

State of Vermont **Agency of Administration** Office of the Secretary **Pavilion Office Building** 109 State Street, 5th Floor Montpelier, VT 05609-0201 www.aoa.vermont.gov

[phone] 802-828-3322 802-828-3320 Susanne R. Young, Secretary

#### **MEMORANDUM**

TO:

**Emergency Board Members** 

FROM:

Susanne R. Young, Secretary of Administration Susanne R.

Digitally signed by Susanne R. Young

DATE:

July 23, 2021

Young

Date: 2021.07.23 09:58:37

SUBJECT:

Emergency Board Meeting, July 30, 2021

Governor Scott will convene a meeting of the Emergency Board pursuant to 32 V.S.A. Sec. 305a in the Governor's State House ceremonial office on July 30, 2021 at 11:00 a.m.

The meeting will be streamed live on Facebook Live at https://www.facebook.com/GovPhilScott/.

Meeting materials may be found online at https://aoa.vermont.gov/revenue.

The agenda items are as follows:

- 1. Private Activity Bond allocations for calendar year 2020, delegation to the Governor (32 V.S.A. Sec. 992(b)), and Municipal Bond Bank authority to assign Private Activity Bond volume cap.
  - a. Scott Baker, Financial Reporting Director, Office of the State Treasurer
- 2. Official state Medicaid report (32 V.S.A. Sec. 305a).
  - a. Stephanie Barrett, Associate Fiscal Officer, Joint Fiscal Office
- 3. Official state revenue estimate (32 V.S.A. Sec. 305a(b)).
  - a. Jeff Carr, State Economist for the Agency of Administration
  - b. Tom Kavet, State Economist for the Legislature
- 4. Education Fund Outlook: Pursuant to 32 V.S.A. Sec. 5402b(c) the Education Fund Outlook will be available for review by the Board.
  - a. Mark Perrault, Senior Fiscal Analyst, Joint Fiscal Office
- 5. Other business as needed.



Materials for agenda items will be distributed at the meeting.

cc: Beth Pearce, State Treasurer

Jeff Carr, State Economist for the Agency of Administration

Tom Kavet, State Economist for the Legislature

Adam Greshin, Commissioner, Department of Finance and Management

Craig Bolio, Commissioner, Department of Taxes

Steve Klein, Chief Fiscal Officer, Joint Fiscal Office

Michael Clasen, Deputy State Treasurer

Hardy Merrill, Budget Director, Department of Finance and Management

Stephanie Barrett, Assoc. Fiscal Officer, Joint Fiscal Office

Maura Collins, VHFA

Cassie Polhemus, VEDA

Michael Gaughan, Vermont Municipal Bond Bank

J. Paul Giuliani, Esq., Primmer Piper Eggleston & Cramer PC

Scott Giles, VSAC

Tom Little, Esq., VSAC

# **ITEM 1** July 30, 2021

## PROPOSED MOTION Governor's Authority to Reallocate PAB Volume Cap

Motion is made pursuant to 32 V.S.A. Sec. 992(b), that the Emergency Board hereby delegates to the Governor the power and authority to assign or reallocate, after December 20 and on or before December 31, 2021, any unused portion of Vermont's calendar year 2021 private activity bond cap, including the Contingency, among and between the Vermont Housing Finance Agency (VHFA), the Vermont Student Assistance Corporation (VSAC), the Vermont Economic Development Authority (VEDA), and the Vermont Municipal Bond Bank (VMBB). Any calendar year 2021 private activity bond allocations to other eligible recipients will require future Emergency Board action.

## PROPOSED MOTION Vermont Municipal Bond Bank Authority to Assign PAB Volume Cap

Motion is made pursuant to its authority under 32 V.S.A. § 992, that the Emergency Board amends its January 19, 2021 calendar year 2021 apportionment of \$20 million to the Vermont Municipal Bond Bank (VMBB) to grant VMBB the authority to assign and re-assign a portion or all of that apportionment, or any subsequent apportionment to the VMBB, of Vermont's calendar year 2021 private activity bond ceiling to one or more governmental units, as defined in 24 V.S.A. § 4551.



#### ELIZABETH A. PEARCE STATE TREASURER

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## STATE OF VERMONT OFFICE OF THE STATE TREASURER

TO:

**Emergency Board** 

FROM:

Beth Pearce, State Treasurer

DATE:

July 15, 2021

RE:

Recommendation for July 2021 Emergency Board Meeting regarding Private

**Activity Bond Ceiling** 

This memorandum provides my recommendations to the Emergency Board regarding Vermont's private activity bond (PAB) ceiling for 2021.

Based on the survey and requests of the constituted and eligible issuing authorities, I recommend maintaining the current allocation for 2021 as follows:

Vermont Economic Development Authority (VEDA):	\$40,000,000
Vermont Municipal Bond Bank: (VMBB):	20,000,000
Vermont Housing Finance Agency (VHFA):	0
Vermont Student Assistance Corporation (VSAC):	0
Contingency:	264,995,000
TOTAL	\$324,995,000

I also recommend that the Emergency Board empower the Governor the power and authority to assign or reallocate, after December 20 and on or before December 31, 2021, any unused portion of the 2021 PAB volume cap among all four constituted and eligible issuing authorities – VSAC, VHFA, VEDA and VMBB – without limitation, from Contingency and among the agencies themselves. This reallocation authority is necessary to ensure that any unused volume cap from 2021 is carried forward for the allowable three-year period under the Internal Revenue Service (IRS) Code guidelines. Attached is a motion to this effect.

Also attached is a proposed motion from the Vermont Municipal Bond Bank (VMBB) substantively identical to the Board's August motion, to the effect that VMBB may assign its PAB allocation to Vermont governmental units as defined by statute and as required to comply with the IRS Code. This is necessary because the governmental units that borrow through VMBB require the PAB allocation, not the VMBB itself; further, because governmental units are

still eligible to apply to participate in VMBB's next financing, it is not possible for VMBB to know which of them will be financing projects that require PAB allocations.

Please contact me at <u>beth.pearce@vermont.gov</u> or 828-1452 with any questions regarding this memorandum.

#### Attachments:

- 1. Proposed Motion regarding Governor's Authority to Reallocate PAB Volume Cap
- 2. Proposed Motion regarding VMBB's Authority to Assign PAB Volume Cap

cc: Susanne Young, Secretary of Administration
Kristin Clouser, Agency of Administration
Cassie Polhemus, Vermont Economic Development Authority
Maura Collins, Vermont Housing Finance Agency
Michael Gaughan, Vermont Municipal Bond Bank
Tom Little, Esq., Vermont Student Assistance Corporation
Stephen Klein, Legislative Joint Fiscal Office

### July 30, 2021 Emergency Board Meeting Report on Medicaid for Fiscal Year 2021

32 V.S.A. § 305a(c) requires a year-end report on Medicaid and Medicaid-related expenditures and caseload. Each January, the Emergency Board is required to adopt specific caseload and expenditure estimates for Medicaid and Medicaid-related programs. Action is not required at the July meeting of the Emergency Board unless the Board determines a new forecast is needed in July. The data in this report reflects the most current actual FY21 information to date. The comparison of FY21 actual to budgeted amounts reflects the changes made through the budget adjustment and big bill processes. Though unlikely, there may be adjustments to actual year-end amounts as the close-out for the fiscal year is finalized. If necessary, changes will be included in a subsequent report.

#### **Executive Summary**

FY21 continued with impacts from the unprecedented COVID-19 Public Health Emergency. The bullet points below provide the primary results of FY21 in the Vermont Medicaid, Global Commitment Waiver (GC), Children's Health Insurance Program (CHIP) and related programs. Also included are a few heads-up on issues to be aware of looking forward. Detailed multiyear charts for overall program expenditures, enrollment and year end positions follow this summary.

• Expenditures: Overall Medicaid and Medicaid-related expenditures (see page 5 chart) totaled \$1.8 billion in FY21. This total is 3.9% or \$74 million below the gross funds budgeted for FY21 through all BAA actions and is 1.4% below the amount spent in the FY20. However, the General Fund (GF) impact is much lower, this underspending results in \$8 million GF carried forward and available for onetime use in the next budget cycle.

The FY21 underspending is across several program areas, and the specific sources of state funding match matter in the context of understanding the GF fiscal impact. Underspending in the Success Beyond Six Program totaled \$20.1 million but does not result in any GF fiscal impact as the match in this program is provided by the schools. The same is true for the other certified match programs. Underspending in the Choices for Care program does not free up GF to be used outside the CFC program as there are statutory requirements on reserving and reinvesting funds in this program.

Collectively, the Global Commitment programs came in underbudget by \$26 million, and this is the primary source of the \$8 million GF carryforward. But the story is much more nuanced, the main claims-driven DVHA GC program was well over budget in FY21 by \$22 million and was only able to be balanced at the end of the year via transfers internally from other DVHA programs or from other underspent GC programs in the Departments of Health, of Mental Health, and of Disabilities, Aging and Independent Living. The DVHA GC over spending is from higher claims and an alternative payment method for Brattleboro Retreat.

Some of the overspending in claims is most likely due in part to a significantly higher than expected caseload for FY21 (see chart on page 4 and more discussion below). At same time,

more analysis is still needed to understand the nature of changing utilization trends driving claims and the impact of the pandemic on the use of health care services.

The GC underspending in other programs (Clawback) and departments (MH, VDH, DDAIL) also needs more analysis as well. We believe much of this is one-time or limited in nature and due to a combination of offsetting pandemic-specific federal funds and the atypical program utilization impacts caused by the pandemic.

Choices for Care (CFC)— The CFC GC program expenditures came in below the budgeted level by \$10.4 million after transfers and obligated amounts. This is entirely from the nursing home side of the program. A portion of this program balance (\$2.2m) was expected and accounted for in the FY22 budget. After fully funding the required 1% (\$2m) CFC program reserve, there is \$6.2 million of GC funds in the program available for reinvestment.

• <u>Caseload:</u> Vermonters are eligible for coverage through these programs in a variety of ways subject to income limits. For most of the caseload (75%+), these programs provide full or primary health care coverage. For the remaining caseload, the programs provide supplemental coverage for those whose primary coverage is from another source such as Medicare or commercial plans. The supplemental coverage caseload came in basically on target, in fact just a little bit below expectation for the year.

However, even though increased caseload estimates for FY21 were adopted by the Emergency Board in January 2021, most of the adult eligibility categories came in significantly higher than expected; 11.1% over the estimate and nearly 22% over last year. This increase is a function of two factors: 1) the impact of the pandemic on employment and income for these Vermonters, and 2) the suspension of annual eligibility redeterminations. This suspension is a federal requirement for states to draw the enhanced federal match for the program that was passed in March 2020. This suspension has also resulted in lower collection of premiums by \$1 million for those aspects of the program that have a premium.

The suspension of redeterminations adds an additional challenge to the projection of caseload in the three adult eligible groups, since these are the most volatile groups in terms of 'churn' on and off the program depending on income and employment. The good news is the other eligibility groups are relatively stable and their enrollment appears to be less impacted by the pandemic or redetermination disruption.

• <u>FMAP</u>: The Federal Medical Assistance Percentage (FMAP) is the rate set annually (based on the federal fiscal year) for each state reflecting the share of costs the federal government will pay for eligible Medicaid expenses. The rate for each state is calculated based on state per capita income in comparison to overall national level, although no state can receive less than 50%. The income data is lagged by several years and is often countercyclical.

Vermont's base FMAP is currently roughly 56% federal share and 44% state share for program costs. A 1% change in the base rate can impact the state GF budget by \$14 million. There are instances where the FMAP is higher or enhanced due to federal action such as the

90% share for 'Childless New Adults' under Obamacare, the Children's Health Insurance Program, or state-specific agreements with CMS for certain types of expenditure.

Under the Families First Coronavirus Response Act passed in March 2020, states received a temporary increase in their FMAP rate of 6.2%. This increase is available for as long as the federal declaration of emergency is in place. Vermont has been drawing this enhanced funding percentage for all matched programs as follows:

- in SFY20, two quarters were drawn and saved the GF budget \$42m,
- in SFY21, a full year of draw has resulted in \$84m in GF budget savings
- in SFY22, the state budget projected this enhancement to be in place for three quarters through the end of March 2022 and has included a GF savings impact of \$66m.

#### Looking ahead

- <u>FY22 Budget Adjustment and FY23 Baseline:</u> We do expect that the caseload and utilization trends that impacted the DVHA GC program in FY21 to result in a significant upward FY22 adjustment, higher than any adjustment the program has needed in quite some time, and this will likely also impact FY23 projections. It seems likely the FY22 impact some could be offset to some degree, but the longer-term fiscal implications are likely to be upward base GF fiscal pressure.
- FMAP: Monitoring the base FMAP as well as the various enhanced FMAP rates are a continuous part of the fiscal analysis of these programs. The American Recovery Plan Act (ARPA) contained a few more FMAP impacts. One is a 10% match increase for one year for Home and Community-Based Services (HCBS). This provision is expected to produce significant GF savings of \$65 million and when matched this could provide as much as \$162 million for programs as the use of these funds is restricted specifically to strengthening HCBS programs. The accounting and reporting requirements for this federal opportunity are new and significant. AHS is in the process, with engagement from stakeholders, of developing the plan for the use of these funds over a three-year period. The ARPA bill also has a multiyear enhanced FMAP where the federal share for mobile mental health crisis response expenditures will be 85%.
- Global Commitment Waiver: The current Global Commitment 1115 waiver is set to expire at the end of CY21. Negotiations are under way between the administration and their federal counterparts. An update can be found in the reports to the Health Reform Oversight Committee on June 28, 2021.
- Health Care Revenues: Healthcare revenues came in a little below expectation for FY21 and have been adjusted downward slightly for FY22 and beyond. The provider tax revenues (because they are billed amounts) are accounted for in the GF on an accrual basis not a cash basis like other GF revenue streams. The conclusion of the bankruptcy for Springfield hospital means there will be a GF write down \$6.3m in FY22 from accrued provider tax obligations. This process did result in two promissory notes to the State totaling \$5m over a specified time frame with most of these payments due by the end of 10 years.

					FY21 BAA		FY22 Budget
Average Medicaid Caseload					As passed		As passed
(Based on Monthly Enrollment and Staff Group projections)					E-Board	July 16,2021	E-Board
	actual	actual	actual	actual	Jan. 2021	actual	Jan. 2021
	FY17	FY18	FY19	FY20	FY21	FY21	FY22
Full/Primary Coverage (note1)							
Adult							
Aged, Blind, or Disabled (ABD) Adults	8,759	6,779	6,485	6,292	6,475	6,237	6,475
General Adults	14.876	12,705	10,148	8,366	10,043	11,375	10,049
New Adult Childless- began 1/1/2014	42,412	40,100	37,432	35,058	37,550	42,649	L
New Adult w/Kids - began 1/1/2014	17,787	18,618	19,101	20,196	22,473	24,814	
Adult subtotal	83,834	78,202	73,166	69,911	76,541	85,076	74,584
Children	- 14.1%	-6.7%	-6.4%	-4.4%	4.6%	21.7%	-2.6%
Blind or Disabled (BD) Kids	2,579	2,244	2,093	1,766	1,634	1.619	1,594
General Kids	60,024	60,009	58,779	57,772	59,540	60,801	59,588
CHIP (Uninsured) Kids	5,136	4,673	4,479	4,549	4,450	4,331	4,374
Child subtotal	67,739	66,926	65,351	64,087	65,624	66,751	65,556
	-4.7%	- 1.2%	-2.4%	- 1.9%	0.4%		-0.1%
Subtotal -Full/Primary	151,573	145,128	138,517	133,998	142,165	151,827	140,140
	- 10.2%	-4.3%	-4.6%	-3.3%	2.6%	13.3%	- 1.4%
Partial/Supplemental Coverage							
Choices for Care	4,302	4,259	4,275	4,387	4,477	4,432	4,596
ABD Dual Eligibles	17,651	17,761	17,651	17,546	17,678	17,970	17,649
Rx -Pharmacy Only Programs	11,389	10,690	10,382	9,976	9,889	9,963	9,568
VPA-Vermont Premium Assistance (note2)	17,961	18,275	17,163	16,237	15,935	15,081	15,937
CSR-Cost Sharing Reduction (subset of VPA not in subtotal)	5,816	6,141	4,919	3,518	3,235	3,018	3,236
Underinsured Kids (ESI upto 312% FPL)	873	624	563	568	549	560	530
Subtotal -Partial/Supplemental Coverage	52,177	51,609	50,034	48,713	48,528	48,005	48,280
	3.7%	- 1.1%	-3.1%	-2.6%	-3.0%	- 1.5%	-0.5%
Total Medicaid Enrollment	203,750	196,737	188,551	182,711	190,693	199,832	188,420
	-7.0%	-3.4%	-4.2%	- 3.1%	1.1%	9.4%	- 1.2%
Notes 1 Some Full Coverage enrollees may have other forms of insurance.							
2 VPA-Vermont Premium Assistance counts are subscribers not individuals.							doc# 343038

Summary of Total Expenditures Medicaid and Medicaid Related							
iviedicald and iviedicald Related	FY17	FY18	FY19	F20	FY21 BAA	F21	FY22
	Actual	Actual	Actual	Actual	Budgeted	Actual	As Passed
Administration (not in Waiver)	Aotuui	Aotuui	Aotuai	Aotuai	Daagetea	Aotuui	Ao i dooca
Non Capitated Administration 50/50	42,336,781	80,088,129	72,558,595	76,839,254	73,228,360	70,450,346	79,326,428
Non Capitated Administration 75/25 MMIS M&O	6,576,855	14,272,895	17,333,783	20,103,827	22,087,208	20,862,489	23,508,074
Non Capitated Administration 75/25 SPMP	4,609,334	6,161,582	6,309,453	6,275,782	6,364,217	5,406,553	6,395,814
Sub-total Non Capitated Administration	53,522,970	100,522,606	96,201,831	103,218,863	101,679,785	96,719,388	109,230,316
Non Capitated Administration 75/25 E&E M&O	23,949,052	30,224,766	28,215,235	34,550,270	48,583,164	34,388,430	53,050,354
Total Non Capitated Administration	77,472,022	130,747,372	124,417,065	137,769,133	150,262,949	131,107,818	162,280,670
rotal Hon Capitatou Hammou accon	11,112,022	100,1 11,012	-4.8%	10.7%	9.1%	-4.8%	23.8%
Global Commitment Waiver				101170	3.1,0		
GC - Administration	53,983,552	n/a	n/a	n/a	n/a	n/a	n/a
GC - Program (DVHA, MH, DS etc)	1,172,779,869	1,176,581,623	1,246,939,045	1.236.841.301	1,295,113,936	1,268,974,765	1,332,946,308
GC - VT Premium Assistance	6,162,611	6,332,790	5,941,367	5,864,311	5,625,792	5,689,738	5,615,851
GC - Choices for Care (CY 2015 now in GC)	190,393,133	193,956,348	206,204,809	221,591,137	223,609,075	206,345,993	227,924,004
GC - Investments	135,234,008	139,114,731	135,033,700	124,799,031	103,829,630	98,845,057	107,489,943
GC - Certified (non -cash program & cnom)	28,059,203	27,307,277	26,453,027	23,441,495	24,147,352	18,175,058	24,993,731
GC Waiver total	1,586,612,376	1,543,292,769	1,620,571,948	1,612,537,275	1,652,325,785	1,598,030,610	1,698,969,837
			5.0%	-0.5%	2.5%	-0.9%	6.3%
Other Medicaid and Related Programs							
Money Follows the Person (CFC FY08-CY15)	2,244,110	2,607,149	766,828	2,379,542	3,186,175	1,388,847	3,186,175
Cost Sharing Subsidy (State Only)	1,355,318	1,533,802	1,482,370	1,170,612	1,076,393	1,176,262	1,130,724
Vermont Premium Assistance (State Only)	(62,232)	74,896	-	-	-	-	
Pharmacy - State Only	(258,671)	1,054,658	4,784,349	4,862,659	3,073,535	4,998,596	2,973,767
DSH	37,448,780	27,448,780	22,704,471	22,704,471	22,704,471	22,704,470	22,704,471
Clawback (state only funded)	31,738,186	33,676,089	34,453,902	35,532,471	32,882,779	30,355,530	36,711,213
SCHIP	13,081,552	11,055,931	12,093,133	13,744,946	13,118,778	14,664,289	12,895,777
Total Other	85,547,041	77,451,305	76,285,053	80,394,701	76,042,131	75,287,995	79,602,126
Total All Expenditures	1,749,631,439	1,751,491,446	1,821,274,067	1,830,701,108	1,878,630,864	1,804,426,423	1,940,852,633
	1.3%	0.1%	4.0%	0.5%	2.6%	-1.4%	7.6%
Blue Cross Blue Shield VT Recon Settlement	3,500,000	4,500,000					
Notes CY17 - Admin out of GC in new waiver agreemer		-					

Ch	oices for Care Year	<b>End Summary</b>	- SFY21				
CFC	is managed as one bud	get, categories are e	estimated but fund	ing is fluid within th	nem.		
Dep	otID - 3460080000					State Share	
						grossed up to GC	
		SFY21 Budget	SFY21	Balance of	State Share Amt	Available For	
		Plan\$s Available	Expend and	SFY21 Approp	as of	FY22 CF/Savings	
		(Final Approp)	Obligated	by fund	FY21 Year End	Reinvestment	
	H&CB Money Follows the Person General Fd	\$1,102,842	\$273,535	\$829,307	\$829,307	\$0	\$829,306.58 GF bal. being carried forward to SFY22 - staying as GF for H&CB Money Follows the Person obligations.
	H&CB Money Follows the Person Federal Fd	\$2,083,333	\$1,115,342	\$967,991	\$0	\$0	Federal Funds are available to use in SFY22
	H&CB Global Commitment Fund	\$80,492,945	\$80,654,977	(\$162,032)	(\$68,880)	(\$156,545)	
	Nursing Home Global Comittment Fund	\$136,620,914	\$125,691,015	\$10,929,899	\$4,646,300	\$10,559,772	
	CRF Funding - Nursing Home Emergency Financial Relief	\$375,000	\$375,000	\$0	\$0	\$0	
	Choices for Care Subtotal all funds	\$220,675,034	\$208,109,871	\$12,565,163	\$5,406,727	\$10,403,227	GC Carryforward from SFY21 into SFY22 available before obligations
						\$0	
	NOTES					\$10,403,227	GC Carryforward to SFY22 (44% GF)
1)	CRF Funding is not inclu	ided in the 1% reser	ve calculation.			(\$2,077,349)	1% reserve requirement, (CRF excl from expenses for calc)
						(\$2,159,239)	SFY22 Obligation of carryforward funds in the budget as passed.
						\$6,166,640	Gross GC amount available for "reinvestment" or \$2,713,321.39 GF.

					FY21	
	FY17 Actual	FY18 Actual	FY19 Actual	FY20 Actual	Budgeted (BAA)	FY21 Actual
Revenues - Cash Capitated Payments	1,554,409,832	1,512,050,358	1,589,240,101	1,584,840,976	1,628,178,433	1,579,855,552
Expenses - Cash Capitated						
Administration	53,983,552					
Program	1,369,335,613	1,376,870,761	1,457,678,900	1,460,127,802	1,524,348,803	1,481,010,495
Investment	131,087,882	135,179,597	131,473,726	124,799,031	103,829,630	98,845,057
Total Cash Expenses	1,554,407,047	1,512,050,358	1,589,152,626	1,584,926,833	1,628,178,433	1,579,855,552
Transfer to 27/53 Reserve- 53rd week portion	(5,287,591)	(1,700,000)	(1,760,000)			
Transfer to Human Service CR - IBNR			(64,022,729)			
Transfer to Human Service CR - Medicaid			(14,064,254)			
Change in Fund Balance	(5,284,806)	(1,700,000)	(79,759,508)	(85,857)	0	C
Prior Year Fund Balance	86,831,874	81,547,068	79,847,068	101,899	16,042	16,042
Total Fund Balance	81,547,068	79,847,068	87,560	16,042	16,042	16,042
Actual balance	81,561,150	79,861,148	101,899		_	
variance	14,082	14,080	14,339			
Non-cash expenses (a)	28,059,203	27,307,277	27,770,489	23,441,495	\$ 24,147,352	18,175,058
Non-cash revenues (b)	28,059,203	27,307,277	27,770,489	23,441,495	\$ 24,147,352	18,175,058
Notes:						
(a) Non-cash expenses include certified programs in wh	ich non-federal					
(b) Non-cash revenues include certified programs in whi	ch non-federal					Doc #259

Medicaid Staff Group								
Official Forecast Worksheet								
Healthcare Taxes (formerly in SHCRF)								
				Jan-21		Jan-21	Jul-21	Jul-21
	Cash	Accrual	Accrual	Accrual	Accrual	Accrual		
Fund	SHCRF	GF	GF	GF	GF	GF	GF	GF
	FY18	FY19	FY20	FY21	FY21	FY22	FY22	FY23
	Actual	Actual	Actual	Forecast	Actual	Forecast	Forecast	Forecast
Cigarette and Tobacco taxes	76.69	71.07	69.19	78.60	77.47	76.60	78.32	76.65
Claims Assessment (GF portion only)	15.91	15.64	16.87	15.77	16.37	15.84	16.00	16.00
Employer Assessment	19.84	19.75	20.23	17.92	18.36	17.92	20.50	21.50
Hospital Provider Tax	143.50	146.34	150.19	145.97	143.66	148.74	150.00	151.50
Nursing Home Tax	14.85	14.80	14.71	14.63	14.56	14.63	14.66	14.66
Home Health Tax	4.70	4.80	5.58	5.81	5.81	5.81	6.56	6.60
Ambulance Tax	0.94	0.93	1.01	0.80	0.99	0.90	0.90	1.00
ICFMR Tax	0.07	0.09	0.08	0.09	0.03	0.09	0.00	0.00
Pharmacy \$0.10/script	0.81	0.77	0.80	0.80	0.81	0.80	0.80	0.80
Nursing Home Transfer Tax note	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00
Total	277.3	275.0	278.7	280.4	278.1	281.3	287.7	288.7
Claims Assessment (HIT portion only)	3.91	3.92	3.81	3.94	4.07	3.96	4.00	4.00
Total Claims HIT and GF portions	19.83	19.56	20.68	19.71	20.44	19.80	20.00	20.00
Note: There are potential nursing home sale transactions	pending in F	Y22. As of J	une 30, 2020	approval has	not been gra	nted to potent	ial	
aquiring entities, onetime transfer revenue will estimated	l in Jan. 2022	if transfers of	of ownership a	are approved b	y that time.			doc# 349713

### ITEM 3

## FY 2022 and FY 2023 Official Revenue Estimates

July 30, 2021

#### PROPOSED MOTION

Motion is made that the state revenue estimates pursuant to 32 V.S.A. Sec. 305a(a) for FY 2022 and FY 2023 are as follows:

	Fiscal 2022 Estimate (\$millions)	Fiscal 2023 Estimate (\$millions)
General Fund	1,853.8	1,904.4
Transportation Fund	298.4	305.2
Transportation		
Infrastructure Bond (TIB)		
Fund	17.0	17.1
Education Fund	661.4	679.5
Federal Funds*	2,323.1	
*Federal revenue does not inc	clude CRF or ARPA SFRF reve	nues.

## ITEM 4 July 30, 2021

### Preliminary Education Fund Outlook for FY2022 Emergency Board Meeting July 30, 2021

(millions of dollars)		FY2021 Actual	FY2022	
- A	versage Hemostand Drenerty Tay Data		Forecast	
	verage Homestead Property Tax Rate verage Tax Rate on Household Income	\$1.538 2.50%	\$1.523 2.50%	
	Iniform Non-Homestead Property Tax Rate	\$1.628	\$1.612	
	roperty Yield Per Equalized Pupil	\$10,998	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		\$11,317	
	ncome Yield Per Equalized Pupil qualized Pupil Count	\$13,535 87,304	\$13,770	
	· · ·		86,944	
	tatewide Education Spending Growth tatewide Education Grand List Growth	3.9%	1.3%	
		2.7%	3.0%	
ources		622.7	C40.2	
	Iomestead Education Property Tax	633.7	649.3	
1b	Property Tax Credit	(171.5)	(183.0)	
	Ion-Homestead Education Property Tax	735.2	747.7	
	ales & Use Tax	507.6	538.6	
	urchase & Use Tax (one-third of total)	44.7	46.5	
	Meals & Rooms Tax (one-quarter of total)	36.0	45.0	
	ottery Transfer	32.5	31.2	
	Nedicaid Transfer	7.4	10.0	
8 C	Other Sources (Wind & Solar, LUCT, fund interest)	2.9	2.2	
9 <b>T</b>	otal Sources	1,828.5	1,887.5	
pprop	riations			
10 E	ducation Payment	1,483.7	1,502.1	
11 S	pecial Education Aid	223.7	229.0	
12 S	tate-Placed Students	18.0	17.0	
13 T	ransportation Aid	20.5	20.4	
14 T	echnical Education Aid	14.8	15.5	
15 S	mall School Support	8.2	8.1	
16 E	ssential Early Education Aid	7.0	7.1	
	lexible Pathways	8.3	8.3	
	eachers' Pensions (normal cost only)	6.9	37.6	
19 C	Other Uses (accounting & auditing, financial systems)	3.4	3.4	
20 <b>T</b>	otal Uses	1,794.5	1,848.4	
llocati	on of Revenue Surplus/(Deficit)			
21	Revenue Surplus/(Deficit)	34.0	39.1	
22	Prior-Year Reversions	(14.0)	0.0	
23	Transfer to/(from) Stabilization Reserve	5.2	1.1	
24	Transfer to/(from) Additional Reserve	14.0	-	
25	Transfer to/(from) Unreserved/Unallocated	28.7	38.0	
tabiliz	ation Reserve			
26 P	rior-Year Stabilization Reserve	33.0	38.2	
27 C	furrent-Year Stabilization Reserve	38.2	39.3	
28 P	ercent of Prior-Year Net Appropriations	5.0%	5.0%	
29 R	eserve Target	38.2	39.3	
dditio	nal Reserve			
30 A	dditional Reserve for Other Post Employment Benefits	14.0	14.0	
vailab	le Funds			
31 P	rior-Year Unreserved/Unallocated	0.0	28.7	
32 C	urrent-Year Unreserved/Unallocated	28.7	66.7	