



VERMONT CARE PARTNERS

Supporting Vermonters to lead healthy and satisfying lives community by community



Legislative Update for April 13, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

Fiscal Year 2023 Budget

On March 25th the House of Representatives approved the FY23 budget with a 7% Medicaid rate increase for designated and specialized service agencies (DA/SSAs) which is significantly higher than the 3% proposed in the Governor's recommended budget. Now the budget bill is under consideration by the Senate Appropriations Committee. Several committee members, including the Chair, have expressed concern about the 3% increase for DA/SSAs recommended by the Governor because they know the need is much higher. Later this month legislators will receive updated and improved information on revenue projections, unfortunately more information on expenditure pressures is surfacing, too. The budget is generally the last bill to be finalized and then the session is over. It is due to end the first week of May, but funding for the Legislature is available through mid-May.

Vermont Care Partners Legislative Agenda for 2022

The Vermont Care Partners legislative agenda is quite comprehensive and focuses on our need for adequate resources to meet our mission and mandates. See this link:

<https://vermontcarepartners.org/wp-content/uploads/2021/12/legislative-agenda-2022-working-draft-1-1.pdf>

This Week's Testimony and Legislative Action

Senate Appropriations Studies Designated and Specialized Service Agency Funding in Budget Bill

On Tuesday, April 5th the Senate Appropriations Committee reviewed the designated and specialized service agency (DA/SSA) cost of living adjustment (COLA) proposal with Secretary of the Agency of Human Services (AHS) Jenney Samuelson, AHS CFO Rich Donahey, Mental Health Commissioner Emily Hawes and DAIL Commissioner White. Committee Chair Jane Kitchel asked how they expect the level and quality of services people want with the proposed 3% Medicaid rate increase. She wanted to know how that level of funding was arrived at and what reductions in services were they planning for given that funding level.

Secretary Samuelson said the Global Commitment 1115 waiver has little room to increase rates and increase innovation. The 3% was arrived at within the context of the full health care system including PNMI, long-term care and other core Medicaid-funded health care providers. The Secretary expressed concern that the proposed 7% increase would take funding from the \$4.8 million in general funds for prevention and treatment of SUD and expanding summer and after school programs for youth, which address root causes of demand. She also spoke to AHS's interest in addressing equity in rates, quality, and accountability by DA/SSAs, giving an example of varied rates of assessments in hospital emergency departments. In the end Samuelson said to achieve rate increases for DAs, it needs to be tied to transparency and that AHS is willing to work with DA/SSAs to prioritize.

Kitchel pointed out that they are recommending increases in Medicaid expenditures in DCF for restorative justice programs. She also noted that with the start-up of the new cannabis programs there will be a dedicated funding stream for SUD prevention starting in the upcoming fiscal year. The Secretary said the new revenues were not planned for.

Senator Kitchel reiterated that you can't have expectations that you aren't willing to pay for. Senator Kitchel ended the session by sharing that they are looking at proposals to forego revenues and how that will lead to continued chronic underfunding of services.

Senate Health and Welfare Continues Testimony on H. 720 the Developmental Disabilities Bill

At the Senate Health and Welfare Committee, Susan Yuan, parent of a person with a disability, testified to her experience with the Developmental Services System over the past 38 years and support for H.720, specifically around increasing housing options and oversight. She expressed strong support of legislative oversight of the payment reform process for reasons including that "confidence in Developmental Services has been eroded both by persistent shortages in the direct support workforce and by the payment reform initiative of DAIL, which has demonstrated a lack of real commitment to stakeholder participation".

Elizabeth Sightler, Executive Director of Champlain Community Services (CCS), also testified in support of H.720, expressing appreciation for legislative oversight of payment reform and an increase of residential options for a system that is in transition and in crisis. While supportive of enhanced and frequent quality oversight, she noted that oversight alone does not improve quality. Investment in fair pay and training for staff to achieve greater stability are also required. Quality and stability are not sustainable at current funding levels. Vacancy rates persist at high levels, existing staff are exhausted. Providers are worried about staff burnout, the impact on people in services, and overall safety. Programs have closed because of low staffing. With an unfunded pay increase early this year, CCS saw a profound and rapid improvement in staffing. A 10% increase is not aspirational, it is the minimum to make systems work. With people in hotels and residential services across the state in crisis, providers are looking forward to innovations and collaboration with the family group and DAIL, while ensuring that new residential design continues to support autonomy and choices. There is intense pressure on the shared living providers (SLP) residential model due to woeful underfunding, higher acuity, the pandemic, and lack of staff and support services. The SLP model is community-based and cost effective, but not the best fit for everyone. She concluded that stability in the system is what is needed.

Julie Cunningham, Executive Director of Families First, testified in support of H.720, sharing that staff and people served are at a breaking point. Staff vacancy rates persist at around 25%, meaning many people don't receive all the services they need. Electronic Health Record (EHR) and other

documentation demands remain, further straining the Service Coordinator workforce. Because many people are suffering from depression and anxiety, she believes the priority should be placed on high acuity, mental health care, residential options and staffing instead of payment reform.

Julie pointed out that H.720 is linked to H.153 in that the regular analysis of rate increases within H.153 is critical to begin to stabilize the provider system. She emphasized that legislative oversight of payment reform makes sense, in that the process needs an official “reset”. Recent system changes have excluded those who must live with the changes from decision-making. A more collaborative process is as valuable as the product as far as strengthening the system and building trust. Providers are ready and willing to participate in a respectful goal-oriented process.

Senator Hardy asked if \$100,000 for the DAIL residential position is sufficient. Beth Sightler said collaboration of the residential position with state housing authorities and advocates will be helpful. Susan Yuan expressed concern that if the pilot project is not sufficiently funded, its possible failure would be used as evidence that it didn’t work. Chairwoman clarified that the \$100,000 is specific to the position and there is additional money included for planning. Julie Cunningham added that families in her area are very concerned about family members with complex medical needs who need more creative solutions beyond the SLP model and other models around the state.

Senate Appropriations Committee Reviews House FY23 Budget with Joint Fiscal Office

Here is the Joint Fiscal Offices Highlights of the House Budget Bill which relate to DA/SSAs as reviewed and discussed by the Senate Appropriations Committee:

- Increases rates to DAs/SSAs from 3% in Gov. Rec. to 7% in the House’s Big Bill of \$21.3M Global Commitment gross increase, \$9.4M general fund (GF)
- Reduces Governor’s substance use disorder proposal by \$4.8M in GF including:
 - Decreases grants to Jenna’s House by \$100,000
 - Cuts \$3.5M GF for the Substance Misuse Prevention Coalition, while increasing \$600k for the Substance Misuse Prevention Oversight and Advisory Council
 - Trims \$1.57M GF intended to expand residential treatment options
 - Repurposes \$880,000 to increase rates for existing SUD residential treatment providers
- Eliminates \$7M to expand the provider network for school-aged children in afterschool and summer programs
- The House reallocated five of the ten positions created in DAIL for DS Quality Review and negates the intended use of positions for LTC facility oversight, and APS and OPG specific staffing needs
- Mobile Crisis outreach \$5.94 million total funds of which 85% is federal match.

The Committee is deeply concerned about the underfunding of the DA/SSA system of care and how staffing vacancies are reducing access to services. It was noted that DCF and DOC are both experiencing increased demand due to unmet mental health needs of children and adults. Senator Kitchel questioned putting more money into oversight when underfunding services. Senator Sears said the lowest paid workers are the people working in group homes and SLPs.

In reviewing the one-time appropriations, Senator Kitchel said requests for ARPA funds are \$70 million more than available and requests for general funds are \$38 million more than available. The House put Recovery Center funding in one-time funds. Senator Westman would like to see recovery centers funded in the base budget. Senator Kitchel said the \$50 million child tax credit recommended by Governor Scott

is reducing the funds available for services such as recovery centers. She wants to reduce that tax credit by \$10 million. New expenditure pressures the Senate must address that were not addressed in the House budget include the new contract for direct support professionals and a study of salaries for legislative staff. Additional expenditure demands are expected to surface. On a positive note, 30% of new cannabis revenues will be targeted to prevention.

Senate Health and Welfare Committee Reviews House FY23 Budget

Sarah Clark Deputy Director and Nolan Langweil Senior Fiscal Analyst for Joint Fiscal Office (JFO) reviewed a detailed summary of the House Budget with the Senate Health and Welfare Committee. The Committee will be making recommendations to the Senate Appropriations Committee this week. Here are key excerpts from JFO presentation:

Base Funding Highlights:

1. Provides an increase of 7% for DAs/SSAs, ACCS and HCBS providers totaling \$37M. (Nolan noted that \$7 GF would be required to achieve a 10% rate increase)
2. Provides funds at VDH including following items:
 - b. \$560K GF for HIV Prevention and Syringe Exchange (including the Howard Center)
 - c. \$400K GF for Jenna's House
 - d. \$612,500 GF for Substance Misuse Prevention Coalition
 - e. \$880K GF for SUD Residential Treatment rate increases
 - f. \$1,279,750 GF for sobering beds and recovery housing
4. Adds \$496,888 GF and \$392,000 FF to DCF Child Development Division for Children's Integrated Services (CIS).

Agrees with FY23 Governor Recommended Budget for the following initiatives:

- a. DVHA annual rate adjustments – part of FY22 BAA
- b. DVHA for Emergency Department rates
- d. DMH – Expansion of Mobile Crisis Response (to 5 communities with 85% match)
- e. DMH – Suicide Prevention

One-time Investments – General Fund

2. Department of Health: Adds \$540K GF for Recovery Centers and \$612,500 GF for Tobacco Prevention Activities.
3. Green Mountain Care Board: \$4M GF for delivery system reform and value-based payment work including:
 - a. \$2M GF for consultants with expertise in community engagement and healthy system design to provide a patient-focused, community inclusive redesign of Vermont's health care system.\$600K GF to support GMCB and AHS in developing and negotiating with the Centers for Medicare and Medicaid Innovation to include Medicare in Vermont's payment and delivery system transformation initiatives.

One-time Investments – ARPA State Fiscal Recovery

Other Bills:

1. H.728 – Opioid Overdose Response Services:
 - a. \$450K GF to VDH for mobile MAT services.
 - b. \$250K GF to VDH for Substance Use Treatment counseling and/or recovery support for justice involved Vermonters.

- c. \$180K GF for grants to provide or facilitate connections to substance use treatment, recovery, and harm reduction services at the time of emergency response to overdose.
- 2. H.703 – Workforce Development:
 - a. \$500K ARPA SFR to AHS SO for grants to refugee or New-American focused programs to support employment.
 - b. \$720K GF to DOC for vocational enhancement needs and community-based pilot reentry program at Chittenden Correctional Facility.
 - c. Nursing Programs: i. \$3M ARPA SFR to VDH for Emergency Grants to support Nurse Educators, 3-year program. ii. \$2.4M GF to AHS for Nurse Preceptor Incentive Grants. iii. \$3M ARPA SFR to VSAC for Health Care Employer Nursing Pipeline & Apprenticeship Program. iv. \$100K GF to VDH for the Nursing Forgivable Loan Incentive Program. v. \$2M GF to VDH for VSAC for the Nursing & Physician Assistant Loan Repayment Program. vi. \$500K to VDH for the Nurse Educator Scholarship & Loan Repayment Program.
 - d. \$170K GF to AHS Office of Health Care Reform for 3-year limited-service Health Care Workforce Coordinator Position.
 - e. \$1M ARPA SFR to AHS Office of Health Care Reform for Health Care Workforce Data Center – including one position.
 - f. \$1,290,000 GF to DAIL for PILOT employment program embedded in Recovery Centers. Includes 15 positions.

Senate Economic Development Committee Picks up H.703 Workforce Development Bill

The Senate Economic Development Committee began consideration of H.703 the workforce development bill. Vermont Care Partners will provide testimony on Wednesday to try to get funding for tuition assistance and loan repayment expanded and extended. The Legislature and the Agency of Human Services have responded to a concern we raised to improve access to relocation funds through the Department of Labor for staff of DA/SSAs in this legislation by adjusting language previously in statute.

Senate Health and Welfare Committee Passes H.153

The Senate Health and Welfare Committee finalized H.153 on Medicaid rates for home- and community-based providers. The rate study has costs associated with it. Joint Fiscal Office Senior Analyst Nolan Langueil developed the fiscal note but there has been no appropriation connected the bill. AHS has said that two FTEs are needed. The amount would depend on whether CMS would allow the use of ARPA Supplement funds to conduct the work. It would be \$50,000 if those funds are allowed and \$100,000 if not. Funding of \$390,000 for contractors were covered in the BAA. They decided to have the fiscal note travel with the bill to the Appropriations Committee. Senator Lyons thought it could possibly be incorporated into the FY23 budget bill. The only changes made by the Committee were to update the dates. The vote was 5-0-0.

House Health Care Committee Takes up S.285

Senate Health and Welfare Chair Ginny Lyons introduced S.285, an act relating to health care reform initiatives, data collection, and access to home- and community-based services, to the House Health Care Committee. She explained that it's a committee bill which used consultant reports as a foundation. She spoke about the growing cost of health care and problems with access and affordability. The bill looks at financial sustainability of hospitals and sets a path to redesign how we deliver and finance health care. She spoke of the benefits of value-based payment for the hospital during the pandemic. The

bill supports the Green Mountain Care Board (GMCB) and AHS to work collaboratively to achieve sustainability with funding for GMCB and AHS to do the analysis, including engagement of communities and community-based providers throughout Vermont. There was a question about global budgeting for primary care. Senator Lyons said we could end up in that direction. Senator Lyons also spoke about wanting to better align DA/SSAs in the health care system and wanting to achieve funding equity for them.

Suicide Prevention Bill S.69 is Considered in Senate Health and Welfare

Senate Health and Welfare took testimony from stakeholders on [S69](#), which appropriates funding for a variety of suicide prevention initiatives. Department of Mental Health Deputy Commissioner Alison Krompf shared that 142 Vermonters died by suicide in the last year, a skyrocketing increase. She summarized the suicide prevention investment in the Governor's budget, which includes funding for all 10 designated agencies and two specialized services agencies for Zero Suicide; a suicide prevention coordinator position; expansion of mental health supports to older Vermonters in their homes through the Eldercare program; and \$440,000 to maintain current operations of the 988 hotline.

Krompf said DAs have done an excellent job with Zero Suicide, a public health approach, noting that funding goes to the Center for Health and Learning which implements the training and support. Most people dying by suicide in Vermont are not making it to the DA and are not served by the DAs. That's what DMH is trying to address with this next phase.

Krompf noted that suicide is the second leading cause of death for Vermonters ages 15-35. Vermont is one of only 10% of states who don't have a designated suicide prevention coordinator, and Krompf has carried that role while carrying other responsibilities at DMH. On the 988 funds, she said "Right now we have a great crisis system, but there is no one number to call anywhere in Vermont."

Terri Lavelly, representing the Vermont Chapter of the American Foundation for Suicide Prevention (and works at NKHS), testified that she wears many hats. She also shared that she is a loss survivor and an attempt survivor. There has been a 20% increase in suicide in Vermont over the last 20 years, and we are now losing Vermonters at the rate of one individual every 2.5 days. Our systems are working independently, and we are severely underfunded. Lavelly shared a [visual](#) to demonstrate the need for more coordination among the continuum of care. Their coalition would like to increase the investments across the board, including:

- \$125,000 for the suicide prevention coordinator position
- Increase from \$440,000 to \$1.3 million for 988 sustainability. She noted that with 988 "we are helping people every day...wrapping people with safety plans and evidence-based practices...with mobile crisis we hope to expand our ability to respond."
- \$1.2 million for workforce, noting that "we support an increase for DAs for staffing and for training for Zero Suicide."
- \$100,000 for Eldercare and vet-to-vet services.

Legislative Council Kate McLinn then walked the committee through an amended version of [S69](#), which creates a Mental Health Crisis and Suicide Prevention Special Fund, to collect appropriations from the General Fund as well as grants and gifts. It also creates a 988 Mental Health Crisis and Suicide Prevention Commission to oversee the work of the 988 call centers and to deliver an annual report with recommendations for expenditures from the special fund. Membership includes a designee of Vermont Care Partners. Additionally, the amendment includes increased funding to the suicide prevention

initiatives in line with Lavelly's recommendations, as well as the language from a different Senate bill, which creates a mental health response commission. To wrap up, Senator Lyons said that the committee will look at this amendment. "Maybe we can do something with it."

Senate Health and Welfare Passes H.655 on Telehealth and Licensing

The Senate Health and Welfare Committee also passed H.655 without amending the bill passed by the House. It will now go to Senate Finance Committee for review. H.655 creates a telehealth licensure and registration process for professionals who are not otherwise licensed or certified in Vermont and allows for provisional licensure when necessary.

Mental Health Bill Testimony is taken in Senate Government Operations Committee

On April 7th the Senate Government Operations took their first look at [H661](#), as passed by the House. Key provisions include:

- "Continuing education requirements shall include requiring one or more continuing education units in the area of systematic oppression and anti-oppressive practice, or in related topic areas, consistent with the report recommendations from the Health Equity Advisory Commission required pursuant to 2021 Acts and Resolves No. 33, Sec. 5 for improving cultural competency, cultural humility, and antiracism in Vermont's health care system."
- "Synchronous virtual continuing education credits shall be approvable and accepted as live in-person training" for psychologists, alcohol and drug counselors, clinical mental health counselors, marriage and family therapists, social workers, psychoanalysts, and applied behavior analysts.
- "If the licensee is licensed in one or more other mental health professions under this title, continuing education units completed for one mental health profession shall count toward the required continuing education units for the other mental health profession or professions for which the licensee is licensed under this title;"
- A study, due December 15, 2024, looking at streamlining licensure (one mental health professional license with endorsements in sub-specialties such as social work, mental health counseling, marriage and family therapy); regulation of supervisors, and barriers to the field for marginalized and historically underrepresented groups; and
- A registry of mental health professionals who are available to serve as supervisors for mental health professionals in training, maintained by the Office of Professional Regulation (OPR).

Rep Tanya Vyhovsky, the bill's author, provided an overview of the intent of the bill. As a clinician herself, this bill came from working in mental health and working with people who are underrepresented. It is a workforce developmental bill which will make a stronger workforce, which will be better for people receiving care. She emphasized that systemic oppression is real. She noted that mental health is not the only area where professionals should receive training, but mental health providers see people at their most vulnerable, which makes it imperative that they receive training. Anti-oppressive practice is a practice of reflecting on one's own privilege. Nine other states have this kind of language. The content of the trainings would be based on recommendations from the Racial Equity Commission, and the Office of Professional Regulation (OPR) would have the responsibility to ensure alignment. She also clarified that the registry was intended to help new clinicians to find

supervisors, by having clinicians who are willing and qualified to check a box saying they are available to provide supervision.

Xusana Davis, Executive Director of Racial Equity at the Agency of Administration, testified that the Racial Equity Commission supports the language in the bill. The Commission wants to look at all the people who are on the “chain” of continuum of care and is willing to help set an education standard. Regarding the study on barriers to entering the field, it’s important to include a broad set of stakeholders, including people who are currently in the profession, those who have left, as well as patients and clients. Given that they are currently setting up an Office of Health Equity, she would appreciate an adjustment to the timeline to get set up to do this.

Lauren Hibbert, Executive Director of OPR, testified that OPR largely supports the bill. She noted that looking at barriers into the field is an area where OPR doesn’t have control, so it would be an expansion of OPR’s scope to cover this in the study. The supervisory registry would be easy for OPR to do. She spoke to a clause in the bill that was removed by the House, which established a position at OPR. OPR has seen a 75% increase in professions since 2015 (up to 50 from 39, and an increase from 54,000 licensees to almost 76,000 licensees). She is concerned that OPR cannot continue to provide the same high quality of customer service without adding a position. She noted that the current person administering mental health licenses receives 700 emails a day. She would like the committee to consider adding that position back.

Peer Support Bill S.195 Testimony is Heard in House Health Care Committee

House Health Care heard testimony on the peer credentialing bill. Laurie Emerson, Executive Director of NAMI Vermont, [testified](#) that NAMI Vermont supports the addition of peer services in Vermont. She provided an overview of the family peer supports provided by NAMI Vermont and other family organizations and stressed that the peer credentialing entity in the bill needs more meaningful representation than “feedback and recommendations” on the training content for family peer support work. She also emphasized that funding is critical.

Sandi Yandow, Executive Director of the Vermont Federation of Families for Children’s Mental Health, [underscored](#) Emerson’s testimony. She spoke of the family peer support credentialing process through the National Federation of Families and expressed concern that the bill may pull family support work further from its grassroots origins.

DMH Adult Services Director Trish Singer was present to answer committee questions. She discussed DMH’s intention of convening a workgroup to look at peer certification and sees that workgroup as intersecting with the goals of the peer-run entity developing the credential in S.195. Rep Peterson asked how many peer providers were currently practicing. Singer noted the challenges of counting peer providers at this time because many people working in the system have lived experience but are not designated as peers. She named several peer-run organizations with whom she coordinates, including Alyssum, Pathways Vermont, Vermont Psychiatric Survivors, and others. She wondered about how the State would go about defining when an organization was “peer run” or “peer led.”

The Committee discussed the role of OPR in peer credentialing and certification, with members stating they would like to hear more from OPR. Rep Page asked “if its [current practices] aren’t broke, why fix it?” Wilda White, Founder of MadFreedom, noted that there are places peers can’t go without a credential – for example, Emergency Departments. She commented that fidelity to the model as

endorsed by a federal Auditor's report would mean that the credentialing happens by a peer-run entity, but she thinks there are opportunities for OPR to have an adjacent role. Rep Donahue said she would like to see people who work in peer support testify and talk about the value of peer support work, as the Committee hasn't heard from them yet. White shared that she works in peer support. Committee members noted their ongoing concern about whether this process is funded enough.

Health Care Flexibilities Extension Signed into Law

The Governor signed H.654 into law to become Act 85. It will extend flexibilities developed for health care providers during the pandemic until March 31, 2023 by enabling the Secretary of Human Services to waive or permit variances from State rules and standards for health care services to prioritize and maximize direct care and allow for continuation of operations with a reduced workforce and with flexible staffing arrangements that are responsive to evolving needs. The bill extends the licensing flexibilities for the Office of Professional Regulation (OPR), with some new limitations. It is under this flexibility that the Department of Aging and Independent Living (DAIL) has granted waivers to some agencies from the "designation rules" in response to staffing shortages.

Plan to Participate in Advocacy Events

Save the Date! Vermont Disability Awareness Day

Tuesday, May 10th – Time: TBD

Ming M. Canaday - Keynote Speaker

Ming M. Canaday is the founder of Traipsin'

Global On Wheels: <https://www.traipsinglobalonwheels.com/>



[TGOW - Traipsin' Global On Wheels](https://www.traipsinglobalonwheels.com/)

At Traipsin Global On Wheels our mission is to provide resources and discussions for disability advocacy, health and fitness tips, and accessible travel tips.
www.traipsinglobalonwheels.com

In addition to her extensive coaching experience with people of diverse backgrounds and cultures, she has done speaking engagements and held workshops all around the globe to advocate and empower people with disabilities to live their best lives.

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](#)

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.