Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

1.	10:00	**Call to Order**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
2.	10:05	**Roll Call Establish Quorum Approve Previous Minutes**	Zack Goss, Health Care Training and Communication Manager (Department of Vermont Health Access, "DVHA")
3.	10:10	**DAIL Age Strong Vermont Plan**	Angela Smith-Dieng, Adult Services Division Director (Disabilities, Aging, and Independent Living "DAIL")
4.	10:40	**FY24 Budget**	Stephanie Barrett, Chief Financial Officer (DVHA)
5.	11:10	**Medicaid Renewal Status Update**	Adaline Strumolo, Deputy Commissioner (DVHA)
6.	11:30	**Commissioner's Office Update**	Andrea De La Bruere, Commissioner (DVHA) Adaline Strumolo, Deputy Commissioner (DVHA)
7.	11:45	**Public Comment**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
8.	11:50	**Final Committee Discussion**	Mary Kate Mohlman & Sharon Henault, Co-Chairs
9.	12:00	**Adjourn**	Mary Kate Mohlman & Sharon Henault, Co-Chairs

June 26, 2023
10:00-12:00pm

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Roll Call, Quorum, June 26, 2023 Meeting Minutes

Zack Goss, Health Care Training and Communication Manager (DVHA)

Age Strong VT Plan
Disabilities, Aging, and Independent Living (DAIL)

Angela Smith-Dieng, Adult Services Division Director (DAIL)

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Age Strong VT

Vermont's Work to Develop a Multisector Plan on Aging

Age Strong VT
Our roadmap for an age-friendly state.

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Why A Multisector Plan on Aging?

Demographics:

As of 2021, there are approximately 183,000 Vermonters 60 years old and older in Vermont. That is 28.4% of the total population and continuing to grow.

Policy:

Older Vermonters Act passed in September 2020 and called on the State to put forth a “process for the development of a Vermont Action Plan for Aging Well.”

Culture:

Ageism is negatively impacting our population. An MPA can help drive cultural change.

2021_VT_Census_Brief_Older_VTers.pdf (vermont.gov)

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Why A Multisector Plan on Aging? Vermonters say this should be a priority

2023 Vermonter Poll Results:

- When asked if Vermont has the resources to address the needs of the older population as it continues to increase, 64% said NO. Only 11% said YES.
- When asked how important it is for Vermont's elected officials to prioritize and invest in an MPA, 81% said very or somewhat important; only 6% said somewhat or very unimportant.

Older Vermonters Act (Act 156)
Guiding Principles for MPA Development

Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. Whatever services, supports, and protections are offered, older Vermonters deserve dignity and respect and must be at the core of all decisions affecting their lives, with the opportunity to accept or refuse any offering.

Self-Determination

Safety and Protection

Older Vermonters should be able to live in communities, whether urban or rural, that are safe and secure. Older Vermonters have the right to be free from abuse, neglect, and exploitation, including financial exploitation. As older Vermonters age, their civil and legal rights should be protected, even if their capacity is diminished. Safety and stability should be sought, balanced with their right to self-determination.

Coordinated and Efficient Systems of Services: Older Vermonters should be able to benefit from a system of services, supports, and protections, including protective services, that is coordinated, equitable, and efficient; includes public and private cross-sector collaboration at the State, regional, and local levels; and avoids duplication while promoting choice, flexibility, and creativity. The system should be easy for individuals and families to access and navigate, including, as it relates to major transitions of care. The system should be designed to address the needs and concerns of Older Vermonters and their families during normal times and in the event of a public health crisis, natural disaster, or other widespread emergency situation in this State.

Financial Security: Older Vermonters should be able to receive an adequate income and have the opportunity to maintain assets for a reasonable quality of life as they age. If older Vermonters want to work, they should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Older Vermonters should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation

Optimal Health and Wellness: Older Vermonters should have the opportunity to receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

Social Connection and Engagement: Older Vermonters should be free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Vermonters are critical to our local economies and their contributions should be valued by all.

Housing, Transportation and Community Design: Vermont communities should be designed, zoned, and built to support the health, safety, and independence of older Vermonters, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

Family Caregiver Support: Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

Work To Date

- Submitted a process proposal for the development of the plan to the legislature in Spring 2021; linked here.
- Researched Other States' Processes and Plans and analyzed resource needs for this work in Summer 2021
- Established an Advisory Committee including older adults and caregivers in Fall 2021
- Hired a .5FTE project coordinator and a .5FTE public health data analyst (cross-dept shared position) in Spring 2022

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Work To Date

- **Conducted a Baseline Assessment:** Survey, Listening Sessions, expert presentations, data gathering (Spring 2022-Winter 2023)
- Ongoing coordination with regional MPA planning effort in one county; example for others
- Participated in a 10-state MPA Learning Collaborative 2022-2023
- Developed strategic communications – branding, promotion, polling
- Working groups drafted objectives and strategies within 8 principle areas.

93% of older Vermonters who responded to the survey want to age at home. 52% said their home would need repairs to do so.

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Health and Wellness Principle:

Older Vermonters should have the opportunity to receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

Objectives:

1. By 2033, increase physical activity among older adults age 65 and older to meet or exceed the Healthy Vermonters goal.
2. By 2033, reduce household food insecurity and hunger to 5% (from 9% in 2020).
3. By 2033, reduce to 117 per 100,000 Vermont adults age 65 and older the fall-related death rate (from 156 per 100,000 in 2020).
4. By 2033, decrease to 11% (from 13% in 2021) adults age 70 and older who have 4 or more comorbidities.
5. By 2033, decrease to 21 (from 26.4 in 2021) the rate of suicide deaths per 100,000 male Vermonters age 65 and older.

Work Ahead

- Steering Committee drafting the full plan this summer using subcommittees' work and Advisory Committee feedback.
- Engaging with state leadership this summer to prepare for public launch event in the fall
- Gather more input/feedback all year
- Develop an evaluation plan with measurable outcomes
- Launch and implement plan in 2024!

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Age Strong VT

Our roadmap for an age-friendly state.

www.healthvermont.gov/agestrongvt

agestrongvt@vermont.gov

Partnership & Collaboration is Key!

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AARP

Vermont Association of Area Agencies on Aging
advocacy | action | answers

Community of Vermont Elders

VAADS
VERMONT ASSOCIATION OF ADULT DAY SERVICES
Vermont's cornerstone of person-centered care

vnas of Vermont

VASCAMP
Vermont Association of Senior Centers and Meal Providers

Vermont Care Partners

VHCA
Vermont Health Care Association
Representing Quality Health Care Homes

Vermont Legal Aid
Working for Justice

VPTA
Vermont Public Transportation Association

alzheimer's association

SASH a caring partnership
SUPPORT AND SERVICES AT HOME

And many more!!!

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Long-term Value Add for the State

- First plan of its kind in VT
- Expanding and strengthening partnerships across government, business, community
- Leveraging existing resources to meet key goals
- Equity to be considered across all strategies
- Communicating in a whole new way about aging – energy, opportunity, possibility – addressing ageism, increasing public awareness/education

Age Strong VT
Our roadmap for an age-friendly state.

Age Strong VT strives to build a future where all Vermonters thrive throughout all stages of life.

Thank You!

Angela Smith-Dieng
Director, Adult Services Division
Angela.smith-dieng@vermont.gov

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FY24 Budget & Budget Process

Stephanie Barrett, Chief Financial Officer (DVHA)

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Overview

- State of Vermont Budget Process
  - How and Why… constraints & key terms
  - Timeline
- DVHA Budget Process
  - Major Components
  - FY24 Changes & FY25 Pressures
  - DVHA budget process
    - constraints and challenges
  - Caseload and PMPM charts
  - Examples – context of budget process
- Questions

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State of Vermont Budget Process

Vermont Constitution

§ 20. [GOVERNOR; EXECUTIVE POWER] ……The Governor is to expedite the execution of such measures as may be resolved upon by the General Assembly. And the Governor may draw upon the Treasury **for such sums as may be appropriated by the General Assembly**…..

Appropriations Act (a.k.a. State Budget or Big Bill)

FY24 as passed total is **$8.5 Billion *(>$300m GF onetime, $3B federal funds)***

"A law that provides an agency with spending authority. An appropriation allows an agency to incur obligations and to make payments from the State Treasury. Appropriations are definite in amount, fund, use, time etc.."

State of Vermont Budget Process

Constraints and Challenges

Must Fund, must do pressures

Governor's Priorities

Legislature's Priorities

Federal Requirements

- SPAs & Preprints
- Audit risk

Economy and Politics

try to find signal in the noise

Key Terms

Official Forecast (July & Jan.)

- Revenues (GF, TF, EF, FF)
- **Medicaid –** FMAP swings

BAA midyear budget adjustments

Ups and Downs

- Changes to current budget

Base versus One Time $s

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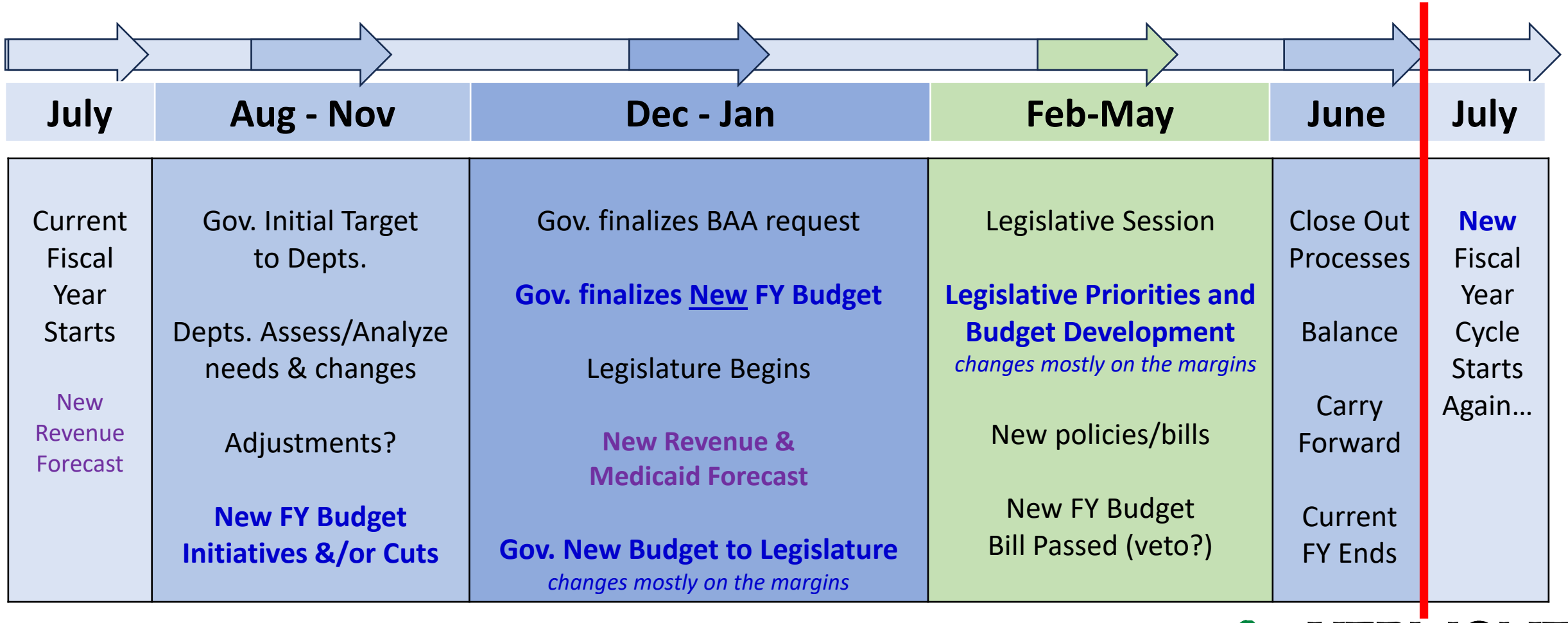
State of Vermont Budget Timeline



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DVHA Budget

DVHA's Budget has two major components:

	FY24 Budget
Administration: salaries & benefits, contracts, operations	$ 183.87 m
Program: all other payments, primarily services across three budget bill sections	
1. **Global Commitment (GC):** eligible service costs that are paid with Medicaid funds (combination of Federal and State dollars) within the GC waiver.	$ 933.09 m
2. **State-Only:** costs for State only funded programs (Cost Sharing Reduction, VPharm) or require General Fund (Clawback)	$ 53.07 m
3. **Non-Waiver:** costs paid by a combination of Federal and State funds, but are not w/in the GC waiver (e.g., CHIP, DSH)	$ 34.62 m
	$ 1,202.29 m

Blueprint 2-year SUD/MH Pilot also funded $16m for FY24 & FY25

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DVHA – Major FY24 Budget Changes

Consensus Required (Must Fund Items)

Caseload & Utilization (current policy)	$ 4.5 m
Buy-In rate and caseload	$ 1.3 m
Clawback (payment to Feds Part D)	$ 2.4 m

Governor's Priorities

Brattleboro Retreat (alt. payment)	$22.4 m
Dental rates and cap	$13.3 m
Medicaid Rate adjustments	$ 0.9 m
Eliminate home health provider tax	*$ 6.0 m*

Legislative Priorities

Primary (10%) & other (3.8%) care rates	$ 5.6 m
FQHC rate increase (10%)	$ 5.0 m
EMS rate increase (to Medicare level)	$ 3.2 m
Non-Emergency Medicaid Transportation	$ 1.7 m
Skilled home health rate increase	$ 1.3 m
Assistive Community Care Serv increase (79%)	$12.5 m

FY25 Budget Pressures

State

Revenue growth

level fund = a cut

DVHA

Clawback

Caseload & Utilization

Expect continued rate pressure

Other ???

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DVHA Budget Process

Consensus – DVHA, AHS Central Office, F&M(Gov) and JFO(Legislature)

Different points of view and interests at play – Context is Current Law/Current Policy

Caseload

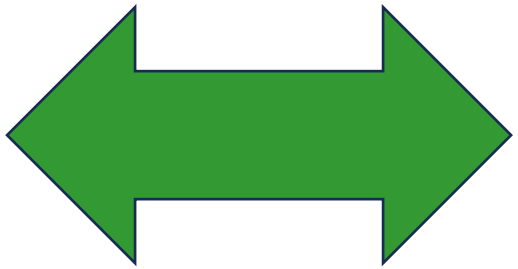
Medicaid Eligibility Groups

Review Trends

Discuss pending changes

Make forecast *(assumptions)*

limited set of factors



Expenditures

PMPM by Group

Review Trends and issues

Discuss impacts & changes

Make forecast *(assumptions)*

big complicated sets of factors

Constraints and Challenges

Unwinding – churn & utilization post-pandemic ?...

Revenues -FMAP federal landscape- other priorities

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FY 2023 Annual Average Caseload

(6/15/23)

By Major Medicaid Eligibility Groups and Coverage

	Budget	Actual
ADULT - Primary		
Aged, Blind, Disabled	*5,995*	**6,401**
General <100% FPL	*18,804*	**18,626**
Exp <138% FPL (w/child)	*24,730*	**25,925**
Exp <138% FPL (childless)	*50,851*	**50,596**
	100,380	**101,547**

	Budget	Actual
CHILD - Primary		
Blind, Diabled	*1,447*	**1,619**
General <237% FPL	*61,930*	**62,070**
SCHIP <312% FPL	*4,905*	**4,635**
	68,282	**68,324**

	Budget	Actual
Primary	*168,662*	**169,871**

	Budget	Actual
ADULT - Supplement		
Dual Eligible	*18,350*	**18,663**
Choices for Care	*4,635*	**4,718**
VPharm <237% FPL	*9,306*	**9,096**
QHP Premium Assistance	*9,722*	**10,842**
	42,013	**43,319**

	Budget	Actual
CHILD - Supplement		
Underinsured <312% FPL	*640*	**664**
	640	**664**

	Budget	Actual
Supplement	*42,653*	**43,983**

	Budget	Actual
ADULT - Total	*142,393*	144,866

	Budget	Actual
CHILD - Total	*68,922*	68,988

	Budget	Actual
Total	*211,315*	**213,854**

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Questions ?

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Medicaid Renewal Status Update

Adaline Strumolo, Deputy Commissioner (DVHA)

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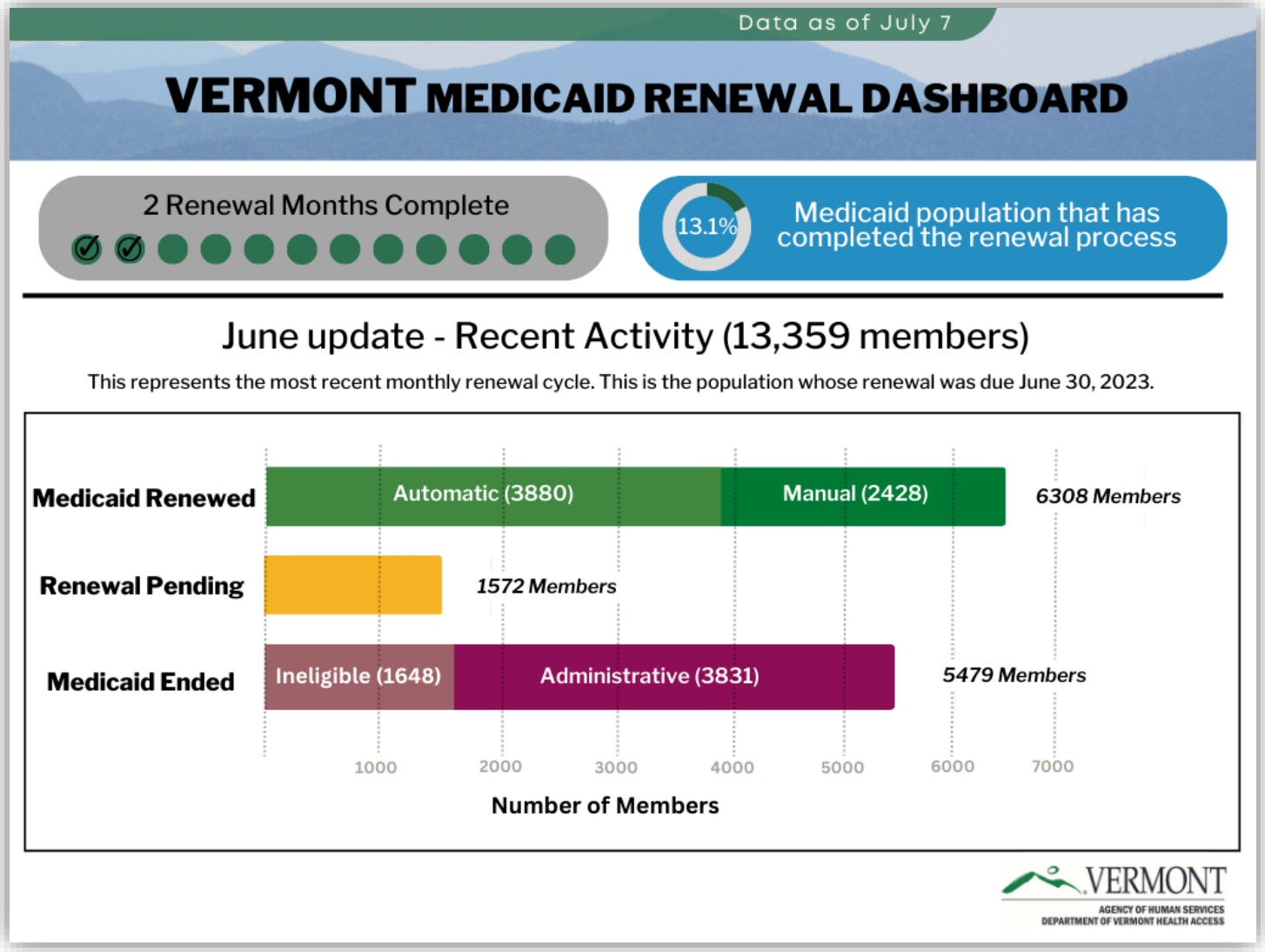
Medicaid Renewal Dashboard



https://dvha.vermont.gov/unwinding/renewal-dashboard

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Commissioner's Office Update

Andrea De La Bruere, Commissioner (DVHA)
Adaline Strumolo, Deputy Commissioner (DVHA)

Public Comment & Final Committee Discussion

Adjourn

Mary Kate Mohlman & Sharon Henault, Co-Chairs