



Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 1, 2021



The COVID 19 pandemic has changed the focus of Vermont Care Partners' advocacy efforts as our provider network has revamped our services to meet the needs Vermonters in new ways with careful precautions for health and safety of those we serve, our workforce and partners. Legislative work is still being conducted remotely.

WHAT'S HAPPENING IN THE LEGISLATURE

Last week Governor Scott presented his budget proposal for fiscal year 2022 (FY21) which starts July 1, 2021. The Legislature will now review the budget by taking testimony from Agency Secretaries and Department Commissioners, as well as by hearing from constituents and advocates at public hearings and through individual communications. [Information on the February 8th public hearing is at the end of this update.](#) The House Human Services Committee, House Health Care Committee and Senate Health Care Committee will provide input to the House and Senate Appropriations Committees on the budget relevant to designated and specialized service agencies (DA/SSAs). This process starts in the House of Representatives, then moves on to the Senate. Differences between the House and Senate on budget and policy legislation is worked out through conference committees.

Senate Health and Welfare Hears Overviews from Health Care Providers

The Senate Health and Welfare Committee took brief testimony from health providers. The Vermont Care Partners Testimony can be found here. [Vermont Care Partners January 28, 21.docx](#)

House Appropriations Committee Hears Agency of Human Services Budget Overview

Secretary of Human Services Mike Smith is requesting a 4.3% budget increase for his Agency and its Departments. Much of it is to backfill one-time expenditures in FY21 of \$42.5 million. The Department of Disabilities Aging and Independent Living (DAIL) budget covers the annual caseload increase for

developmental services (DS) and the AFSCME collective bargaining agreement for direct support professionals contracted through ARIS.

In total the Department of Mental Health (DMH) has a \$2.9 million general fund (GF) increase. Much of the increase is for the Vermont Psychiatric Care Hospital (VPCH). There is also a 3% rate increase for private non-medical institutions (PNMI) for child and youth residential services. There is some backfill needed to cover the Federal Cares Act, Corona virus Relief Funds; and loss of room and board funds for VPCH. The budget request includes annualizing level 1 beds at the Brattleboro Retreat. DMH and ADAP will share the \$400,000 for serving individuals in the justice system. There is a \$600,000 increase for developing mobile response stabilization services at Rutland Mental Health.

Other newly requested funding impacting DA/SSAs includes \$3 million for Department of Children and Families (DCF) early care and learning subsidies and \$2.4 million for DCF emergency housing. Currently there are about 2,000 people placed in hotels and motels by DCF. The age for DCF to serve justice involved youth is being raised with \$495,000 in new funding requested for justice involved youth. Mike Smith said we need more permanent housing; during the pandemic much investment was made in strengthening housing stock. The Agency will focus on moving families from hotel/motels into permanent housing, but AHS will not be able to eliminate the hotel/motel program. The Secretary would also like to make the shelter system more effective and surround shelters with services.

Some federal Centers for Medicaid and Medicare Services (CMS) changes will impact the budget. Federal funding to Vermont for room and board payments is continuing to be phased out with FY22 being the final year. The good news is that the federal match for Medicaid funds has shifted in favor of Vermont.

Representative Fagan asked about the Brattleboro Retreat. Mike Smith said they are making good progress and working with community partners. He is optimistic based on the moves they are making to achieve long-term sustainability. DCF includes added funding for the high-intensity mental health services provided by WCMHS.

Representative Dave Yacavone pointed out that this is the 5th Governor's budget in a row with no increase for developmental services waiver or Shared Living Providers and other in-home health service workers. Committee Chair Mary Hooper said it's an important question and added that the DA/SSAs have not had significant increases in years.

House Appropriations Committee Hears DAIL Budget Overview

Commissioner Monica Hutt gave an overview of DAIL services. She highlighted work of DA/SSAs and the close partnership with the Vermont Care Partners network. 4,649 individuals with DS were served during the last fiscal year. She highlighted that this is the 2nd time that our DS employment program has been recognized by the international Zero project. The funding level per person in developmental services is about average for other New England states. Her written testimony included data on why people are better off. See this link:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Appropriations/FY%202022%20State%20Budget/W~Monica%20Caserta%20Hutt,%20Commissioner,%20Department%20of%20Disabilities,%20Aging%20and%20Independent%20Living~DDAIL%20-%20FY%202022%20Budget%20Testimony~1-28-2021.pdf>

Representative Dave Yacavone asked about COLA and rate adjustments. The Commissioner said historically there has been some increases in the rate based on the action of the legislature. It was noted that DA/SSAs received \$19.7 million during the pandemic to stabilize the system. According to the Commissioner, the payment reform process has been paused, but a critical component is a rate methodology study. She believes that the study will be helpful for discussion about rates. The success of post-secondary education was also highlighted. Here are the funds requested related to DS:

- The DS caseload increase request for FY22: \$6,230,426
- The DS caseload for public safety increase: \$1,104,090
- AFSCME increase for independent support workers contracted through ARIS: \$744,016

Senate Health and Welfare Hears Overview of Health Reform

The Senate Health and Welfare Committee received an overview from the Director of Health Reform for the Agency of Human Services Ena Backus. She acknowledged that there is room for improvement in health outcomes associated with SUD, alcohol and suicide in Vermont. She highlighted how the fixed perspective payment system was valuable to maintain revenues for health providers during the pandemic.

Here are Ena's All-Payer ACO Model Agreement Highlights

- Preserves all current beneficiary protections consistent with Medicare, Medicaid, or a Vermonter's commercial coverage plan.
- Medicare offers the opportunity, through an ACO, to receive benefit enhancements: • Post-discharge home visit
- Easier access to Skilled Nursing Care
- Telemedicine Services
- Encourages health care providers to better coordinate patient care and services.
- May lead to more meaningful time spent with your doctor.
- Links health care outcomes for the population with the health care delivery system.
- Provides federal monies to continue funding for the Blueprint for Health and SASH (Support and Services at Home) through ACO.
- Moves away from fee-for-service reimbursement on Vermont's terms yet consistent with sustained, bi-partisan federal direction

Here is complete presentation of Ena Backus:

[file:///C:/Users/julie/OneDrive%20-%20VT%20Council%20of%20Developmental%20and%20Mental%20Health%20Services/Documents/WEna%20Backus Health%20Care%20Reform%20in%20Vermont%20-%20An%20Introduction%20and%20Brief%20History 1-27-2021.pdf](file:///C:/Users/julie/OneDrive%20-%20VT%20Council%20of%20Developmental%20and%20Mental%20Health%20Services/Documents/WEna%20Backus%20Health%20Care%20Reform%20in%20Vermont%20-%20An%20Introduction%20and%20Brief%20History%201-27-2021.pdf)

Tom Borys, Senior Director of Finance and Payment Reform, OneCare Vermont gave an overview to the Committee. He said that the accountable care organization (ACO) focuses on population health by having health providers accountable for health care costs and focusing on holistic healthcare needs of their patients. The model promotes health care coordination and collaboration. Health providers responsible to adhere to best practices and are expected to achieve specific outcomes. OneCare can aggregate data and identify areas of opportunity to improve best practices. He said a designated agency can now know if someone they serve used the emergency room the night before.

Tom Borys explained that our statewide care model is rooted in the fundamental belief that primary care is the foundation for our health care system. The model works across physical health, mental health, housing, and social services to provide a robust care coordination model and community-based health prevention. The care model includes prevention, self-management of chronic diseases, care coordination, and end of life care.

Here is the presentation by Tom Borys:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/Senate%20Health%20and%20Welfare/Introductions%20and%20Overviews/W~Tom%20Borys~Introduction%20to%20OneCare%20Vermont~1-27-2021.pdf>

House Health Care Committee Studies Health Reform

The House Health Care Committee after listening to Ena Backus's overview of the All Payer Model (APM) (see above) listened to Alena Berube, Director of Value Based Programs & ACO Regulation, Green Mountain Care Board (GMCB) summarized the role of the GMCB with APM. She explained that the Board recommends program design modifications to the Medicare ACO initiative to better align with other Vermont health care reform efforts. This responsibility fits into their role of managing Vermont cost growth. They also review the ACO budget. Additionally, the Board:

1. Reports state's performance under APM agreement on scale, cost, quality, and population health outcomes
2. Monitors for rationing/cherry picking etc.
3. Analyzes patterns in utilization and costs over time and across the delivery system.

Representative Mari Cordes asked if in the future health reform could look at increasing access to health care. It was agreed that the APM does not address access. Representative Donahue said if health care costs are reduced it could lead to increased access.

Ena Backus reviewed the All-Payer Accountable Care Organization Model and Improvement Plan. Her PowerPoint which reviews the plan is here.

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Health%20Care/All-Payer/W~Ena%20Backus~Health%20Care%20Reform%20in%20Vermont-%20All-Payer%20Accountable%20Care%20Organization%20Model%20and%20Improvement%20Plan%20~1-28-2021.pdf>

Progress to-date with achieving the scale target includes the entry of Rutland Regional Medical Center into the Medicare APM plan and the state employees joining the plan. Representative Goldman asked if making participation in Blueprint is contingent on participation in the OneCare coercive. Ena said the decision has not been made about that yet; there will be stakeholder input. Representative Wood said there is an appearance of too much coziness between the Administration and OneCare and was critical of quality oversight.

Woodside Update 1/26/2021 in Senate Judiciary

The Senate Judiciary Committee heard testimony on the status of the Woodside replacement, named "Covered Bridge Treatment Center." Sean Brown, Department of Children and Families Commissioner, provided [progress reports](#) on the construction of six beds for justice-involved youth, which he hopes to be operational in December of 2021 or January 2022.

Brown was asked about the plan for justice-involved youth between now and then. He responded that they have a continuum of options: a contract with the Sununu facility in New Hampshire (used once in September); Turtle Rock Crisis Beds developed with WCMHS (11 youth since July 1; three were justice-involved); created 3-4 Depot/SEALL beds, one for justice-involved youth that come in at the last minute. Brown noted that DCF is seeing stress on the system from the pandemic due to staffing. Brown shared DCF residential [reports](#) for in-state and out-of-state – there's a total of 31 are delinquent/ justice-involved youth. He stated that out-of-state facilities can provide a higher level of care.

Jim Henry, from SEALL Inc testified that they are seeing Child in Need of Supervision (CHINS) kids “more on the aggressive side.” Staffing issues are a problem. In the last year, SEALL hired 46 staff, and lost 50.” Marshall Pahl, Deputy Defender General, Chief Juvenile Defender, testified in support of closing Woodside. Before law school, Pahl used to be a Behavioral Interventionist at the Howard Center. He noted that the CHINS population is deeply traumatized and often more aggressive. Those kids have suffered tremendous trauma, and their behavior is very predictable when you understand where they are coming from. Senator Sears expressed that “we should do better for staff in pay, particularly during this pandemic.” Brown commented that SEALL and Becket have stepped up. DCF is happy to look into incentive pay.

Brian Grearson, Chief Superior Judge, noted one silver lining of the pandemic is that courts have expanded their ability to conduct remote hearings, which is important given the location in Newbury and to avoid trauma in the transports (e.g. restraints, accessing the court room in a public elevator in restraints). Senator Sears noted the value of video visits of kids with their parents who are now at 204 Depot. Senator Sears plans to invite DAIL, DMH, and DCF to testify “to learn how we get through this interim” until Covered Bridges Treatment Center is open.

Families First Prevention Services Act (FFPSA) Discussed in House Human Services

Sean Brown, Brenda Gooley, and Sarah Truckle updated House Human Services on the Families First Preservation Act and the impact on the Vermont System of Care. Gooley [provided an overview](#) of the impact of this federal legislation, which makes new federal funding available for services that could prevent children from going into custody, but requires several costly changes to Vermont's system of care in order to draw down the funds, including judicial review every six months for a child/youth who is in residential care; “Qualified Residential Treatment Program” [QRTP] status for residential programs, which requires accreditation, 24/7 nursing, six months of aftercare, and other mandates; and the use of specific evidence-based practices in order to use these dollars. Gooley noted that some of Vermont's residential programs are so small that they will not be good candidates to become a QRTP. She stated that DCF is working with residential programs on assessing the cost of making these shifts.

Committee Chair Ann Pugh noted that in her university role, preparation for accreditation can take years. Noting the October 1 deadline, she pressed DCF on their pace of progress, membership in their planning workgroup, and requested their implementation plan.

Audio-Only Care in House Health Care 1/26/21 and 1/29/21

1/26/21 House Health Care Testimony on Audio-Only Care ([video](#) for 1/26/21 and [video](#) for 1/29/21) Representative Houghton introduced the testimony by reviewing that House Health Care had passed telehealth legislation last session just prior to the pandemic and noting that the Department of Financial Regulation [DFR] was given the authority to expand to audio-only care during the State of Emergency. The focus of the testimony is: should audio-only be continued after the State of Emergency?

Sebastian Arduengo testified that DFR had mandated that audio-only care be reimbursed at parity during the State of Emergency. DFR had convened a working group over the summer with many different stakeholder perspectives (including Vermont Care Partners). He summarized the group's recommendations: Address the Digital Health Divide; Continue Coverage of Audio-Only Services; Require Informed Patient Consent for Audio-Only Services; Apply the Same Standard of Appropriate Practice Across all Treatment Modalities; Require Provider Training as Appropriate; Standardize Definitions; and Utilize Value-Based Reimbursement.

CSAC Medical Director Joe Lasek shared [testimony](#) about the unintended consequences of not reimbursing for telephone treatment and the increase in access as a result of these flexibilities. He addressed concerns about quality of care. Representative Peterson asked about the line between treatment and a basic phone call. Lasek testified new regulations may not be needed, as providers practice with the same standard of care, documentation, and liability. Representative Goldman wanted to reinforce his comments based on her experience as a nurse practitioner. Representative Cina asked what would be the impact if we put up barriers to audio-only. Lasek responded that people with barriers such as anxiety/depression may fall out of care. Patients would have less access to providers. His colleagues say 20-50% of their time might be audio-only. Representative Lippert asked about patient consent. What if this is really the practitioner preference? Dr. Lasek responded that "the professionals I work with are not looking to push people into phone contact, but I think it's a valid concern." Representative Houghton asked about audio-only for youth. Dr. Lasek noted that CSAC child psychiatrist saw the value in team-based video conference.

Nissa James, Health Care Director from the Department of Vermont Health Access testified in favor of audio-only, but "our proposal for reimbursement piece would be that we would use fee-for-service based on Medicare reimbursement rate." That is lower than video/in-person.

Todd Young, Network Director for e-health at UVM Health Network shared [a presentation](#) on UVM's audio-only services since the pandemic. Psychiatry is one of the most frequent areas for audio-only. He showed that once video visits ramped up, audio-only use went down, but still stayed high. He shared slides around patient satisfaction and access from surveys of 100,000 patient visits. Audio-only was slightly lower, but not by much, and things that some scoring has to do because audio is the back-up when video fails.

Sara Teachout from Blue Cross Blue Shield of Vermont recognized the value of audio-only care during the pandemic but raised concerns about health disparities and quality of care and took the position that reimbursement should not be at the same rate. She [shared data from BCBS](#), indicating that 59% of claims for telemedicine in 2020 were for mental health. Committee members discussed whether certain types of treatment should be allowable. MVP lobbyist Chuck Storrow brought up the issue of MVP members not realizing that they would receive a bill for an audio-only service.

Pediatrician Elizabeth Hunt and Naturopath Joshua Green testified on the value of audio-only care during the pandemic. Dr. Hunt illustrated how audio-only is often a backup when telehealth technology fails and shared her experience that teens have been engaging better with her by phone than in person. Dr. Green noted that he had no idea until the pandemic how many of his clients experienced anxiety about coming into his office – a barrier that was removed by telehealth and audio-only.

Helen Labun, representing the Federally Qualified Health Centers in Vermont as Bi-State Primary Care Association, advocated for a continuation of audio-only reimbursement at parity with telehealth until 2023. Next, the committee plans to review the telehealth legislation that has already passed and discuss what next steps to take on audio-only.

Homelessness Awareness Day 1/27/21

A joint session of House Human Services and General and Military Affairs committees took testimony for Homelessness Awareness Day. Providers emphasized both a dramatic increase in unhoused families, and an appreciation for the State's efforts to house and feed Vermonters during the pandemic. They shared a message that there are three essential legs of the stool to prevent homelessness: supports, subsidies, and housing infrastructure.

Emily Taylor from Champlain Housing Trust spoke of the value of permanent supportive housing, including a person who was recently housed who is now getting many services and supports, including at the Howard Center.

Vermonter Sean Elsass shared his journey into and out of homeless. He noted that his "PTSD and anxiety came out when I stopped working," and noted that most people he knows who are homeless have mental illness, anxiety, and PTSD. He feels that getting housing saved his life by preventing him from dying by suicide. He expressed gratitude for his caseworkers at the Haven Shelter but stated that the costs of affordable housing and daily living means he can't save money. He noted that as a transgender man, he was afraid to access supports, but staff at the Haven took his safety seriously.

Jess Graff from Franklin-Grand Isles Community Action (formerly NCCS Parent-Child Center for 17 years), shared information about the 242 families who are enrolled in coordinated entry in her region. She noted that many of these individuals have physical and developmental disabilities that impact their ability to gain income. She noted that nine households have vouchers but can't find apartments and will lose their vouchers by the end of February.

Kyllen Vielleux, DIVAS Transitional Services Coordinator for the Vermont Network Against Domestic and Sexual Violence, spoke about their support of women who were released from prison due to the pandemic. It was a huge struggle finding housing. She urges Vermonters to look for alternative transitional options, such as tiny homes and mobile home communities built by volunteer labor.

Sue Minter, Executive Director of Capstone Community Action and Eileen Peltier, Executive Director Downstreet Housing and Community Development, testified on behalf of the Washington County Homelessness Response Team. Minter noted that homelessness itself is deeply traumatic and stigmatizing. There has been a 153% increase in households experiencing homelessness since the pandemic; added 67 units of housing. Peltier stated that "supply is in a crisis - we need capital." She referenced WCMHS development of single resident occupancy units for 14 individuals, and that they could use capital to expand on this. She also noted that case management directly impacts housing retention. They noted that the Taskforce has serious concerns about AHS's proposal to transition housing funds to each county and do not support it at this time.

ADVOCACY OPPORTUNITY

Public Hearing on the FY22 Budget *(excerpt from Legislative website)*

The Vermont House and Senate Committees on Appropriations are seeking public input on the Governor's Recommended FY 2022 State Budget and will hold two public hearings on Monday, February 8, 2021. The first from 1:00 p.m. to 2:00 p.m. (2:30 p.m.) and a second from 6:00 p.m. to 7:00 p.m. (7:30 p.m.) via videoconference.

The Committees will take testimony on the Governor's recommended State budget at the above date and times. Anyone interested in testifying should sign up in advance of the hearing through the following online form: <https://legislature.vermont.gov/links/public-hearing-fy22-budget> no later than Friday, February 5, 2021. Instructions on how to access and participate in the hearing will be sent once you have signed up for the hearing. There may be time limits on testimony, depending on the volume of participants—expect a time range of 2–3 minutes. To view the Governor's FY 2022 recommended State budget, go to the Department of Finance and Management's website or click the following link: <https://finance.vermont.gov/budget/budget-recommendations/operating-budget/fy2022>

The public hearings will be available to watch live on YouTube at the following link: <https://legislature.vermont.gov/committee/streaming/vermont-joint-fiscal> or on your local Vermont Access community cable channel. You can find your local channel at the following link: <https://vermontaccess.net/amo/>

For more information about the format of these events, contact Theresa Utton-Jerman at tutton@leg.state.vt.us or Chrissy Gilhuly at cgilhuly@leg.state.vt.us or call 802-828-2295 or toll-free within Vermont at 1-800-322-5616 (responses to phone calls may be delayed). Written testimony can be submitted electronically to Theresa or Chrissy through e-mail or mailed to the House and Senate Committees on Appropriations, c/o Joint Fiscal Office, 115 State Street, Montpelier, VT, 05633.

Information on Your Senators and Representatives

Follow this link to determine your legislators and access their contact information. Legislators are listed both by DA/SSA and by the Committee they serve on. Please note there are new legislators on committees that have purview over policy and funding for the Vermont Care Partners network. [2021 Legislative Committees by DA-SSA.xlsx](#)

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Appropriations/Highlights/Joint%20Public%20Hearings%20-%20FY%202022%20State%20Budget.pdf>

Action Circles Calendar

Action Circles maintains a calendar of Legislative breakfasts and events. This information can be found at: <https://www.action-circles.com/legislator-events/>

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
- Legislators' email addresses 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.