



# VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for May 18, 2019

### Appropriations Process Enters End Stage

After the Senate and House of Representatives did not concur on their budget proposals a conference committee made up of Senators Kitchel, Sears and Westman and Representatives Toll, Fagan and Hooper began their negotiations. They expect to finalize their budget recommendations early next week. The budget and revenue bills must pass before the Legislature completes the first biennium.

### Vermont Care Partners Budget Recommendations

Vermont Care Partners made recommendations to key legislators involved in the negotiations. The Senate Bill was generally more generous to Designated and Specialized Service Agencies (DA/SSAs), in part, because they had both more money available to work with in the base and in one-time funds than the House.

### *Vermont Care Partners supports the following budget line items:*

- Cost of Living Adjustment (COLA) for DA/SSA mental health and developmental services: \$5.4 million total funds as appropriated by the Senate with equivalent percentage distribution to developmental and mental health services.
- Funding for CRT enhanced care 12 beds - \$1.2 million total funds as recommended by the House
- EHR Development Grants - \$2 million one-time as recommended by the Senate
- Tobacco Settlement Fund - \$3 million (appears to be settled at \$1.5 million)

### *Vermont Care Partners language recommendation* (✓ indicates language is set)

- EHR one-time investment - VCP supports the Senate language because it would enable the release of funds in July rather than November after review by the Joint Fiscal Committee – language appears to be almost set
- Senate language has a report by AHS on the Developmental Services Payment Reform to key Committees in January ✓
- Workforce Development Language – tuition assistance and loan repayment for DA/SSA staff providing mental health and substance use disorder services for 3-year contractual employment obligation - language appears to almost be set (see detail below)
- We support CRT funding language in the Senate bill - up to 12 beds for people whose acuity and particular needs have been prohibitive to community re-entry from hospital ✓
- Success Beyond Six study includes work on outcome metrics and cost containment ✓

- Housing Voucher workgroup language recommended by the Vermont Affordable Housing Coalition adds consultation with community-based human service providers ✓

### **Budget Recommendations of the House Health Care Committee**

The House Health Care Committee made our COLA their number one priority for funding. House Human Services didn't communicate a public document on their priorities. House Health Care Committee's budget recommendations are at these links:

#### Funding levels

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Bills/H.542/Drafts,%20Amendments,%20and%20Summaries/H.542~Lori%20Houghton~House%20Committee%20on%20Health%20Care%20Budget%20Recommend%20-%20May%202013,%202019~5-13-2019.pdf>

#### Language

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Bills/H.542/Drafts,%20Amendments,%20and%20Summaries/H.542~Lori%20Houghton~House%20Committee%20on%20Health%20Care%20Budget%20Language%20Recommend%20-%20May%202013,%202019~5-13-2019.pdf>

### **The Developmental Disability Payment Reform Oversight**

The Developmental Disability Payment Reform Oversight language reads:

The Agency of Human Services will submit an update to the House Appropriations Committee, House Human Services Committee, Senate Appropriations Committee and the Senate Health and Welfare Committee on the progress made on developmental disability service delivery and payment reform model on or before January 15, 2020. The update will provide information on the decisions made to date on the proposed model for developmental disabilities payment and service delivery reform. The report will include information on:

- Anticipated costs to both providers and the state of any potential changes and any identified funding strategies;
- The plan to use a standardized assessment tool;
- How the proposed model addresses individualized services and community inclusion;
- stakeholder engagement;
- A description of how the model works in relation to payment and sustainability of the system;
- The continuation of person-centered care planning and services;
- Maintaining choice of provider, service management and service options; and
- How it will hold providers accountable for service expenditures and individual recipient outcomes

The Department of Disabilities Aging and Independent Living (DAIL) agreed to meet with Representatives from House Human Services and House Appropriations Committees monthly over the summer/fall to ensure that those committees are up-to-date on proposals for change. The Legislative Committee on Rules will be involved in approving any changes to developmental disability payment and delivery, too.

### **Draft Workforce Development Language**

The Workforce Development language which is under discussion calls for the funds to be used "for loan repayment and tuition assistance to promote the recruitment and retention of high-quality providers of mental health and substance use disorder treatment services in Vermont. The funds shall be made available to individuals employed by designated or specialized service agency in Vermont based on a three-year contractual obligation to provide mental health services or substance use disorder treatment services, or both, as a designated or specialized service agency in Vermont." The funds may be used for bachelors, masters or nursing degrees offered through accredited institutions of higher education, including online programs. AHS may contract with AHEC or VSAC to administer the programs.

Vermont Care Partners requested that DA/SSA employees who provide mental health, substance use disorder or developmental disability services be eligible for the benefits. We made the point about maintaining equity among staff and that many of the people we serve in DS programs have multiple and co-occurring conditions. According to Senator Kitchel it will be possible for the staff involved in providing clinical mental health or substance use disorder services to people served in the DS programs to access tuition assistance and loan repayment, but she drew the line at using the resource for DS program staff pursuing bachelor's degrees and working in jobs such as case managers or in supported employment staff.

### **Minimum Wage Bill**

The minimum wage billed passed the House with a longer timeline (to 2026) to achieve the \$15/hour wage and a study about the impact on Medicaid rates for health and human service providers to be completed by next December. An amendment by Theresa Wood, which was approved, takes into account the contracted workers employed by individuals and their families in the DS, Children's personal care and choices for care programs. Representative Dave Yacavone spoke elegantly about how badly health care and human service workers are underpaid and how women have been taken advantage of as low-paid care givers. Representative Bill Lippert, spoke about the promise for continued adequacy of care, made and broken, to the families of individuals that used to reside at Brandon Training School and the State Hospital once they were dispersed into the community and the staffing went from state employees to contracted providers. Representative Troiano, a board member of LCMHS, was a leader in the Bill development and did his best to address the Medicaid issues while maintaining support from the House Leadership.

The Bill passed with 90 yea votes and 51 nays which raises the question of whether this compromise version will be able to sustain a Governor's veto, if necessary. The next step is negotiation with the Senate on the final legislation.

### **House of Representatives Approves Bill on Social Service Integration into Health Reform**

The full House passed Bill S.7 on social service integration into health reform as amended by the House Health Care and Human Services committees. The Senate Health and Welfare Committee will review the bill and determine whether to concur with the amendments or not. If not, a conference committee might be convened if time allows.

The House language appears to address Representative Theresa Wood's concern about ensuring the ACO is in the position to incorporate social services and goes beyond the original intent about aligning the financing. In conversation at the House Health Care Committee on the new language the Director of

Health Reform Ena Backus assured members that AHS will not read the language as legislative intent to incorporate social services into the contract with the ACO. Instead AHS will report to the Legislature on “any” future plans for the integration of mental health and long-term care services with the accountable care organization, if such a plan is developed.

Vermont Care Partners has recommended that both the Health Care and Human Services Committees to do a deep dive into the intersection of social services and health reform, including integration with the ACO during the second half of the biennium. In the interim, the language in the S.7 moves the conversation forward, particularly by requiring involvement of consumers in families in the planning processes.

### **The House Accepts Senate Version on the Rural Health Study Bill**

H.548 creates a Rural Health Service Task force a task force staffed by the Green Mountain Care Board (GMCB) and AHS which will evaluation Vermont’s current health system and identify ways to sustain it and ensure access to affordable, high-quality health care. The membership of the task force includes: AHS, GMCB, Department of Health, the VT Health Advocate and providers. Vermont Care Partners will have a seat at the table. The report to be out by January 15<sup>th</sup>. The Duties are:

- (1) the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum;
- (2) how to ensure the sustainability of the rural health care system, including identifying the major financial, administrative, and workforce barriers;
- (3) ways to overcome any existing barriers to the sustainability of the rural health care system, including prospective ideas for the future of access to health care services in rural Vermont across the health care continuum;
- (4) ways to encourage and improve care coordination among institutional and community service providers; and
- (5) the potential consequences of the failure of one or more rural Vermont hospitals.

Additionally, the bill calls for a specific analysis of residential mental health needs to be submitted to the policy and appropriations committees by December 15<sup>th</sup>.

(a) The Department of Mental Health shall evaluate and determine the mental health bed needs for residential programs across the State by geographic area and provider type, including long-term residences (group homes), intensive residential recovery facilities, and secure residential recovery facilities. This evaluation shall include a review of needs in rural locations, current and historic occupancy rates, an analysis of admission and referral data, and an assessment of barriers to access for individuals requiring residential services. The evaluation shall include consultation with providers and with past or present program participants or individuals in need of residential programs, or both.

The Bill also calls for the Department of Mental Health, in collaboration with the Vermont Housing and Conservation Board, the Vermont State Housing Authority, and other community service organizations, to initiate efforts to increase the number of affordable housing opportunities for individuals with mental health needs, including those experiencing homelessness, by identifying potential funding sources for supportive housing and services and by using Section 8 vouchers to the greatest extent possible. The intent is to create new options for affordable permanent housing based on My Pad, Housing First, and other evidence based supportive housing models.

***To take action or for more information, including the weekly committee schedules:***

- Legislative home page: <https://legislature.vermont.gov/>
- Sergeant-at-Arms Office: (802) 828-2228 or (800) 322-5616
- State House fax (to reach any member): (802) 828-2424
- State House mailing address (to reach any member):  
Your Legislator  
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Montpelier, VT 05633-5501
- Email, home address and phone: Legislators' email addresses and home contacts may be found on the Legislature home page at <https://legislature.vermont.gov/>
- Governor Phil Scott (802) 828-3333 or <http://governor.vermont.gov/>

The purpose of the legislative update is to inform individuals who are interested in developmental, mental health and substance abuse services about legislative advocacy, policy development and activities that occur in the State Legislature. The Vermont Council is a non-profit trade association which works in partnership with Vermont Care Network to form Vermont Care Partners. Together our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our membership consists of 16 designated developmental and mental health agencies.