cord & PM	1.00	1	72,446	36,194	5,542	114,182

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730494	033900 - Hlth Fac Sr Audit & Rate Spec	1.00	1	110,178	50,168	8,430	168,776
730495	510010 - Rate Setting Manager	1.00	1	86,820	26,600	6,640	120,060
730496	032950 - Health Facility Auditor	1.00	1	103,542	45,538	7,922	157,002
730497	032901 - Medicaid Residentl Prgm Auditor	1.00	1	84,490	53,354	6,464	144,308
730500	464973 - DVHA Quality & Program Spec	1.00	1	72,135	59,791	5,518	137,444
730501	464973 - DVHA Quality & Program Spec	1.00	1	76,919	61,230	5,885	144,034
730502	464973 - DVHA Quality & Program Spec	1.00	1	65,104	57,681	4,981	127,766
737001	95010E - Executive Director	1.00	1	173,742	90,609	12,452	276,803
737002	90120A - Commissioner	1.00	1	152,901	74,158	11,696	238,755
737003	90570D - Deputy Commissioner	1.00	1	130,901	54,474	10,014	195,389
737004	90570D - Deputy Commissioner	1.00	1	139,942	56,710	10,706	207,358
737006	91590E - Private Secretary	1.00	1	247,104	75,542	13,516	336,162
737008	95867E - Staff Attorney II	1.00	1	71,844	22,284	5,496	99,624
737015	95869E - Staff Attorney IV	1.00	1	102,558	49,040	7,846	159,444
737016	95870E - General Counsel I	1.00	1	116,210	49,540	8,892	174,642
737017	95360E - Principal Assistant	1.00	1	135,450	79,042	10,362	224,854
737018	95868E - Staff Attorney III	1.00	1	91,582	55,636	7,006	154,224
737028	95866E - Staff Attorney I	1.00	1	64,230	47,372	4,914	116,516
737036	95869E - Staff Attorney IV	1.00	1	105,456	59,830	8,068	173,354
737038	95869E - Staff Attorney IV	1.00	1	111,238	61,573	8,510	181,321
737100	96700E - Director Blueprint for Health	1.00	1	227,366	106,808	13,229	347,403
Total		378.87	381	30,463,411	18,398,329	2,320,030	51,181,776

Fund Code	Fund Name	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
10000	General Fund		162	12,828,146	7,772,884	972,639	21,573,672
20405	Global Commitment Fund	7.80	5	553,988	295,370	42,379	891,737
21500	Inter-Unit Transfers Fund		2	166,945	103,784	12,769	283,498
21916	Vermont Health IT Fund		0	36,159	20,595	2,766	59,520
22005	Federal Revenue Fund	371.07	211	16,878,173	10,205,696	1,289,477	28,373,349

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Report ID: VTPB-14-POSITION_SUMMARY
Run Date: 01/25/2025
Run Time: 01:58 PM

State of Vermont
FY2026 Governor's Recommended Budget
Position Summary Report

Fund Code	Fund Name	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
Total		378.87	381	30,463,411	18,398,329	2,320,030	51,181,776

Note: Numbers may not sum to total due to rounding.

FY2026

Report ID: VTPB-23-IDT
Run Date: 1/28/2025
Run Time: 1:30 PM

State of Vermont
FY2026 Governor's Recommended Budget
Interdepartmental Transfers Inventory Report



3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
15417	21500	SFY '26 IDT Request	\$12,679
15415	21500	SFY '26 IDT Request	\$78,000
15416	21500	SFY '26 IDT Request	\$368,750
15418	21500	SFY '26 IDT Request	\$2,719,415
Total			\$3,178,844

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Report ID: VTPB-24-FED_RECEIPTS
Run Date: 1/28/2025
Run Time: 1:26 PM

State of Vermont
FY2026 Governor's Recommended Budget
Federal Receipts Inventory Report



3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
14955	22005 CFDA #93.778; Medicaid Admin; #37700		\$126,141,154
Total			\$126,141,154

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Report ID: VTPB-24-FED_RECEIPTS

Run Date: 1/28/2025

Run Time: 1:26 PM

State of Vermont

FY2026 Governor's Recommended Budget
Federal Receipts Inventory Report



3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Request Code	Fund	Justification	Budgeted Amount
14956	22005 CF DA #93.767; CHIP; #37720		\$8,152,833
14956	22005 CF DA #93.778; Medicaid Program; #37710		\$21,547,993
Total			\$29,700,826

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Acronyms

| [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) |

A

AAA	Area Agency on Aging
AABD	Aid to the Aged, Blind or Disabled
ABD	Aged Blind and Disabled
ACA	Affordable Care Act
ACO	Accountable Care Organization
AHS	Agency of Human Services
APM	All-Payer Model

B

BAA	Budget Adjustment Act
BC/BS	Blue Cross/Blue Shield
BCBSVT	Blue Cross/Blue Shield of Vermont
BD	Blind and Disabled

C

CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Health Plans Survey
CDC	Centers for Disease Control and Prevention (Federal)
CHC	Community Health Centers
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Re-Authorization Act
CMMI	Center for Medicare and Medicaid Innovation (Federal)
CMS	Centers for Medicare and Medicaid Services (Federal)
COBRA	Consolidated Omnibus Reconciliation Act of 1986 (health coverage)
COLA	Cost Of Living Adjustment
COU	Clinical Operations Unit
CPC	Certified Professional Coder
CPT	Common Procedural Terminology
CRT	Community Rehabilitation and Treatment
CURB	Clinical Utilization Review Board

D

DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DCF	Department for Children and Families
DD	Developmental Disabilities
DME	Durable Medical Equipment
DMH	Department of Mental Health
DOB	Date Of Birth
DR. D	Dr. Dynasaur Program
DS	Developmental Services
DSH	Disproportionate Share Hospital
DSHP	Designated State Health Plan
DURB	Drug Utilization Review Board
DVHA	Department of Vermont Health Access

E

E&E	Eligibility & Enrollment
EHB	Essential Health Benefits
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment

F

FFS	Fee for Service
FICA	Federal Insurance Contribution Act
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FYE	Fiscal Year End

G

GA	General Assistance
GA/EA	General Assistance/Emergency Assistance
GC	Global Commitment Waiver
GF	General Fund
GMC	Green Mountain Care/Medicaid
GMCB	Green Mountain Care Board
GME	Graduate Medical Education

H

HAEEU	Health Access Eligibility and Enrollment Unit
HBE or VHC	Health Benefits Exchange
HBEE Rule	Health Benefits Eligibility and Enrollment Rule
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services (U.S. Department of, Federal)
HIE	Health Information Exchange
HIN	Health Information Network
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act (Federal)
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration (Federal)
HSB	Human Services Board

I

ICD	International Classification of Diseases (diagnosis codes and surgical codes)
ICD-10	ICD 10 th Edition (current version)-clinical modification
ICU/ICS	Intensive Care Unit
IDN	Integrated Delivery Network
IDS	Integrated Delivery System

IEP	Initial Enrollment Period
IFS	Integrating Family Services
IGA	Inter-Governmental Agreements
IPPS	Inpatient Prospective Payment System
IRB	Institutional Review Board
IV&V	Independent Verification & Validation

J

JFO	Joint Fiscal Office
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K

KPI	Key Performance Indicator
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L

LOC	Level Of Care
LOE	Level Of Effort
LOS	Length Of Stay
LSI	Level of Services Inventory
LTC	Long-Term Care

M

MA	Medicare Advantage
MAA	Medical Assistance for the Aged
MAGI	Modified Adjusted Gross Income
MAT	Medication Assisted Treatment
MBES	Medicaid Budget and Expenditure System
MCA	Medicaid for Children and Adults
MCIS	Managed Care Information System
MCO	Managed Care Organization
MDAR	Modern Data Analytics and Reporting
MDWAS	Medicaid Data Warehouse and Analytics Solution
MEAC	Medicaid and Exchange Advisory Committee
MEG	Medicaid Eligibility Group
MEQC	Medicaid Eligibility Quality Control

MES	Medicaid Enterprise Solution
MFCU	Medicaid Fraud and Control Unit
MFRAU	Medicaid Fraud and Residential Abuse Unit
MMA	Medicare Modernization Act
MMIS	Medicaid Management Information System
MOE	Maintenance Of Eligibility
MOS	Medicaid Operations Services
MSP	Medicare Savings Programs

N

NAMI	National Association for Mental Illness
NCQA	National Committee for Quality Assurance
ND	Doctor of Naturopathic Medicine
NDC	National Drug Code
NEMT	Non-Emergency Medical Transportation
NIMH	National Institute of Mental Health
NOD	Notice Of Decision
NP	Nurse Practitioner
NPI	National Provider Identifier

O

ONC	Office of National Coordinator for Health Information Technology
OPPS	Outpatient Prospective Payment System
OTC	Over The Counter

P

PA	Prior Authorization
PBA	Pharmacy Benefits Administrator
PBM	Pharmacy Benefits Manager
PBMS	Pharmacy Benefits Management System
PBSA	Pharmacy Benefits Services Administration
PCA	Personal Care Attendant
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider

PDL	Preferred Drug List
PDP	Prescription Drug Plan
PHI	Protected Health Information
PHO	Physician Hospital Organization
PMM	Provider Management Module
PMPM	Per Member Per Month
PMPY	Per Member Per Year
PNA	Personal Needs Allowance
PNI	Personal Needs Issuance
PNMI	Private Non-Medical Institution
POC	Plan Of Care
POS	Place of Service
PPO	Preferred Provider Organization
PQRS	Physician Quality Reporting System

Q

QHP	Qualified Health Plan
QMB	Qualified Medicare Beneficiary

R

RBRVS	Resource-Based Relative Value Scale
REOMB	Recipient Explanation of Medicaid Benefits
RetroDUR	Retrospective Drug Utilization Review
RFI	Request For Information
RFP	Request For Proposals
RHC	Rural Health Clinic

S

SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	Support And Services at Home
SBE	State Health Benefit Exchange
SBM	State-Based Marketplace
SCHIP	State Children's Health Insurance Program (Plan)

SEP	Special Enrollment Period
SFY	State Fiscal Year
SHIP	State Health Insurance Assistance Program
SIU	Special Investigation Unit
SLA	Service Level Agreement
SMI	Supplementary Medical Insurance
SNF	Skilled Nursing Facility
SNOMED	Systematized Nomenclature of Medicine
SOV	State Of Vermont
SPA	State Plan Amendment
SPAP	State Pharmaceutical Assistance Program
SSDC	Sovereign States Drug Consortium
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSI/AABD	Supplemental Security Income/Aid to Aged, Blind or Disabled
SSN	Social Security Number

T

TCR	Therapeutic Class Review
TCS	Therapeutic Classification
TIN	Taxpayer Identification Number
TM	Transitional Medicaid
TPA	Third Party Administrator
TPCM	Third Party Claim Management
TPL	Third Party Liability

U

UBP	Uniform Benefit Package
UR	Utilization Review
URC	Utilization Review Committee

V

VCHIP	Vermont Child Health Improvement Program
VCSA	Vermont Cost Sharing Assistance

VCSR	Vermont Cost Sharing Reduction
VDH	Vermont Department of Health
VHBE	Vermont Health Benefit Exchange
VHC	Vermont Health Connect
VHCA	Vermont Healthcare Association
VHCIP	Vermont Healthcare Innovation Project
VHCURES	Vermont Healthcare Claims Uniform Reporting and Evaluation System
VNA	Visiting Nurses Association
VPharm	VT Pharmacy Program
VPQHC	Vermont Program for Quality in Healthcare