

AHS CO

In order to meet the demanding challenges of the SFY'11, the AHS Secretary's Office is recommending that AHS reduce expenditures by returning to the core mission of the agency of coordinating and directing the policy making decisions for the state. In recent years, the Legislature has appropriated funding for specific operations and directed AHS to manage the grants. Programs have changed over the years and in some instances, the AHS grants have become redundant with operational programs of the departments and we are recommending that the legislative priorities be managed by the operating departments.

Eliminate the Project against Violent Encounters (PAVE) \$54,000 Tobacco Funds – This grant supplements activities now funded under the DETER program. DETER is now a fully implemented statewide program. This program supports Bennington Co. exclusively. We will divert the Tobacco Funds for Medicaid related services and supplant General Funds needed for the Global Commitment appropriation.

Lamoille Co. Partnership - \$143,000 Tobacco Funds – Supplemental services for Lamoille at-risk children ages birth to twelve with parent who is currently or has previously been incarcerated. Provides case management and referral for health care access including substance abuse and mental health services. One of a kind grant, solely for Lamoille County.

Windham County Homelessness Prevention Grant - \$20,000 – General Fund – AHS is increasing a statewide homeless prevention program. This local grant will be reduced from \$100,000 to \$80,000.

UVM Partnership Grant - \$50,000 General Fund – Funds studies on human services outcomes and delivery systems under the direction of the UVM School of Education. There is no impact on direct services to our populations. This is a lower priority activity for AHS when compared to direct client services.

UVM Nursing School Outreach Grant - \$63,000 General Fund – Originally granted to expand interest in Nursing as a career plan. Job market conditions have changed and nursing is seen as a preferred career.

Mentoring grants - \$80,000 General Fund - The mentoring grant is currently for \$250,000 to the Permanent Fund for the Well Being of Vermont Children; the grant would be reduced by \$80,000.

Human Services Board Realignment - \$2,567 General Fund; \$18,284 total funds– Nearly 50% of pending hearings are withdrawn or denied due to lack of follow-up by the

petitioners. We are proposing to tighten processing timelines to reduce backlogs. The HSB is staffed to hear all petitions for possible hearings. Hearing officer services could be contracted on completed hearing reimbursement methodology. Assumes 5% reduction of current operations.

Office of Vermont Health Access

Limit PT/OT/ST Visits to 30 per Year \$135,572 GC

Currently there are no limits imposed on the number of physical, occupational or speech therapy visits (PT/OT/ST) an individual can receive in a given year. Other state Medicaid programs impose visit limits on these benefits (e.g., Massachusetts, New Hampshire, Wisconsin, and Washington). Likewise, private industry standards in Vermont limit the number of visits to 30 visits per calendar year for combined PT/OT/ST, excluding services provided by home health agencies. Office of Vermont Health Access (OVHA) is proposing to institute this same standard for adult beneficiaries. However, OVHA will monitor PT/OT/ST use to identify beneficiaries that may exceed the combined 30 visit limit. Once a beneficiary has been identified as potentially exceeding the visit limit, OVHA registered nurses and physical therapists in the Clinical Operations Department will work collaboratively with the treating provider to identify if there are alternative treatment approaches that are in line with evidenced-based guidelines that could be equally or more effective. The combined strategy will be employed with the goals of reducing utilization while concurrently ensuring quality of care.

Approximately 6,700 unique adults accessed these PT/OT/ST services in SFY 2009. Of those, only 200 people actually had in excess of 30 visits (less than 3%). The majority of these services are provided either by Independent Physical Therapists (52%) or within Hospital Outpatient Services (46%).

Prior Authorization for Selected Radiology Services \$2,000,000 GC

Private insurance carriers and other state Medicaid programs (e.g., Alabama, Colorado, Louisiana, Maine, Minnesota, Missouri, New Hampshire, Oklahoma, and Rhode Island) require prior authorization for high cost, high-volume outpatient elective radiology services to facilitate the use of more appropriate or lower cost tests where clinically applicable. Currently no prior authorizations are required by OVHA for these radiology services. Using evidenced-based guidelines and subject matter experts, OVHA proposes to require a prior authorization for:

- Computerized axial tomography scans (CT) and CT Angiography (CTA)
- Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiogram (MRA)
- Positron Emission Tomography (PET) and PET/CT

The following will NOT be subject to prior authorization:

- The above imaging procedures performed during an inpatient admission or emergency room visit
- All ultrasounds and mammograms

