

LEGISLATIVE UPDATE FOR SESSION WEEK 2 (January 15th to 19th)**House Human Services Finalizes their Budget Memo and Announces Housing Policy**

Late Tuesday afternoon, as the snow started to come down fast, House Human Services worked



diligently to edit and finalize their BAA budget memo that would be presented in House Appropriations later in the week. From a VCP lens, things looked good for our BAA ask - 5% COLA for Choice for Care. Finalized language reflected the ask - including the retroactive request date of July 1, 2023 - as it moved to House Appropriations. On Friday, Chair Wood presented to House Appropriations on the committee's Temporary Emergency Housing Bill noting that Vermont has no policy on emergency housing in statute, it is all regulatory. On January 17, at 1:30pm representation from Howard Center and Washington County Mental Health presented to House Healthcare and House Education in a

joint committee on Mental Health in Schools. This was the jumping off point for an ongoing conversation to understand the strengths, challenges, and opportunities from the DMH, AOE, School, and VCP perspective. Ultimately, the goal is to gather information and join together to strengthen the school-based mental health support system.

Upcoming Testimony: Washington County Mental Health Services and VCP testifying on S.108 (Medicaid reimbursement for doulas) in Senate Health and Welfare on 1/23/24 at 11am.

THIS WEEK'S COMMITTEE AND WORKGROUP HIGHLIGHTS

House Appropriations – Chair Theresa Wood presented House Human Service BAA Budget Memo.

- HHS agreed with COLA increase for Choices for Care (covers providers left out in 2023) but it is currently listing as starting on Jan. 1, 2024. Services were provided June – December 2023 so HHS recommended annualizing and retroactive to July 1. The amount is \$917K for each 6-month period. This would be distributed by rate adjustments to providers. Chair Wood confirms the 6-month gap was not the fault of the providers, legislative intent was for a 5% increase.

Additionally, Chair Wood discussed that Vermont has no policy on emergency housing in statute, it is all regulatory. The Legislature has never developed a policy for how the state is to



assist people who are homeless. HHS will be setting out proposed policy that includes capacity for each county in the state. She stated that stable housing is needed for Vermonters with mental health diagnoses, in recovery, and/or transitioning from corrections. Right now, there are people in hotels who are eligible for CFC (nursing home level of care) and Developmental Services. This plan will need active participation across departments. People will naturally hold onto what they have when they are experiencing the trauma of not having a permanent place to live. The state making people move is very difficult and needs a new approach that takes people by the hand to show them what they can have. We also need nursing homes to be more accepting of eligible people who are homeless. Vermont is running to catch up with this new era. Theresa discussed that the HHS plan will identify steps, resources, and who is responsible.

In **House Appropriations** on Friday – House Human Services Chair, Theresa Wood presented on the committee’s bill draft connected to Temporary Emergency Housing.

Temporary Emergency Housing bill can be found [HERE](#) – Summary below:

- *Temporary emergency housing:* The bill requires the Commissioner for Children and Families to provide temporary emergency housing to eligible households through June 30, 2024 for those set to conclude on April 1, 2024.
- *Housing options:* The bill allows the use of approved shelters, new unit generation, open units, or other appropriate shelter space for temporary emergency housing.
- *Reporting requirement:* The bill mandates the Agency of Human Services to submit monthly reports on the temporary emergency housing program to the legislature.
- *Hotel and motel rules:* The bill limits the reimbursement rate for licensed hotel and motel establishments to \$75 per day per household and enforces certain health and safety standards. It also authorizes the Agency of Human Services to offer incentive payments to hotel and motel operators to enter into full facility lease or sales agreements.

Senate Health and Welfare – This week more testimony was taken on S.211.

S.211 Synopsis - Statement of purpose of bill as introduced: This bill proposes to transfer certain duties from the Green Mountain Care Board to the Director of Health Care Reform in the Agency of Human Services and to modify or eliminate other Board duties. Bill would specify that the Board’s review, consideration, and approval of hospital budgets and of certification and budgets of accountable care organizations (ACOs) are the deliberations of a public body in connection with a quasi-judicial proceeding. The bill would direct the Board to adopt rules to establish processes for certifying Medicare 15 only ACOs and would direct the Board of Nursing to adopt rules establishing a student nurse apprenticeship program. The bill would require



insurers to participate in multi-payer alternative payment models and would require nonbinding mediation conducted by the Green Mountain Care Board prior to the termination of a contract between a health care provider and a health plan. The bill would require alignment of certain health insurer credentialing practices, quality measures, and data collection. It would revise aspects of the Green Mountain Care Board's hospital budget review processes and require the Secretary of State to provide training for the Board's members and staff. The bill also would require reports on population-based hospital budgeting; on realignment of the timing of the Green Mountain Care Board's regulatory processes; on review and approval of mergers, affiliations, and divestments involving Vermont-based health care providers; and on designating a single State agency for coordination of clinical health care data.

Devon Green from VAHHS provided testimony. Here is the position paper from VAHHS that walks through each section of the bill and their stance on it - [Health Care Workforce \(vermont.gov\)](https://www.vermont.gov/health-care-workforce)

Owen Foster from GMCB testified on Friday outlining that, among other things, a third party (Director of Health Care Reform) having oversight over complicated hospital budgets that need to move at a fast pace will create challenges. Senator Lyons discussed that change is needed based on community and stakeholder feedback and something needs to change.

Also, in **Senate Health and Welfare** – The doula bill (S.109) started to take testimony including Rebecca Copans from Blue Cross Blue Shield. Rebecca offered compelling statistics regarding the positive impact of doulas on mental health and healthcare. She cited one study that found, “that women who received doula care had 52.9% lower odds of cesarean delivery and 57.5% lower odds of postpartum depression/postpartum anxiety.”

Luci Tarr, a Vermont doula, provided testimony on the impact of her work and why this bill is important in allowing access to this vital service for all Vermonters, including the most vulnerable.

Vermont Care Partners will be providing testimony on this bill during the week of January 22, 2024.

House Healthcare – This week DCF Commissioner Hawes and Deputy Commissioner Krompf were welcomed into the committee and presented a general overview of what the mental health department does at large with a heavy focus on crisis, inpatient, and residential beds. They also highlighted a variety of new/emerging initiatives and programs. This included Mental Health Urgent Care, 9-8-8, Enhanced Mobile Crisis, and the CCBHC.

On the presentation slide deck pages 11 and 14, you'll notice that much is left out of the mental health continuum of care – there's a heavy focus on the high-acuity/crisis end of the continuum and suggests that our work starts there. On 1/31 we'll be presenting to House Healthcare on



the Mental Health Continuum and will be able to highlight a much broader, comprehensive picture of our mental health footprint.

Other noteworthy topics and questions included:

DA/SSA vacancy numbers with an ask to have them broken out for the DA and SSA.

How are suicide rates looking for 2023?

Is it fair to say that the mental health crisis is dissipating? This was asked by a committee member and DMH answered that we cannot look at bed access and vacancy to suggest things are improving or devolving.

View the full PowerPoint [HERE](#)

Also, in **House Healthcare** – the committee welcomed the Office of the Healthcare Advocate to discuss a small (but mighty) section of the H.721 Medicaid expansion bill (sec 9. Medicare Savings Programs; Income Eligibility). This section focused on Medicare. Language reads:

Sec. 9. MEDICARE SAVINGS PROGRAMS; INCOME ELIGIBILITY The Agency of Human Services shall make the following changes to the Medicare Savings Programs: (1) increase the Qualified Medicare Beneficiary (QMB) Program income threshold to 150 percent of the federal poverty level (FPL); (2) eliminate the Specified Low-Income Medicare Beneficiary (SLMB) Program; and (3) increase the Qualifying Individual (QI) Program income threshold to 185 percent FPL

The Office of the Health Care Advocate gave a comprehensive overview of Medicare and the impact of this bill on those left behind in how it works in our state today.

See the PowerPoint presentation [HERE](#)

House Healthcare and House Education – Joint Session

Members of House Healthcare and House Education came together to discuss Mental Health in Schools. Individuals from the Agency of Education, Department of Mental Health, and Vermont Care Partners were present to provide testimony on the topic – specifically addressing strengths and concerns of Success Beyond Six. Many questions were raised about Medicaid versus Non-Medicaid student access, vacancies in DA school-based positions, and the shift in numbers in FY23 as we moved out of the COVID-19 pandemic. It will be important for the AOE, DMH, VCP, and school partners to continue discussing this topic to best serve the mental health needs we are seeing in schools.

VCP's presentation can be found [HERE](#)

DMH/AOE PowerPoint can be found [HERE](#)



House Ways and Means – This week the committee took up testimony on the Social Work Interstate Compact. Katie McLinn (Legislative Counsel), Nolan Langweil (Principal Fiscal Analyst, and Lauren Hibbert (Deputy Secretary of State, SOS Office) presented on the social work interstate compact. Anticipated revenue loss (\$40k) due to reduction in fees collected by OPR for social work licenses (out of state social workers will not have to file with Vermont separately if their state is a member of the compact). Asking for one-time allocation of \$90k to offset the loss for two years and provide \$10k for implementation of new IT infrastructure. Despite the financial impact, compact is widely supported and understood to be good policy. A question was raised about the potential for increased tax revenue (by attracting more professionals to live and work in the state) to offset losses but that analysis had not been done.

House Human Services – The committee met early in the week to finalize the BAA memo to House Appropriations. Among other recommendations, we see the VCP 5% COLA with a retroactive start date of July 1, 2023. The committee presented to House Appropriations later in the week with an additional meeting connected to GA housing.

SPONSOR SPOTLIGHT SERIES

The Sponsor Spotlight Series is part of a collaboration produced by members of Vermont Care Partners – the statewide network for sixteen non-profit, community-based agencies providing mental health, substance use, and intellectual and developmental disability support.

[Healthy Neighbors, Healthy Communities: Washington County Mental Health Services](#)

BILLS, ACTS, RESOLUTIONS, ETC. DISCUSSED THIS WEEK – QUICK LINKS

- [H.721- An act relating to expanding access to Medicaid and Dr. Dynasaur](#)
- [S.211 – An act relating to health care reform and the regulatory duties of the Green Mountain Care Board](#)
- [S.109 – An act relating to Medicaid coverage for doula services](#)
- [H.719 – An act relating to housing development and rehabilitation](#)
- [H.409 – Education; Seclusion and Restraints](#)
- [H.543 – Social Work Licensure Compact](#)
- [Act 27 \(S.89\) – An Act Related to Establishing a Forensic Facility](#)

LINK TO CMS' AHEAD MODEL: <https://www.cms.gov/priorities/innovation/ahead/faqs>

LINK TO AHEAD MODEL OVERVIEW IN VERMONT

[https://lifo.vermont.gov/assets/Meetings/Health-Reform-Oversight-Committee/2023-11-30/034b71a2c8/HROC Jones-Trafton 2023-11-30.pdf](https://lifo.vermont.gov/assets/Meetings/Health-Reform-Oversight-Committee/2023-11-30/034b71a2c8/HROC_Jones-Trafton_2023-11-30.pdf)



ADVOCACY TOOLS

NEW!! VT DIGGER launches legislative support tools – [FIND HERE!](#)

The [Vermont General Assembly](#) website helps you to navigate the state house and get up to date information on:

- Committee assignments
- Weekly committee agendas
- Legislator information – including contact info, assigned committees, bio, sponsored bills, etc.
- Bills, acts, resolutions
- State house announcements and events
- Maps of the statehouse
- And more!

FIND YOUR LEGISLATOR! A handy list of key committees, committee members, and the DA/SSA connected to each. Find it [HERE](#)

Housing and Homelessness Alliance of Vermont – [2024 Legislative Priorities](#)

A GREAT overview of how housing support works in the state (presented by Lily Sojourner): [Homeless Assistance \(vermont.gov\)](#)

IN THE NEWS

- [Bill Schubart: Leveraging government’s role by funding designated agencies and specialized service agencies in the nonprofit sector](#)
- [Nearly 30,000 Vermonters have lost Medicaid coverage in past 8 months](#)
- [Final Reading: Vermont schools and nonprofits struggle to meet student mental health needs](#)

FY25 BUDGET ASK & STATUTE LANGUAGE

A Medicaid Rate Increase is A Top Priority

Vermont Care Partners is requesting a 6.5% Medicaid rate increase as our top priority which yields a 5.63% increase overall for agencies. This rate increase is based on a robust analysis conducted by the VCP network agency finance directors of critical factors necessary to keep the lights on and maintain services for the people we serve. The analysis focused on five categories: salaries, health insurance, other fringe, other insurance, and all other operating expenses. The proposed increase combined the following factors:



- A 5% salary increase based on the U.S. Bureau of Labor Statistics;
- An average projected health insurance increase of 16.6%;
- An average projected increase of 7% for other fringe;
- General/liability/auto/property insurance projected to increase an average of 10.8%; and
- All other operating projected to increase 3.3% based on New England CPI, updated through October.

This analysis is consistent with 18 V.S.A. § 8914 which directs the Secretary of Human Services to adjust agency rates to take into account factors that reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.

Chapter 207 : Community Mental Health and Developmental Services

(Cite as: 18 V.S.A. § 8914)

- **§ 8914. Rates of payments to designated and specialized service agencies**

(a) The Secretary of Human Services shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing rates of payment for designated and specialized service agencies, the Secretary shall adjust rates to take into account factors that include:

(1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and

(2) a cost adjustment factor to reflect changes in reasonable costs of goods and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.

(b) When establishing rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State. (Added 2017, No. 82, § 11, eff. June 15, 2017.)



We're also asking for an increase to the Eldercare program - The Eldercare program serves older Vermonters facing mental health and substance use challenges who have limited access to services and supports. An additional **\$453,000** GF is necessary to achieve full funding of the program which has been level funded for years.

UPCOMING EVENTS

Governor's Budget Address – Slated for January 23, 2024, at 1pm: Watch it [HERE](#)

Join us for Mental Health Advocacy January 29, 2024

On Monday, January 29th please join us from 10 AM to 2 PM for an interesting and interactive virtual webinar. This year's theme is **"Welcoming and Caring Communities – Belonging for All"**. The morning features a panel of legislators facilitated by Mental Health Commissioner Emily Hawes who will address how a sense of belonging contributes to mental wellness and how to best advocate for inclusive communities. A second panel facilitated by Robin Shabazz will be composed of people with diverse experiences who will address why belonging how to create a sense of belonging. We will also recognize unsung heroes with awards. In the afternoon people will share their stories of hope and recovery.

As part of this advocacy event VCP, VAMHAR and NAMI-VT, the organizers of the event, will be coordinating testimony at key legislative committees and will have a display set up at the card room in the State House.

Registration Link for the Day of the

Event: https://us02web.zoom.us/webinar/register/WN_1gc2eCabS6uazCojYlkuUA (please register in advance)

Registration to Share Your Story: <https://namivt.org/2024-advocacy-day-share-your-story/>

Agenda for Advocacy Day

10:00 am Welcome and Introductions

10:15–11:00 am Legislative Panel: Advocacy to Strengthen our Sense Belonging and Mental Wellness

11:00–11:45 am Community Leader Panel: How does a sense of belonging support mental health and how can we strengthen it?

11:45–12:00 pm Mental Health Advocacy Day Awards

12:00–12:30 pm Lunch Break

12:30–2:00 pm Sharing Stories – Live and pre-recorded

Jan. 30–Feb. 2 Testimony at Key Legislative Committees (schedule to be sent once finalized)

Vermont Care Partners – Legislative Advocacy Webinar: January 22, 2024 (12 - 1 PM). Please Register in advance: https://us02web.zoom.us/webinar/register/WN_THn65NOPSUqY-



[fBttJm44Q](#) This is an excellent opportunity to learn advocacy skills and the information necessary to become an effective mental health advocate.

NAMI-VT Fact Sheet on Mental Health

Here is the [NAMI-VT fact sheet on mental health](#).

VERMONT CARE PARTNERS' 2024 LEGISLATIVE PRIORITIES

Other Important Legislative Priorities Include:

1. Educating about the Value of Designated and Specialized Service Agencies
2. I/DD Service Delivery and Payment Reform
3. Educating about the Increasing Acuity of Individuals with I/DD including those with Forensic Needs
4. Planning and Implementing of the CCBHC Model
5. Adjustments for Mental Health Warrant Statute Act 25
6. Access to Affordable Housing for Staff and People Served including Supportive Housing Maintaining Community-Based Principles and Principles of the DD Act and State System of Care Plan
7. Current or Anticipated Gaps in Services for Investments as Acuity and Demand Increases
8. Investment in Home and Community-Based Services in Health Reform Initiatives
9. Strong Stakeholder Involvement in Payment and Service Delivery Reform Process for Substance Use Services
10. Suicide Prevention
11. Peer Certification Program, Training and Medicaid Funding
12. Reducing Unnecessary Use of Seclusion and Restraint
13. Expand Access to Affordable Housing
14. Preventing NIMBYism to Support Residential and Treatment Facility Development
15. Sustainable Funding for Public Inebriate Programs
16. Access to Early Childhood Mental Health Consultation Services
17. Mental Health Needs of Individuals Involved in Law Enforcement and Criminal Justice Systems
18. Adoption by Vermont of the Social Work Interstate Compact
19. Protection of ABLE Savings Accounts
20. Improved Funding for Applied Behavioral Analysis (ABA)
21. Increased Resources for Youth Crisis Stabilization Across Vermont
22. Medicaid funding for doula services