

## House Health Care recommendations on FY23 Budget

Agency/Dept	Proposal	Amount – gross/State	HHC position	Notes
<b>Governor’s recommendations (discretionary)</b>				
DVHA B.307/B.310	Annual Medicaid Reimbursement Rates	\$12,576,731 (gross) \$5,519,896 (State)  Additional 100% \$582,479 (gross) \$255,649 (state)	Support	The Senate matched the Medicare reimbursement to 100% which requires the additional money request.  See additional Dental request on page 3
DVHA B.307/B.310	Emergency Department Per Diem Rates	\$500,000 (gross) \$219,448 (State)	Support	Anne wants language included  People waiting longer than 3 days in ED; new rate that didn’t exist before
DVHA B.307	Post-Partum Expansion to 12 months	\$2,160,000 (gross) \$950,832 (state)	Support	Language proposed in Senate BAA. Money needs to be in budget
DMH	3% Provider Increase  This request is to fund a 3% Medicaid increase to the DMH provider system. This includes increases for all DAs, SSAs, peer and other providers who are funded by DMH.	\$4,121,421 (gross) \$1,762,320 (state)	Support	Reimbursement rate increase that agencies will have discretion on how to use.  VT Care Partners asking for 10% increase, and we recommended in our workforce proposal to Commerce \$12,738,070 (gross) \$6,047,498 (state)

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DMH	<p>Implement Mobile Response</p> <p>Supports the roll out of 5 mobile response teams beginning in FY23. This assumes that 80% of the children served through Mobile Response are Medicaid enrolled, and that Vermont will obtain 87% federal participation for this model</p>	<p>\$5,946,997 (gross) \$1,903,039 (State)</p>	Support	<p>Should we expand based on new pilot or fund other crisis intervention programs. DMH references: Mobile Response and Stabilization Services; CAHOOTS, Living Room Model, PUCK; Peer Respite</p> <p>DMH received a grant to complete an inventory of current community based mobile crisis services and a report is due to Legislative committees in July 2022.</p>
DMH	<p>Coordinator Position and Contract for Suicide Prevention</p> <p>Statewide coordinator position and a contract to expand programs and supports for older Vermonters</p>	<p>Coordinator: \$115,000 (State)</p> <p>Contract: \$100,000 (State)</p>	Support	Important to keep investing in suicide but should it be in coordinator position?
DMH	<p>Zero Suicide</p> <p>This is the grant portion of the Zero Suicide initiative. DMH will partner with the Center for Health and Learning for training support, and to bolster the VT Suicide Prevention Center. This will expand Zero Suicide to all 10 designated agencies and two specialized service agencies.</p>	\$260,000 (State)	Support	

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DMH	Maintain 988 Suicide Prevention Line  This is the cost to maintain the 988 Suicide Prevention line to staff 24/7 programs.	\$440,159 (State)	Support	
<b>HHC proposals (not part of Governor’s recommendations)</b>				
OPR	To set up telehealth registration program and address OPR’s anticipated COVID-related budget deficit	\$1,000,000 one/time - (State)	Support	This is an important patient protection and continuity of care initiative.  Proposal comes as a result of the recommendations in the 2021 Acts and Resolves No. 21 <a href="#">report</a> on facilitating interstate practice of health care professionals using telehealth. (OPR) and passage of H.654/H.655.
GMCB	Equitable and Accessible Health Care and Hospital Sustainability  1) Support a patient-focused community-inclusive redesign of Vermont’s health care system.  2) Redesign existing regulatory processes and duties to support the use of	\$5,000,000 (state) One-time  1) \$3,000,000 (one-time)  2) \$1,400,000 (one-time)		1) To reduce inefficiencies, lower costs, improve population health outcomes, and support delivery system transformation, including data gathering and analysis, community-engagement, and providing technical assistance to hospitals to facilitate redesign and transformation initiatives.  2) Ensuring that fixed payments are predictable, sustainable, aligned across multiple payers, and consistent with the principles in 18 V.S.A. 9371.

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	<p>aligned fixed payments to hospitals</p> <p>3) To support the development, of a potential agreement with the CMMI</p>	<p>3) \$600,000 (one-time)</p>		<p>3) Including to engage consulting and analytic support to include Medicare in Vermont’s hospital global payment and care delivery transformation initiatives.</p>
<p>Request by Dental Society</p> <p>Money to DVHA</p>	<p>Dental Agency asking for additional funding to increase rates in other procedures</p>	<p>\$500,000 (state)</p>	<p>Support</p>	<p>This is in addition to the Medicaid rate increases in the Governor’s recommend budget.</p> <p>From the Dental Society: The proposed increase in the FY22 BAA and now FY23 budget necessitated a review of this effort and procedures. This was caused in part because since that time, Delta had adjusted its schedule leaving Medicaid rates further behind. In fact, the 35 or so procedures identified in 2019 and requiring a \$1 million appropriation now required a \$1.5 million appropriation in 2022.</p>
<p>HCA</p>	<p>Office of Health Care Advocate</p> <p>Offset 6 years of Level Funding by the State, as well as hire an additional attorney to support HCA’s increased responsibilities.</p>	<p>\$270,000 (State) counter level fund</p> <p>\$120,000 (state) one additional attorney</p>	<p>Support</p>	<p>Governors recommend is level funded</p>

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Pathways	<p>Pathways Bennington County Housing First</p> <p>Last year Pathways expanded contract with DOC to provide services in Bennington County. Now proposing to expand contract with DMH to further expand services in Bennington County.</p>	\$390,000 (state)		<p>With an appropriation of \$390,000 Pathways Vermont can expand our contract with the Department of Mental Health to further provide Housing First services in Bennington County to meet the need. This expansion will allow Pathways to support an additional 30 households exiting chronic homelessness in the community. This investment would target households living with disabilities and significant mental health challenges and for whom long term homelessness has made community stability impossible.</p>
FQHC Mary Kate Mohlman	<p>Free and Referral Clinics</p> <p>(Received request 2/16/2022)</p>	\$102,800 (state)		<p>This amount is an increase of \$10/patient for the more than 10,000 Vermonters who use these clinics annually.</p>
Center for Health and Learning/VT Suicide Prevention Center	<p>Support public education and information</p>	\$50,000 (state)		<p>Public Information to reduce stigma about mental health and increase help-seeking; Website; Messaging; Training and Event promotion; social media; Displays VTSPC</p>

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Center for Health and Learning/VT Suicide Prevention Center	Suicide prevention infrastructure, policy, stakeholder engagement	\$76,000 (state)		VT suicide prevention coalition meetings, suicide prevention partner coordination, data & surveillance work group participation
Center for Health and Learning/VT Suicide Prevention Center	Advance evidence-based and best practices for suicide	\$820,000 (state)		<ul style="list-style-type: none"> <li>• Suicide prevention gatekeeper and training of trainers</li> <li>• Umatter for schools and school pathways to care</li> <li>• Zero Suicide implementation, monthly meetings, materials</li> <li>• Zero Suicide Training, prevention, postvention and pathways to care</li> <li>• Evaluation of Zero Suicide</li> <li>• Vermont Suicide Prevention Symposium</li> </ul>

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Center for Health and Learning/VT Suicide Prevention Center	CHL Operations (Technology, Contracting, Accounting/Bookkeeping, Reporting)	\$35,000 (state)		
Center for Health and Learning/VT Suicide Prevention Center  +10% Indirect costs  <b>All Center for Health and Learning Ask</b>	1 FTE VTSPC Direction	\$110,000 (state)  \$109,100 (state)  <b>\$1,200,100 (state)</b>		