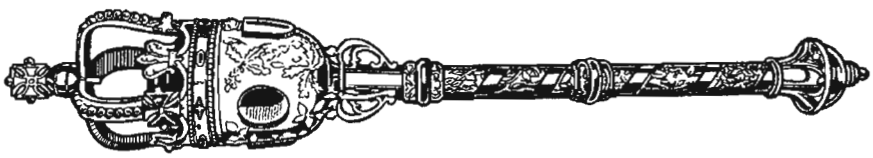
Report of the House Appropriations Subcommittee

on

Health & Human Resources



House Bill 29

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House Bill 30

February 21, 2016

REPORT OF THE SUBCOMMITTEE
on
HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

The Health and Human Resources Subcommittee had to face a number of difficult issues this Session which will influence how the Commonwealth will meet the needs of some of the most vulnerable individuals in our care in the next few years. I want to take this moment to thank the members of the Subcommittee for spending a tremendous amount of time understanding the complex issues and developing recommendations to move Virginia forward.

Once again, we wrestled with the tremendous unmet need for mental health and substance abuse treatment. While I believe we have made some inroads in recent years in helping Virginians suffering from mental illness and substance use disorder, there remains more to do. I am proud to report that the Subcommittee is recommending $28.8 million over the biennium to address the community mental health safety net. The amendments before you implement a comprehensive Medicaid benefit package for substance abuse treatment and expand the Medicaid waiver program for seriously mentally ill individuals from 60 to 80% of the federal poverty level. In addition, the amendments build on our previous efforts to expand children's crisis services, PACT teams, permanent supportive housing and discharge assistance for individuals ready to leave our mental health hospitals.

One of the more difficult policy decisions we had to deal with this Session was whether Virginia should continue to care for geriatric patients with serious mental illness at our state mental health facilities. As you know, the introduced budget proposed closing Catawba Hospital and then putting a plan in place to figure out how to care for the patients at that hospital. This seemed a little backward to the members of the Subcommittee. We believe that we should plan first before we close the doors of what may be the only place where these frail elderly individuals

can get the care they need. For that reason, we are recommending to keep Catawba Hospital open. However, we are recommending that a comprehensive plan of our mental health system of care for geriatric patients be undertaken before we make any decisions on closing mental health hospitals. The planning process will include an independent assessment of the needs of our mentally ill geriatric patients, community capacity to meet their needs and an assessment of best practices and models of care used by other states.

The Subcommittee also continued its work on improving services for individuals with intellectual and developmental disabilities. We are recommending $104.0 million over the biennium in state funds to enhance our system of care and address the U.S. Department of Justice Settlement Agreement. This includes adding a total of 1,105 Medicaid waiver slots, 250 more than the agreement requires. This funding will also be used to redesign our three waiver programs to ensure the appropriate level of services are available to meet the varied needs of individuals leaving state training centers for the community and those already in the community who need services to avoid institutional care. It is hoped that by accessing the right types of services, eventually we will be able to serve more individuals who are on the waiting lists.

As we continue to downsize our state training centers pursuant to the DOJ Settlement, the General Assembly, in our collective wisdom determined that the proceeds of the sale of any surplus property at our state training centers be deposited into the Behavioral Health and Developmental Services Trust Fund. This session we had a number of requests on how to allocate the current and future proceeds in the Trust Fund, in anticipation of the sale of the Northern Virginia Training Center. The Subcommittee had several intense discussions on this issue. After careful consideration, we agreed on a modest spending proposal that meets the intended purpose of the Trust Fund and expands needed capacity in priority order.

The Subcommittee is recommending the appropriation of up to $6.1 million over the biennium from the Behavioral Health and Developmental Services Trust Fund. This funding will be used to develop community housing options, specialized services or capital

improvements with priority given to projects serving individuals transitioning from Southwestern Virginia Training Center, and then projects related to Central Virginia Training Center transitions. The third priority for the use of the funding will be to build additional capacity in Northern Virginia for Virginia residents with intensive behavioral or medical needs who are currently unable to access appropriate needed services or residential supports. We are also recommending amendments to preserve the General Assembly's role to appropriate the Trust Funds after careful review expenditure requests.

Mr. Chairman, I want to thank you and the members of this Committee for supporting the Subcommittee's work this Session. Now, I will ask staff to take you through our detailed recommendations, and then I hope it will be your pleasure to adopt our Subcommittee report.

Respectfully Submitted by the House Appropriations Subcommittee on Health & Human Resources:

Riley E. Ingram, Chairman

R. Steven Landes

John M. O'Bannon, III

Christopher K. Peace

T. Scott Garrett

Christopher P. Stolle

Daun S. Hester *

Mark D. Sickles

*Objection to items:
306 #1h
306 #11h
315 #1h
343 #6h
477 #6h
306 #8h
4-5.04 #2h

Objections to
306 #1h
306 #11h
315 #1h
343 #6h
477 #6h
306 #8h
4-5.04 #2h

Health & Human Resources Amendments		HB 29 FY 2016 GF	HB 29 FY 2016 NGF	HB 30: 2016-2018 Biennium General Fund	HB 30: 2016-2018 Biennium Nongeneral Fund	FTE
HB 29						
Additions to Balances						
	Revise Expenditures for Auxiliary Grant Program	$1,000,000				
	Revise Expenditures for Unemployed Parent Program	$500,000				
	Total Additions to Balances	**$1,500,000**				
Department of Behavioral Health and Developmental Services						
290 #1h	Eliminate TANF for Long-acting Reversible Contraceptives	$0	($22,455)			
307.10 #1h	Move FY 2018 Compensation for Victims of Sterilization to HB 29	$400,000				
307.10 #2h	Eliminate Acquired Brain Injury Stakeholders in Qtrly. Mtg. on Waiver Redesign	Language				
308 #1h	Appropriate Funds-Behavioral Health & Developmental Services Trust Fund	$0	$1,500,000			
335 #1h	Technical-Reflect TANF Spending and Balances	Language				
339 #1h	Pilot Project-Temporary Placement of Children in Crisis	Language				
HB 30						
Secretary of Health and Human Resources						
284 #1h	Review of Agency Costs to Purchase of High Cost Medications			Language		
284 #2h	Health & Human Services Secretariat Data Governance			Language		
284 #3h	Secretary Transition Plan			Language		
Children's Services Act						
285 #1h	Increase Funds for CSA Local Administration			$1,000,000		
285 #2h	Restore Funding to CSA from Eliminating Foster Care to 21			$1,967,934		
Department of Health						
288 #1h	State Loan Repayment Program for Health Care Professionals			$300,000		
288 #2h	Plan for Loan Repayment for Behavioral Health Practitioners			Language		
289 #2h	Rescue Squad Assistance Fund-Ambulance Stretcher Retention Systems			Language		
291 #1h	Report on Electronic Death Registry System			Language		
293 #1h	Eliminate New COPN Positions			($374,312)		
294 #1h	Eliminate Transfer of Summer Feeding Programs			Language		
294 #2h	Technical-Reflect Appropriation for Sickle Cell Program			Language		
295 #1h	Eliminate TANF for LARC Pilot Project			$0	(9,000,000)	
296 #2h	Mission of Mercy (M.O.M.) Dental Project			$100,000		
296 #3h	Technical-Move State Loan Repayment Program Funds to Correct Program			($150,000)		
Department of Health Professions						
302 #1h	Technical-Correct Positions in Second Year					6.00

Health & Human Resources Amendments		HB 29 FY 2016 GF	HB 29 FY 2016 NGF	HB 30: 2016-2018 Biennium General Fund	HB 30: 2016-2018 Biennium Nongeneral Fund	FTE
Department of Medical Assistance Services						
305 #1h	Technical-Adjust Match Rate for Applied Behav. Analysis Services			($47,216)	47,216	
306 #1h	Eliminate Medicaid Expansion-Restore Medicaid Funding			$84,566,551	(3,004,241,154)	
306 #2h	Restore Inflation Calculation Affecting Future Nursing Facility Rebasing			$5,578,840	5,578,840	
306 #3h	Expand Eligibility to 80% for Waiver Svs. for Seriously Mentally Ill			$5,412,431	5,412,431	
306 #4h	Add 150 Individual & Family Support Waivers			$3,851,125	3,851,125	
306 #5h	Increase Rates for Private Duty Nursing-Tech. Waiver & EPSDT Program			$2,439,512	2,439,512	
306 #6h	Increase Rates by 15% for Nursing Homes with Special Populations			$1,239,022	1,239,022	
306 #7h	Capture Savings from Moratorium on ACA Health Insurance Tax			($25,956,371)	(25,956,370)	
306 #8h	Eliminate Overtime for Consumer-directed Personal Assistance			($18,375,522)	(18,375,522)	
306 #9h	Defer Selected New Waiver Services to FY 2018			($2,137,662)	(2,137,662)	
306 #10h	Adjust Revenue for the Virginia Health Care Fund			($723,318)	723,318	
306 #11h	Restore Medicaid Reform Language			Language		
306 #12h	Report on Implementation of Waiver Redesign			Language		
306 #13h	DMAS GAP Outreach to DOC & Local Jails			Language		
306 #14h	Medicaid Phys. & MCO Liaison Comm.-ER Care Coordination Workgroup			Language		
306 #15h	Workgroup on the Alzheimer┤s Assisted Living Waiver			Language		
306 #16h	Medicaid Resource Eligibility Change			Language		
306 #17h	Technical-Move Applied Behavioral Analysis Language to Item 305			Language		
310 #1h	Improve Medicaid Eligibility Policy and Procedures			Language		
310 #2h	Medicaid Forecasting Process			Language		
310 #3h	DMAS Report on Eligible but Unenrolled			Language		
310 #4h	DMAS Analysis of Pharmacy Claims			Language		
Department of Behavioral Health and Developmental Services						
312 #1h	Expenditure from Behavioral Health & Developmental Svs. Trust Fund			Language		
313 #1h	Appropriate Behavioral Health & Developmental Svs. Trust Fund			$0	4,625,000	
313 #2h	Reduce New Staffing from 38 to 34 Positions			($585,969)	(191,033)	(4.00)
313 #3h	Move FY 2018 Compensation for Victims of Sterilization to HB 29			($400,000)		
313 #4h	Eliminate Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign			Language		
313 #5h	Eliminates Brain Injury Report			Language		
314 #1h	Transition Services for Individuals in Training Centers			($1,116,000)	1,116,000	
315 #1h	Restore Funding for Community Services Boards			$41,287,704		
315 #2h	Expand Programs of Assertive Community Treatment			$4,000,000		
315 #3h	Child Psychiatry and Children's Crisis Response Services			$2,000,000		
315 #4h	Permanent Supportive Housing			Language		
315 #7h	Report on Outpatient Mental Health Services for Youth			Language		
315 #10h	Technical - Discharge Assistance Plan Funding			Language		

Health & Human Resources Amendments		HB 29 FY 2016 GF	HB 29 FY 2016 NGF	HB 30: 2016-2018 Biennium General Fund	HB 30: 2016-2018 Biennium Nongeneral Fund	FTE
319 #1h	Eliminate Language and Funding Related to Closing Catawaba Hospital			($1,000,000)		
319 #2h	Plan for Geropsychiatric Services			$450,000		
319 #3h	Recertification of Hancock Geriatric Treatment Center			$250,000		
319 #4h	Technical-Transfer Funds to Correct Item for Mental Health Facility Services			$3,200,000		
324 #1h	Technical-Transfer Funds to Correct Item for Mental Health Facility Services			($3,200,000)		
Department for Aging and Rehabilitative Services						
332 #1h	Expand Funding for Brain Injury Services			$500,000		
332 #2h	Increase Funding for LTESS			$500,000		
333 #1h	Eliminate New Initiative Funding for Nonstate Agency			($200,000)		
Department of Social Services						
342 #1h	Provide TANF Child Support Supplemental Payment			$0	9,600,000	
342 #2h	Provide TANF for Local Domestic Violence Grants			$0	2,000,000	
342 #3h	Revise Expenditures for Unemployed Parent Program			($1,000,000)		
342 #4h	Reflect TANF Spending and Balances			Language		
343 #6h	Eliminate Local DSS Funding for Medicaid Expansion			($3,581,826)	(10,464,548)	
343 #7h	Formula for Administrative Allocations to Local DSS			Language		
343 #8h	Local DSS Administrative Funding			$2,000,000	6,000,000	
346 #2h	Pilot Project-Temporary Placement of Children in Crisis			Language		
346 #3h	Eliminate New Initiative to Expand Foster Care to 21			($3,941,405)	(3,885,661)	
348 #1h	TANF for Boys and Girls Clubs			$0	2,000,000	
348 #2h	Community Action Agencies			$0	6,000,000	
348 #3h	Children's Advocacy Centers of Virginia			$500,000		
348 #4h	Funding for Birmingham Green			$300,000		
350 #1h	Report on Asset Verification Service			Language		
Department for the Blind and Vision Impaired						
362 #1h	VA Rehab. Center-Provide Funding for Independent Living Services			$400,000		
	Total for Health and Human Resources	**$400,000**	**$1,477,545**	**$99,053,518**	**(3,023,619,486)**	**2.00**
Central Appropriations						
477 #6h	Eliminate Medicaid Expansion, Related Spending and Hospital Assessment			($51,140,069)		
Part 4: Goods and Services						
4-5.04 #2h	Restriction on Funding for Abortion Services			Language		

TANF Budget	HB 29 and 30, Recommended Proposal FY 2016	FY 2017	FY 2018
TANF Program (Mandated Services)			
Income Benefits	$40,152,840	$42,104,363	$42,104,363
VIEW Employment Services	$11,612,144	$11,612,144	$11,612,144
VIEW Child Care Services	$12,197,804	$12,197,804	$12,197,804
Caseload Reserve	$2,823,558	$2,823,558	$2,823,558
TANF State/Local Operations	$54,068,212	$53,568,212	$53,568,212
Mandated Services Subtotal	**$120,854,558**	**$122,306,081**	**$122,306,081**
Expanded Services (Discretionary Activities)			
Healthy Families/Health Start	$4,285,501	$11,035,501	$11,035,501
Community Action Agencies	$2,000,000	$5,000,000	$5,000,000
Domestic Violence Grants	$2,346,792	$3,346,792	$3,346,792
EITC Grants	$185,725	$185,725	$185,725
Comprehensive Health Investment Project	$1,400,000	$2,400,000	$2,400,000
Visions of Truth Ministries	$25,000	$0	$0
Zion Innovative Opportunities Network	$25,000	$0	$0
Child Support Supplement	$0	$4,800,000	$4,800,000
Boys and Girls Clubs	$0	$1,000,000	$1,000,000
Expanded Services Subtotal	**$10,268,018**	**$27,768,018**	**$27,768,018**
Other Spending (Block Grant Transfers)			
At-Risk Child Care	$12,872,884	$15,672,884	$15,672,884
Head Start Wraparound	$2,500,000	$2,500,000	$2,500,000
Local Staff Support	$6,405,502	$6,405,502	$6,405,502
Comprehensive Services Act Transfer	$9,419,998	$9,419,998	$9,419,998
Other Spending Subtotal	**$31,198,384**	**$33,998,384**	**$33,998,384**
Total TANF Budget	$162,320,960	$184,072,483	$184,072,483
Annual Grant	$158,285,000	$158,285,000	$158,285,000
Prior Year Balance	$72,735,005	$68,699,045	$42,911,562
Cumulative Balance	**$68,699,045**	**$42,911,562**	**$17,124,079**

Item 290 #1h

Eliminate TANF for LARC Pilot Program

Health and Human Resources	**FY14-15**	**FY15-16**	
Department of Health	$0	($22,455)	NGF

Language:

Page 86, line 8, strike "$238,707,003" and insert "$238,684,548".
Page 87, strike lines 46 through 49.

Explanation:

(This amendment eliminates $22,455 the second year in Temporary Assistance to Needy Families block grant funds and language and one position to develop a pilot program in the Virginia Department of Health to expand access to long-acting reversible contraceptives.)

Item 307.10 #1h

Add Funds for Victims of Sterilization

Health and Human Resources	**FY14-15**	**FY15-16**	
Behavioral Health and Developmental Services, Department of	$0	$400,000	GF

Language:

Page 118, after line 1, insert:

"307.10 Administrative and Support Services		$71,784,395	$76,285,382	
Fund Sources:	General	$44,268,192	$48,136,305	
	Special	$16,653,770	$15,756,506	
	Federal Trust	$10,862,433	$12,392,571	"

Authority: Title 16.1, Article 18, and Title 37.2, Chapters 2, 3, 4, 5, 6 and 7, and Title 2.2, Chapters 26 and 53 Code of Virginia; P.L. 102-119, Federal Code.

A. The Commissioner, Department of Behavioral Health and Developmental Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within the system. When a facility becomes full, the commissioner or his designee shall give notice of the fact to all sheriffs.

B. The Commissioner, Department of Behavioral Health and Developmental Services shall work in conjunction with community services boards to develop and

implement a graduated plan for the discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from statewide gains in system efficiencies.

C. Notwithstanding § 4-5.09 of this act and paragraph C of § 2.2-1156, Code of Virginia, the Department of Behavioral Health and Developmental Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund. The trust fund may initially be used for expenses associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated to continuing services for current patients as facility services are restructured. The trust fund will receive any savings resulting from facility restructuring. Thereafter, the fund will be used to enhance services to individuals with mental illness, intellectual disability and substance abuse problems.

D. The Department of Behavioral Health and Developmental Services shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of acute-care psychiatric beds for children and adolescents.

E. The Department of Behavioral Health and Developmental Services, in cooperation with the Department of Juvenile Justice, where appropriate, shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of residential beds for the treatment of juveniles with behavioral health treatment needs, including those who are mentally retarded, aggressive, or sex offenders, and those juveniles who need short-term crisis stabilization but not psychiatric hospitalization.

F. Out of this appropriation, $656,538 the first year and $656,538 the second year from the general fund shall be provided for placement and restoration services for juveniles found to be incompetent to stand trial pursuant to Title 16.1, Chapter 11, Article 18, Code of Virginia.

G. Out of this appropriation, $50,000 the first year and $50,000 the second year from the general fund shall be used to pay for legal and medical examinations needed for individuals living in the community and in need of guardianship services.

H. Out of this appropriation, $2,059,930 the first year and $2,419,930 the second year from the general fund shall be provided for services for the civil commitment of sexually violent predators including the following: (i) clinical evaluations and court testimony for sexually violent predators who are being considered for release from state correctional facilities and who will be referred to the Clinical Review Committee for psycho-sexual evaluations prior to the state seeking civil commitment, (ii) conditional release services, including treatment, and (iii) costs associated with contracting with a Global Positioning System service to closely monitor the movements of individuals who are civilly committed to the sexually violent predator program but conditionally released.

I. Out of this appropriation, $136,715 the first year and $146,871 the second year from the general fund shall be used to operate a real-time reporting system for public and private acute psychiatric beds in the Commonwealth.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

K. Out of this appropriation, $500,000 the first year and $500,000 the second year from the general fund shall be used for a comprehensive statewide suicide prevention program. The Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Departments of Health, Education, Veterans Services, Aging and Rehabilitative Services, and other partners shall develop and implement a statewide program of public education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity.

L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives,

families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability. In its Medicaid waiver redesign, the department shall include as stakeholders and eligible participants, individuals with acquired brain injury regardless of age in which the injury was sustained, who have serious physical, cognitive, and/or behavioral health issues who are at risk for institutionalization or who are institutionalized but could live in the community with adequate supports.

4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

M. The State Comptroller shall provide the Department of Behavioral Health and Developmental Services an interest-free anticipation loan not to exceed $3,100,000 to serve as an advance stream of funds in anticipation of Medicare Meaningful Use funds related to successful implementation of the Electronic Health Records project at state-operated behavioral health and intellectual disability facilities. The loan will be repaid no later than June 30, 2015.

N.1. A joint subcommittee of the House Appropriations and Senate Finance Committees, in collaboration with the Secretary of Health and Human Resources and the Department of Behavioral Health and Developmental Services, shall continue to monitor and review the closure plans for the three remaining training centers scheduled to close by 2020. As part of this review process the joint subcommittee may evaluate options for those individuals in training centers with the most intensive medical and behavioral needs to determine the appropriate types of facility or residential settings necessary to ensure the care and safety of those residents is appropriately factored into the overall plan to transition to a more community-based system. In addition, the joint subcommittee may review the plans for the redesign of the Intellectual Disability, Developmental Disability and Day Support Waivers.

2. To assist the joint subcommittee, the Department of Behavioral Health and Developmental Services shall provide a quarterly accounting of the costs to operate and maintain each of the existing training centers at a level of detail as determined by the joint subcommittee. The quarterly reports shall be submitted to the joint subcommittee 20 days after the close of each quarter with the first report due October 20, 2015 and every three months thereafter.

O. The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately. The Department of Medical Assistance Services shall provide the necessary information to the Department of Behavioral Health and Developmental Services 90 days after the end of each fiscal year. This information shall be published on the Department of Behavioral Health and Developmental Services' website within 120 days after the end of each fiscal year.

P. The Department of Behavioral Health and Developmental Services shall report on the number of individuals with acquired brain injury exhibiting behavioral/mental health problems requiring services in state mental health facilities and/or community services boards to the House Appropriations and Senate Finance Committees by October 1 of each year. The report shall provide, to the extent possible, the following information: (i) the general fund and nongeneral fund cost of the services provided to individuals; and (ii) the types and amounts of services received by these individuals.

Q. Effective July 1, 2015, the Department of Behavioral Health and Developmental Services shall not charge any fee to Community Services Boards or private providers for use of the knowledge center, an on-line training system.

R. The Department of Behavioral Health and Developmental Services shall undertake a review of Piedmont Geriatric and Catawba Hospitals. This review shall evaluate the operational, maintenance and capital costs of these hospitals, and study alternate options of care, especially geriatric psychiatric care for patients residing in these hospitals. The department shall develop recommendations and report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015.

S. The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.

T. 1. Out of this appropriation, $~~400,000~~ $*800,000* the second year from the general fund is included to provide compensation to individuals who were involuntarily sterilized pursuant to the Virginia Eugenical Sterilization Act and who were living as of February 1, 2015. *Any funds that are appropriated but remain unspent at the end of the fiscal year may be carried forward into the subsequent fiscal year in order to provide compensation to individuals who qualify for compensation.*

2. A claim may be submitted on behalf of an individual by a person lawfully authorized to act on the individual's behalf. A claim may be submitted by the estate of or personal representative of, an individual who dies on or after February 1, 2015.

3. Reimbursement shall be contingent on the individual or their representative providing appropriate documentation and information to verify the claim under guidelines established by the department.

4. Reimbursement per verified claim shall be $25,000 and shall be contingent on funding being available, with disbursements being prioritized based on the date at which sufficient documentation is provided.

5. Should the funding provided for compensation be exhausted prior to the end of fiscal year 2016, the department shall continue to collect applications. The department shall provide a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on a quarterly basis on the number of additional individuals who have been applied.

6. The Department of Medical Assistance Services shall seek federal authority to ensure that funds received through this act shall not be counted in determination of Medicaid eligibility.

7. In order for the Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services to implement the provisions of this act, both departments shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act."

Explanation:

(This amendment adds $400,000 in the second year from the general fund for compensation for victims of sterilization pursuant to the Virginia Eugenical Sterilization Act and who were living as of February 1, 2015. Language is added to allow any funds that remain unspent at the end of the fiscal year to be carried over into the subsequent fiscal year for purposes of compensation of these individuals. This amendment will be enrolled in Item 307, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

Item 307.10 #2h

Eliminate Inclusion of Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign

Health and Human Resources	**FY14-15**	**FY15-16**
Behavioral Health and Developmental Services, Department of		

Language:

Page 118, after line 1, insert:

"307.10 Administrative and Support Services		$71,784,395	$75,885,382	
Fund Sources:	General	$44,268,192	$47,736,305	
	Special	$16,653,770	$15,756,506	
	Federal Trust	$10,862,433	$12,392,571	"

Authority: Title 16.1, Article 18, and Title 37.2, Chapters 2, 3, 4, 5, 6 and 7, and Title 2.2, Chapters 26 and 53 Code of Virginia; P.L. 102-119, Federal Code.

A. The Commissioner, Department of Behavioral Health and Developmental Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within the system. When a facility becomes full, the commissioner or his designee shall give notice of the fact to all sheriffs.

B. The Commissioner, Department of Behavioral Health and Developmental Services shall work in conjunction with community services boards to develop and implement a graduated plan for the discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from statewide gains in system efficiencies.

C. Notwithstanding § 4-5.09 of this act and paragraph C of § 2.2-1156, Code of Virginia, the Department of Behavioral Health and Developmental Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund. The trust fund may initially be used for expenses associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated to continuing services for current patients as facility services are restructured. The trust fund will receive any savings resulting from facility restructuring. Thereafter, the fund will be used to enhance services to individuals with mental illness, intellectual disability and substance abuse problems.

D. The Department of Behavioral Health and Developmental Services shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of acute-care psychiatric beds for children and adolescents.

E. The Department of Behavioral Health and Developmental Services, in cooperation with the Department of Juvenile Justice, where appropriate, shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of residential beds for the treatment of juveniles with behavioral health

treatment needs, including those who are mentally retarded, aggressive, or sex offenders, and those juveniles who need short-term crisis stabilization but not psychiatric hospitalization.

F. Out of this appropriation, $656,538 the first year and $656,538 the second year from the general fund shall be provided for placement and restoration services for juveniles found to be incompetent to stand trial pursuant to Title 16.1, Chapter 11, Article 18, Code of Virginia.

G. Out of this appropriation, $50,000 the first year and $50,000 the second year from the general fund shall be used to pay for legal and medical examinations needed for individuals living in the community and in need of guardianship services.

H. Out of this appropriation, $2,059,930 the first year and $2,419,930 the second year from the general fund shall be provided for services for the civil commitment of sexually violent predators including the following: (i) clinical evaluations and court testimony for sexually violent predators who are being considered for release from state correctional facilities and who will be referred to the Clinical Review Committee for psycho-sexual evaluations prior to the state seeking civil commitment, (ii) conditional release services, including treatment, and (iii) costs associated with contracting with a Global Positioning System service to closely monitor the movements of individuals who are civilly committed to the sexually violent predator program but conditionally released.

I. Out of this appropriation, $136,715 the first year and $146,871 the second year from the general fund shall be used to operate a real-time reporting system for public and private acute psychiatric beds in the Commonwealth.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

K. Out of this appropriation, $500,000 the first year and $500,000 the second year from the general fund shall be used for a comprehensive statewide suicide prevention program. The Commissioner of the Department of Behavioral Health and Developmental Services

(DBHDS), in collaboration with the Departments of Health, Education, Veterans Services, Aging and Rehabilitative Services, and other partners shall develop and implement a statewide program of public education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity.

L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability. ~~In its Medicaid waiver redesign, the department shall include as stakeholders and eligible participants, individuals with acquired brain injury regardless of age in which the injury was sustained, who have serious physical, cognitive, and/or behavioral health issues who are at risk for institutionalization or who are institutionalized but could live in the community with adequate supports.~~

4. In the event that provider capacity cannot meet the needs of individuals transitioning from

training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

M. The State Comptroller shall provide the Department of Behavioral Health and Developmental Services an interest-free anticipation loan not to exceed $3,100,000 to serve as an advance stream of funds in anticipation of Medicare Meaningful Use funds related to successful implementation of the Electronic Health Records project at state-operated behavioral health and intellectual disability facilities. The loan will be repaid no later than June 30, 2015.

N.1. A joint subcommittee of the House Appropriations and Senate Finance Committees, in collaboration with the Secretary of Health and Human Resources and the Department of Behavioral Health and Developmental Services, shall continue to monitor and review the closure plans for the three remaining training centers scheduled to close by 2020. As part of this review process the joint subcommittee may evaluate options for those individuals in training centers with the most intensive medical and behavioral needs to determine the appropriate types of facility or residential settings necessary to ensure the care and safety of those residents is appropriately factored into the overall plan to transition to a more community-based system. In addition, the joint subcommittee may review the plans for the redesign of the Intellectual Disability, Developmental Disability and Day Support Waivers.

2. To assist the joint subcommittee, the Department of Behavioral Health and Developmental Services shall provide a quarterly accounting of the costs to operate and maintain each of the existing training centers at a level of detail as determined by the joint subcommittee. The quarterly reports shall be submitted to the joint subcommittee 20 days after the close of each quarter with the first report due October 20, 2015 and every three months thereafter.

O. The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately. The Department of Medical Assistance Services shall provide the necessary information to the Department of Behavioral Health and

Developmental Services 90 days after the end of each fiscal year. This information shall be published on the Department of Behavioral Health and Developmental Services' website within 120 days after the end of each fiscal year.

P. The Department of Behavioral Health and Developmental Services shall report on the number of individuals with acquired brain injury exhibiting behavioral/mental health problems requiring services in state mental health facilities and/or community services boards to the House Appropriations and Senate Finance Committees by October 1 of each year. The report shall provide, to the extent possible, the following information: (i) the general fund and nongeneral fund cost of the services provided to individuals; and (ii) the types and amounts of services received by these individuals.

Q. Effective July 1, 2015, the Department of Behavioral Health and Developmental Services shall not charge any fee to Community Services Boards or private providers for use of the knowledge center, an on-line training system.

R. The Department of Behavioral Health and Developmental Services shall undertake a review of Piedmont Geriatric and Catawba Hospitals. This review shall evaluate the operational, maintenance and capital costs of these hospitals, and study alternate options of care, especially geriatric psychiatric care for patients residing in these hospitals. The department shall develop recommendations and report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015.

S. The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.

T. 1. Out of this appropriation, $400,000 the second year from the general fund is included to provide compensation to individuals who were involuntarily sterilized pursuant to the Virginia Eugenical Sterilization Act and who were living as of February 1, 2015.

2. A claim may be submitted on behalf of an individual by a person lawfully authorized to act on the individual's behalf. A claim may be submitted by the estate of or personal representative of, an individual who dies on or after February 1, 2015.

3. Reimbursement shall be contingent on the individual or their representative providing appropriate documentation and information to verify the claim under guidelines established by the department.

4. Reimbursement per verified claim shall be $25,000 and shall be contingent on funding being available, with disbursements being prioritized based on the date at which sufficient documentation is provided.

5. Should the funding provided for compensation be exhausted prior to the end of fiscal year 2016, the department shall continue to collect applications. The department shall provide a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on a quarterly basis on the number of additional individuals who have been applied.

6. The Department of Medical Assistance Services shall seek federal authority to ensure that funds received through this act shall not be counted in determination of Medicaid eligibility.

7. In order for the Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services to implement the provisions of this act, both departments shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act."

Explanation:

(This amendment strikes language contained in Chapter 665, 2015 Virginia Acts of Assembly related to Department of Behavioral Health and Developmental Services quarterly meetings with stakeholders on training center closures and Intellectual and Developmental Disability waiver redesign. Language is eliminated including stakeholders with acquired brain injuries regardless of age. The Centers for Medicare and Medicaid determined that including services for individuals with acquired brain injury regardless of age as part of the waiver redesign was not consistent with CMS regulations. This amendment will be enrolled in Item 307, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

Item 308 #1h

Appropriate Funds from Behavioral Health Trust Fund

Health and Human Resources	**FY14-15**	**FY15-16**	
Grants to Localities	$0	$1,500,000	NGF

Language:

Page 118, line 2, strike "$379,715,193" and insert "$381,215,193".
Page 121, after line 16, insert
"EE.1. Out of this appropriation, $1,500,000 the second year from the Behavioral Health and Developmental Services Trust Fund, established pursuant to § 37.2-318 of the Code of Virginia, shall be used for one-time capital and transition costs associated with the development of two community-based waiver group homes and/or community-based intermediate care facilities for individuals with intellectual disabilities who are transitioning to community living from either Southwestern Virginia Training Center or Central Virginia Training Center. The two housing options shall be located in Virginia no farther than 100 miles from the Southwestern Virginia Training Center.
2. Expenditures of any remaining balances in the Behavioral Health and Developmental Services Trust Fund shall be subject to an appropriation included in an appropriation bill passed by the General Assembly.
3. Any remaining balances in the Behavioral Health and Developmental Services Trust Fund shall be carried forward to the subsequent fiscal year."

Explanation:

(This amendment appropriates $1.5 million the second year from proceeds from sale of land at state training centers that have been deposited in the Behavioral Health and Developmental Services Trust Fund for one-time capital and transition costs associated with the development of community living options for individuals with intellectual disability who are transitioning from either Southwestern Virginia Training Center or Central Virginia Training Center. The community living options must be located in Virginia within 100 miles of Southwestern Virginia Training Center.)

Item 335 #1h

Technical-Reflect TANF Spending and Balance

Health and Human Resources

Department of Social Services — Language

Language:

Page 124, line 28, strike "82,268,689" and insert "79,29,138".
Page 124, line 37, strike "64,062,303" and insert "59,062,303".
Page 124, line 54, strike "63,378,512" and insert "68,699,045".

Explanation:

(This technical amendment makes changes to the service areas for the Temporary Assistance to Needy Families (TANF) program to accurately reflect the amount provided for TANF

income benefits and TANF child care subsidies and At-risk child care subsidies in the introduced budget. In addition, language is modified to accurately reflect the balance in the TANF program at the end of fiscal year 2016.)

Item 339 #1h

Pilot Project - Temporary Placement of Children Crisis

Health and Human Resources

Department of Social Services — Language

Language:

Page 129, after line 36, insert:
"L.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations

shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017."

Explanation:

(This amendment directs the Department of Social Service to establish a pilot program in Planning District 11 (Counties of Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children in families in crisis. It will allow the Department of Social Services to examine the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform Guardianship and Protective Proceedings Act which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program will take a similar approach. The department is required to evaluate the effectiveness of the program and report on it to the Governor and Chairmen of the House Appropriations and Senate Finance Committees and the Commission on Youth.)

Item 284 #1h

Secretary Review of Agency Costs to Purchase of High Cost Medications

Health and Human Resources

Secretary of Health and Human Resources — Language

Language:

Page 232, at the beginning of line 8, insert "A."
Page 232, after line 32, insert:
"B. The Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety and the Secretary of Administration, shall convene a work group including, but not limited to, the Department of Medical Assistance Services, Department of Social Services, Department of Health, Department of Behavioral Health and Developmental Services, Department of Corrections, Department of Juvenile Justice, the Compensation Board, the Department of Human Resource Management and other relevant state agencies to examine the current costs of and protocols for purchasing high-cost medications for the populations served by these agencies. After conducting the review, the workgroup shall develop recommendations to improve the cost efficiency and effectiveness of purchasing high-cost medications in order to improve the care and treatment of individuals served by these agencies. The workgroup shall prepare a final report for consideration by the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than October 15, 2016.

Explanation:

(This amendment adds language for the Secretary of Health and Human Resources, working with the Secretaries of Public Safety and Administration, to convene a work group comprised of agencies across Secretariats to examine the current ways to improve the cost effectiveness of purchasing high cost medications. The work group is required to make recommendations and develop a report by October 15, 2016 for consideration by the Governor and the Chairmen of the House Appropriations and Senate Finance Committees.)

Item 284 #2h

Health & Human Services Secretariat Data Governance

Health and Human Resources

Secretary of Health and Human Resources — Language

Language:

Page 232, at the beginning of line 8, insert "A."
Page 232, after line 32, insert:
"B. The Secretary shall develop a plan to address the data governance structure across all agencies in the Health and Human Resources Secretariat in order to streamline business processes, increase operational efficiency and effectiveness, and minimize duplication and overlap of current and future systems development. The plan shall consider how agencies can participate in such a structure while adhering to privacy provisions set forth in state and federal law and regulations. The Secretary shall report on the plan, including challenges impacting the plan, to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 15, 2016."

Explanation:

(This amendment adds language requiring the Secretary of Health and Human Resources to develop a plan to address the data governance structure across all agencies in the Health and Human Resources Secretariat. Language requires the Secretary to report on the plan to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 15, 2016.)

Item 284 #3h

Secretary Transition Plan

Health and Human Resources

Secretary of Health and Human Resources — Language

Language:

Page 284, at the beginning of line 8, insert "A."
Page 284, after line 32, insert:
"B. The Secretary of Health and Human Resource shall report on transition planning for the Health and Human Resources Secretariat, including the achievement of performance metrics by agencies in the Secretariat, current and emerging challenges facing these agencies, the value of services provided by the agencies, and each agency's strategic plan and executive progress report, as well as cross-agency policy issues. The Secretary shall provide this report to the Chairmen of the House Appropriations and Senate Finance Committees, as well as the Chairmen and members of the Health and Human Resources Subcommittees of each respective committee by September 1, 2016 and semi-annually thereafter until a new Governor is elected and sworn into office."

Explanation:

(This amendment adds language to begin transition planning in the Health and Human

Resources Secretariat. The Secretary of Health and Human Resources is directed to report on specific items related to the operation of the agencies within the Secretariat to the Chairmen of the House Appropriations and Senate Finance Committees, as well as the Chairmen and members Health and Human Resources Subcommittees of the respective committees by September 1, 2016 and semi-annually thereafter until a new Governor is elected and sworn into office.)

Item 288 #2h

Collaborative Plan for Loan Repayment for Behavioral Health Practitioners

Health and Human Resources

Department of Health — Language

Language:

Page 238, at the beginning of line 2, insert: "A."
Page 246, after line 42, insert:
"7. The Virginia Department of Health shall collaborate with the Virginia Health Care Foundation and the Department of Behavioral Health and Developmental Services, the state teaching hospitals, and other relevant stakeholders on a plan to increase the number of Virginia behavioral health practitioners practicing in Virginia's community services boards, behavioral health authorities, state mental health facilities, free clinics, federally qualified health centers and other similar health safety net organizations through the use of a student loan repayment program. The program design shall address the need for behavioral health professionals in behavioral health shortage areas; the types of behavioral health practitioners needed across communities; the results of community health needs assessments that have been completed by hospitals, localities or other organizations; and shortages that may exist in high cost of living areas which may preclude individuals from choosing employment in public and non-profit community behavioral health and safety net organizations and state mental health facilities. The program design shall include a preference for applicants who choose employment in underserved areas of the Commonwealth and contain conditions for recipients to practice in these areas for at least two years. The program shall be implemented by the Virginia Department of Health. The plan shall identify opportunities to leverage state funding for the program with funds from other sources in order to maximize the total funding for such a program. The plan shall determine how the program can complement and coordinate with existing efforts to recruit and retain Virginia behavioral health practitioners. The Virginia Department of Health shall report back on the plan, including projected utilization of such a program and estimated costs to implement such as program to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees and the Chairman of the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century by November 1, 2016."

Explanation:

(This amendment requires the Virginia Department of Health to collaborate with the Virginia Health Care Foundation, the Department of Behavioral Health and Developmental Services, the state's teaching hospitals and other relevant stakeholders to develop a plan to increase the number of behavioral health practitioners practicing in state and local behavioral health agencies, and health safety net organizations through the use of a student loan repayment program. Language sets out provisions that the program design to include a preference for applicants to practice in underserved areas for at least two years. The plan shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees and the Chairman of the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century by November 1, 2016.)

Item 289 #2h

Rescue Squad Assistance Fund for Ambulance Stretcher Retention Systems

Health and Human Resources

Department of Health — Language

Language:

Page 238, line 21, after "B." insert "1."
Page 238, after line 22, insert:
"2. Out of the distribution made from paragraph B.1. from the special emergency medical services fund for the Virginia Rescue Squad Assistance Fund, $840,000 the first year and $840,000 the second year shall be used for the purchase of new ambulance stretcher retention systems as required by the federal General Services Administration."

Explanation:

(This amendment allocates $840,000 each year from the Virginia Rescue Squad Assistance Fund (RSAF) for the purchase of federally required ambulance stretcher retention systems. Language allows only non-profit Emergency Medical Services agencies to receive the funds. The costs to meet the new federal standards is $40,000 per unit.)

Item 291 #1h

Report on Electronic Death Registry System

Health and Human Resources

Department of Health — Language

Language:

Page 239, at the beginning of line 17, insert: "A."
Page 239, after line 18, insert:
"B. The Department of Health shall report on efforts to address changes to the Electronic Death Registry System that would improve the system to make it easier for filing death certificates, address interoperability concerns by users, and provide technical assistance to system users, and other improvements. The department shall report to the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2016."

Explanation:

(This amendment requires a report by the Department of Health on efforts to address changes to improve the electronic system for filing death certificates. The report is due October 1, 2016 to the Chairmen of the House Appropriations and Senate Finance Committees.)

Item 294 #1h

Eliminate Transfer of Summer Feeding Programs

Health and Human Resources

Department of Health — Language

Language:

Page 241, strike lines 31 through 41.

Explanation:

(This amendment eliminates language in the introduced budget to develop a plan to transfer the Summer Food Services Program and the Child and Adult Care Feeding Programs from the Virginia Department of Health along with other food programs administered by the Department of Education to the Department of Agriculture and Consumer Services.)

Item 295 #1h

Eliminate TANF for LARC Pilot Project

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Health	($3,000,000)	($6,000,000)	NGF

Language:

Page 241, line 42, strike "$255,828,388" and insert "$252,828,388".
Page 241, line 42, strike "$258,828,388" and insert "$252,828,388".

Page 243, strike lines 22 through 30.

Explanation:

(This amendment eliminates $3.0 million the first year and $6.0 million the second year from the federal Temporary Assistance to Needy Families (TANF) block grant for a pilot program to provide long-acting reversible contraceptives through the Virginia Department of Health, that was contained in the introduced budget.)

Item 296 #2h

Mission of Mercy (M.O.M.) Dental Project

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Health	$0	$100,000	GF

Language:

Page 243, line 31, strike "$20,754,761" and insert "$20,854,761".
Page 247, line 8, strike "16,280" and insert "116,280".

Explanation:

(This amendment adds $100,000 from the general fund the second year for the Virginia Dental Health Foundation's Mission of Mercy (M.O.M.) dental project. The introduced budget provided $100,000 from the general fund the first year, however, did not provide the second year amount for the project. The M.O.M. dental project provides no cost dental services in underserved areas of the Commonwealth through the use of volunteer dentists and hygenists. The project has treated more than 59,000 patients with dental care valued at $38.3 million since 2000.)

Item 296 #3h

Technical-Move State Loan Repayment Program Funds to Correct Program

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Health	($150,000)	$0	GF

Language:

Page 243, line 31, strike "$21,004,761" and insert "$20,854,761".

Explanation:

(This technical amendment moves the appropriation for the Virginia State Loan Repayment

Program for health care professionals to the correct item. A companion amendment in Item 288 increases the appropriation in the correct item.)

Item 305 #1h

Technical-Adjust Appropriation for Applied Behavioral Analysis (ABA) Services

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	($47,216)	$0	GF
	$47,216	$0	NGF

Language:

Page 250, after line 33, insert:
"G. the Department of Medical Assistance Services shall amend the state plan for the Children's Health Insurance Program to add coverage for applied behavior analysis (ABA) services. The department shall have the authority to implement this change effective upon passage of this act, and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment accounts for a slightly higher federal match rate for Applied Behavioral Analysis (ABA) services in fiscal year 2017. The introduced budget adds coverage for ABA and other behavioral therapy services for children in FAMIS. The federal match rate for fiscal year 2017 was assumed to be approximately 82 percent; however, the federal government will cover 88 percent of costs. In addition, authorizing language included in Item 306 LLLL of the budget bill is moved to this item.)

Item 306 #1h

Eliminate Medicaid Expansion-Restore Medicaid Funding

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$38,564,934	$46,001,617	GF
	($707,219,664)	($2,297,021,490)	NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,071,750,968".
Page 250, line 34, strike "$11,552,255,000" and insert "$9,301,235,127".

Explanation:

(This amendment restores $38.6 million the first year and $46.0 million the second year from

the general fund for the Medicaid program and reduces $707.2 million the first year and $2.3 billion the second year from nongeneral funds to eliminate a proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget.)

Item 306 #2h

Restore Inflation Calculation Affecting Future Nursing Facility Rebasing

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$0	$5,578,840	GF
	$0	$5,578,840	NGF

Language:

Page 250, line 34, strike "$11,552,255,000" and insert "$11,563,412,680".
Page 271, line 3, after "rates", insert:
"in the first year, but shall not be substituted for published inflation factors in any subsequent scheduled rebasing of nursing facility rates."

Explanation:

(This amendment modifies languages in the introduced budget to clarify that the deferral of an inflation adjustment for nursing facility rates in fiscal year 2016 was not intended to affect any future rebasing of nursing facility rates. The Department of Medical Assistance Services has interpreted the language as a perpetual deferral and this language corrects that interpretation. The deferral of the fiscal year 2016 inflation adjustment continues to affect the first year, but the second year, under a scheduled rebasing, rates would not be affected by the 2016 deferral.)

Item 306 #3h

Expand Eligibility to 80% for Waiver Svs. for Seriously Mentally Ill

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$1,629,813	$3,782,618	GF
	$1,629,813	$3,782,618	NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,743,665,324".
Page 250, line 34, strike "$11,552,255,000" and insert "$11,559,820,236".
Page 271, after line 6, after "XXX.1." insert "a."
Page 271, line 26, after "Administrator." insert:

"b. The Department of Medical Assistance Services shall amend the Medicaid demonstration project described in paragraph a. to increase the income eligibility for adults with serious mental illness from 60 to 80 percent of the federal poverty level effective July 1, 2017."

Explanation:

(This amendment adds $1.6 million the first year and $3.8 million the second year from the general fund and a like amount of federal matching Medicaid funds to modify the income eligibility criteria for the Medicaid demonstration waiver program for adults with serious mental illness Medicaid from 60 to 80 percent of the federal poverty level. The waiver provides primary care, outpatient medical services, and prescription drugs, along with a robust set of behavioral health services to adults with serious mental illness.)

Item 306 #4h

Add 150 Individual & Family Support Waivers

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$1,540,450	$2,310,675	GF
	$1,540,450	$2,310,675	NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,743,486,598".
Page 250, line 34, strike "$11,552,255,000" and insert "$11,556,876,350".
Page 274, after line 33, insert:
"SSSS. Out of this appropriation, $1,540,450 the first year and $2,310,675 the second year from the general fund and $1,540,450 the first year and $2,310,675 the second year from nongeneral funds shall be provided to add 100 slots in fiscal year 2017 to the newly configured Individual and Family Support Waiver to provide waiver services to the top 100 individuals on the chronological waiting list for the current Individual and Family Developmental Disabilities Support (DD) Waiver program as of June 30, 2016, and an additional 50 Individual and Family Support Waiver slots in fiscal year 2018."

Explanation:

(This amendment provides $1.5 million the first year and $2.3 million the second year from the general fund and a like amount of federal Medicaid matching funds to add 100 slots to the newly developed Individual and Family Support (IFS) Waiver to individuals at the top of the DD Waiver chronological waiting list as of June 30, 2015 and an additional 50 IFS Waiver slots in fiscal year 2018. The current DD waiver waiting list is a chronological waiting list which will be combined with the Intellectual Disability waiver waiting list and changed to a needs based list beginning with the implementation of the new IFS waiver in fiscal year 2017.)

Item 306 #5h

Increase Rates for Private Duty Nursing-Technology Assisted Waiver & EPSDT Program

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$1,126,532 $1,126,532	$1,312,980 $1,312,980	GF NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,742,658,762".
Page 250, line 34, strike "$11,552,255,000" and insert "$11,554,880,960".
Page 273, line 22, strike "two percent" and insert "six percent".

Explanation:

(This amendment provides $1.1 million from the general fund and $1.1 million from federal matching Medicaid funds the first year and $1.3 million from the general fund and $1.3 million from federal matching Medicaid funds the second year to provide an additional 4% increase in Medicaid rates for private duty nursing in the Assisted Technology Waiver and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to cover a larger percentage of provider expenses. The introduced budget provided funding to increase these rates by two percent over the 2016-18 biennium. Together these actions would increase rates by six percent.)

Item 306 #6h

Increase Payment Rate by 15% for Nursing Homes with Special Populations

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	$619,511 $619,511	$619,511 $619,511	GF NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,741,644,720".
Page 250, line 34, strike "$11,552,255,000" and insert "$11,553,494,022".
Page 265, after line 15, insert:
"7. The department shall amend the State Plan for Medical Assistance to increase the direct operating rate under the nursing facility price based reimbursement methodology by 15% for nursing facilities where at least 80% of the resident population have one or more of the following diagnoses: quadriplegia, traumatic brain injury, multiple sclerosis, paraplegia, or cerebral palsy. In addition, a qualifying facility must have at least 90% Medicaid utilization

and a case mix index of 1.15 or higher in fiscal year 2014. The department shall have the authority to implement this reimbursement methodology change for rates on or after July 1, 2016, and prior to completion of any regulatory process in order to effect such change."

Explanation:

(This amendment adds funding and language to change the reimbursement methodology for nursing facilities that provide services to a resident population in which at least 80 percent of the residents have specific chronic and disabling conditions and the facility has at least a 90% Medicaid utilization and a case mix index of 1.15 or higher in fiscal year 2017. These conditions tend to occur in a younger population who consequently have a significant longer stay in a nursing facility than many nursing home residents. Consequently, the costs to serve these individuals is much higher. Currently, only one nursing facility, the Virginia Home, would meet the criteria to qualify for additional funding pursuant to the reimbursement methodology change.)

Item 306 #8h

Eliminate Overtime for Consumer-directed Personal Assistance

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	($8,143,666)	($10,231,856)	GF
	($8,143,666)	($10,231,856)	NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,724,118,366".
Page 250, line 34, strike "$11,552,255,000" and insert "$11,531,791,288".
Strike lines 23 through 33 and insert:
"RRRR. The Department of Medical Assistance Services shall amend the State Plan under Title XIX of the Social Security Act, and any necessary waivers, to reflect that no authority is provided for the payment of overtime for Medicaid-reimbursed consumer-directed personal assistance, respite and companion services. The Department shall implement the necessary regulatory changes and other necessary measures to be consistent with federal approval of any appropriate state plan and/or waiver changes, and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment eliminates funding and language contained in the introduced budget to authorize the payment of overtime for Medicaid-reimbursed consumer-directed (CD) personal assistance, respite and companion services for a single attendant who works more than 40 hours per week. Language is added to require the Department of Medical Assistance Services to amend the State Plan for Medical Assistance to reflect that no authority is provided to authorize overtime for Medicaid-reimbursed CD personal assistance, respite and

companion services and to allow the agency to implement emergency regulations to effect the change.)

Item 306 #9h

Defer Selected New Waiver Services to FY 2018

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Medical Assistance Services	($2,137,662)	$0	GF
	($2,137,662)	$0	NGF

Language:

Page 250, line 34, strike "$9,740,405,698" and insert "$9,736,130,374".
Page 272, strike lines 20 through 24.
Page 272, line 25, strike "Home Supports" and insert:
"(2) initiate the following new waiver services in fiscal year 2017: Supported Living Residential, Independent Living Residential, Private Duty Nursing Services, Crisis Support Services, Community-based Crisis Supports, Center-based Crisis Supports, and Electronic-based Home Supports; and (3) initiate the following new waiver services in fiscal year 2018: Community Engagement, Community Coaching, Community Guide and Peer Support Services, Workplace Assistance Services, Benefits Planning and Non-medical Transportation."

Explanation:

(This amendment reduces funding by $2.1 million from the general fund and $2.1 million in nongeneral funds in the first year to defer some of the proposed new services for the intellectual and developmental disability (I/DD) waiver redesign until the second year. This deferral will ensure that the agencies are able to implement three new I/DD waiver programs efficiently and effectively, providing the most critical new services first while continuing to increase the number of waiver slots required pursuant to the U.S. Department of Justice Settlement Agreement.)

Item 306 #11h

Restore Medicaid Reform Language

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 266, strike lines 24 through 56.

Page 267, strike lines 1 through 9 and insert:
"JJJJ.1. The Department of Medical Assistance Services shall seek federal authority through any necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to implement a comprehensive value-driven, market-based reform of the Virginia Medicaid/FAMIS programs. This reform shall be implemented in three phases as outlined in paragraphs 2, 3 and 4. The department shall have authority to implement necessary changes when feasible after federal approval and prior to the completion of any regulatory process undertaken in order to effect such change.

2. In the first phase of reform, the Department of Medical Assistance Services shall continue currently authorized reforms of the Virginia Medicaid/FAMIS service delivery model that shall, at a minimum, include (i) implementation of a Medicare-Medicaid Enrollee (dual eligible) Financial Alignment demonstration as evidenced by a Memorandum of Understanding with the Centers for Medicare and Medicaid Services (CMS), signing of a three-way contract with CMS and participating plans, and approval of the necessary amendments to the State Plan for Medical Assistance and any waivers thereof; (ii) enhanced program integrity and fraud prevention efforts to include at a minimum: recovery audit contracting (RAC), data mining, service authorization, enhanced coordination with the Medicaid Fraud Control Unit (MFCU), and Payment Error Rate Measurement (PERM); (iii) inclusion of children enrolled in foster care in managed care; (iv) implementation of a new eligibility and enrollment information system for Medicaid and other social services; (v) improved access to Veterans services through creation of the Veterans Benefit Enhancement Program; and (vi) expedite the tightening of standards, services limits, provider qualifications, and licensure requirements for community behavioral health services.

3. In the second phase of reform, the Department of Medical Assistance Services shall implement value-based purchasing reforms for all recipients subject to a Modified Adjusted Gross Income (MAGI) methodology for program eligibility and any other recipient categories not excluded from the Medallion II managed care program. Such reforms shall, at a minimum, include the following: (i) the services and benefits provided are the types of services and benefits provided by commercial insurers and may include appropriate and reasonable limits on services such as occupational, physical, and speech therapy, and home care with the exception of non-traditional behavioral health and substance use disorder services; (ii) reasonable limitations on non-essential benefits such as non-emergency transportation are implemented; and (iii) patient responsibility is required including reasonable cost-sharing and active patient participation in health and wellness activities to improve health and control costs.

To administer this reformed delivery model, the department is authorized to contract with qualified health plans to offer recipients a Medicaid benefit package adhering to these principles. Any coordination of non-traditional behavioral health services covered under contract with qualified health plans or through other means shall adhere to the principles outlined in paragraph OO. c. This reformed service delivery model shall be mandatory, to the extent allowed under the relevant authority granted by the federal government and shall, at a

minimum, include (i) limited high-performing provider networks and medical/health homes; (ii) financial incentives for high quality outcomes and alternative payment methods; (iii) improvements to encounter data submission, reporting, and oversight; (iv) standardization of administrative and other processes for providers; and (v) support of the health information exchange.

The second phase of reform shall also include administrative simplification of the Medicaid program through any necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act and outline agreed upon parameters and metrics to provide maximum flexibility and expedited ability to develop and implement pilot programs to test innovative models that (i) leverage innovations and variations in regional delivery systems; (ii) link payment and reimbursement to quality and cost containment outcomes; or (iii) encourage innovations that improve service quality and yield cost savings to the Commonwealth. Upon federal approval, the department shall have authority to implement such pilot programs prior to the completion of the regulatory process.

4. In the third phase of reform, the Department of Medical Assistance Services shall seek reforms to include all remaining Medicaid populations and services, including long-term care and home- and community-based waiver services into cost-effective, managed and coordinated delivery systems. The department shall begin designing the process and obtaining federal authority to transition all remaining Medicaid beneficiaries into a coordinated delivery system.

5. The Department of Medical Assistance Services shall provide a report to the Medicaid Innovation and Reform Commission on the specific waiver and/or State Plan changes that have been approved and status of implementing such changes, and associated cost savings or cost avoidance to Medicaid/FAMIS expenditures.

6.a. The Department shall seek the approval of the Medicaid Innovation and Reform Commission to amend the State Plan for Medicaid Assistance under Title XIX of the Social Security Act, and any waivers thereof, to implement coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act. If the Medicaid Innovation and Reform Commission determines that the conditions in paragraphs 2, 3, 4, and 5 have been met, then the Commission shall approve implementation of coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act.

b. Upon approval by the Medicaid Innovation and Reform Commission, the department shall implement the provisions in paragraph 6.a. of this item by July 1, 2014, or as soon as feasible thereafter.

7.a. Contingent upon the expansion of eligibility in paragraph 6.a.,there is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Reform and Innovation Fund, hereafter referred to as the "Fund." The Fund shall be established on the books of the Comptroller and any moneys remaining in the Fund at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. For purposes of the

Comptroller's preliminary and final annual reports required by § 2.2-813, however, all deposits to and disbursements from the Fund shall be accounted for as part of the general fund of the state treasury.

b. The Director of the Department of Medical Assistance Services, in consultation with the Director of the Department of Planning and Budget, shall annually identify projected general fund savings attributable to enrollment of newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA, including behavioral health services, inmate health care, and indigent care. Beginning with development of the fiscal year 2015 budget, these projected savings shall be reflected in reduced appropriations to the affected agencies and the amounts deposited into the Fund net of any appropriation increases necessary to meet resulting programmatic requirements of the Department of Medical Assistance Services. Beginning in fiscal year 2015, funding to support health innovations described in Paragraph 3 shall be appropriated from the Fund not to exceed $3.5 million annually. Funding shall be distributed through health innovation grants to private and public entities in order to reduce the annual rate of growth in health care spending or improve the delivery of health care in the Commonwealth. When the department, in consultation with the Department of Planning and Budget, determines that the general fund expenses incurred from coverage of newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA exceed any associated savings, a percentage of the principle of the Fund as determined necessary by the department and the Department of Planning and Budget to cover the cost of the newly eligible population shall be reallocated to the general fund and appropriated to the department to offset the cost of this population. Principle shall be allocated on an annual basis for as long as funding is available.

8. In the event that the increased federal medical assistance percentages for newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA is modified through federal law or regulation from the methodology in effect on January 1, 2014, resulting in a reduction in federal medical assistance as determined by the department in consultation with the Department of Planning and Budget, the Department of Medical Assistance Services shall disenroll and eliminate coverage for individuals who obtained coverage through 42 U.S.C. § 1396d(y)(1) [2010] of the PPACA. The disenrollment process shall include written notification to affected Medicaid beneficiaries, Medicaid managed care plans, and other providers that coverage will cease as soon as allowable under federal law from the date the department is notified of a reduction in Federal Medical Assistance Percentage.

9. That notwithstanding any other provision of this act, or any other law, no general or nongeneral funds shall be appropriated or expended for such costs as may be incurred to implement coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act, unless included in an appropriation bill adopted by the General Assembly on or after July 1, 2014."

Explanation:

(This amendment eliminates language in the introduced budget which would have allowed

for the expansion of the Medicaid program pursuant to the Patient Protection and Affordable Care Act and restores language that was contained in Chapter 665, 2015 Virginia Acts of Assembly prohibiting Medicaid expansion unless funding is included in an appropriation bill adopted by the General Assembly. It also restores language guiding efforts to reform the Medicaid program.)

Item 306 #12h

Report on Implementation of Waiver Redesign

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 272, after line 33, insert:
"4. The Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services, shall report on the progress in implementing the redesign of Medicaid waivers serving individuals with intellectual and developmental disability, and recommend metrics that can be quickly and easily implemented to track the utilization and cost of the waivers, along with effectiveness of the new waiver services in maintaining individuals in the least restrictive environment, avoiding more costly institutional services, and providing high quality, cost effective care that meets the needs of individuals on the amended waivers by August 1, 2016 to the Chairmen of the House Appropriations and Senate Finance Committees".

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to report on the progress in implementing the redesign of the Medicaid waivers for individuals with intellectual and developmental disabilities and recommend metrics to examine the use, cost and effectiveness of the new services in providing high quality, cost effective, appropriate care. The report is due by August 1, 2016.)

Item 306 #13h

DMAS GAP Outreach to DOC & Local Jails

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 271, line 6, after "1." insert "a."
Page 271, after line 28, insert:
"b. The Department of Medical Assistance Services, in cooperation with the Department of Social Services and the League of Social Service Executives, shall provide information and conduct outreach activities with the Department of Corrections and local and regional jails to increase access to the Medicaid demonstration waiver for individuals with serious mental illness who are preparing to be released from custody, or are under the supervision of state or local community corrections programs."

Explanation:

(This amendment adds language to require the Department of Medical Assistance Services to provide information and conduct outreach activities with the Department of Corrections and local and regional jails on the GAP program to provide Medicaid primary care, outpatient services, medications and mental health services to low-income individuals with serious mental illness who are released from custody.)

Item 306 #14h

Medicaid Physician & Managed Care Liaison Comm. - ER Care Coordination Workgroup

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 265, line 57, after "committee.", insert:
"The Committee shall establish an Emergency Department Care Coordination work group comprised of representatives from the Committee, including the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Academy of Family Physicians and the Virginia Association of Heath Plans to review the following issues: (i) how to improve coordination of care across provider types of Medicaid "super utilizers"; (ii) the impact of primary care provider incentive-funding on improved interoperability between hospital and provider systems; and (iii) methods for formalizing a statewide emergency department collaboration to improve care and treatment of Medicaid recipients and increase cost efficiency in the Medicaid program, including recognized best practices for emergency departments."

Explanation:

(This amendment adds language directing the Medicaid Physician and Managed Care Liaison Committee to review certain issues affecting the provision of Medicaid services, including how to improve care of "super utilizers", the impact of primary care provider incentive funding on improved interoperability between hospital and provider systems, and

the use of best practices for Emergency Departments to improve care and treatment of Medicaid clients and improve cost efficiency.)

Item 306 #15h

Workgroup on the Alzheimer's Assisted Living Waiver

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page274, after line 33, insert:
"SSSS. The Department of Medical Assistance Services shall convene a work group of stakeholders, which shall include the Department for Aging and Rehabilitative Services, dementia service providers and dementia advocacy organizations to review the Alzheimer's Assisted Living (AAL) Waiver to determine if it can be modified to meet the 2014 Centers for Medicare and Medicaid Services Home and Community Based Services final rule requirements. If the waiver cannot be modified to meet the federal requirements, then the department shall create a plan that: (i) ensures current waiver recipients continue to receive services and (ii) addresses the service needs of the persons with dementia that are currently eligible for the AAL Waiver. The department shall report its plan and implementation recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2016."

Explanation:

(This amendment adds language to require the Department of Medical Assistance Services to convene a work group to review the Alzheimer's Assisted Living Waiver to determine if it can be modified to comply with federal rule changes. The agency is required to create a plan if the waiver cannot be modified to ensure continuity of services for individuals currently on the waiver and make recommendations to the Governor and Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2016.)

Item 306 #16h

Medicaid Resource Eligibility Change

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 274, after line 33, insert:
"SSSS. The Department of Medical Assistance Services shall seek federal authority through a State Plan Amendment under Title XIX of the Social Security Act to permit individuals to use certified appraisals conducted by appraisers licensed by the Virginia Real Estate Appraiser Board as an alternative to the use of the tax assessed value to establish the value of any non-commercial real property for purposes of Medicaid resource eligibility. The cost of the appraisal shall be borne by the applicant or his designee."

Explanation:

(This amendment requires the Department of Medical Assistance Services to seek federal authority to use an alternative methodology for valuing real property for the purpose of determining resources of a Medicaid applicant.)

Item 310 #1h

Improve Medicaid Eligibility Policy and Procedures

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 276, after line 54, insert:
"K.1. The Department of Medical Assistance Services shall require eligibility workers to apply the same protocols when verifying income for all individuals, including those who report no earned or unearned income at the earliest date feasible but no later than October 1, 2017.

2. The Department shall require eligibility workers to use available electronic data sources, including data from the Virginia Case Management System, to search for unreported assets of deceased Medicaid recipients and to initiate recovery from estates for which the value of the assets is likely to exceed the cost of recovery.

3. The Department shall amend the Virginia Medicaid application, upon federal approval, to require Medicaid applicants to opt out if such applicant does not want to grant permission to the state to use his federal tax returns for the purposes of renewing eligibility. The Department shall implement the necessary regulatory changes and other necessary measures to be consistent with federal approval of any appropriate state plan changes, and prior to the completion of any regulatory process undertaken in order to effect such change. "

Explanation:

(This amendment requires Medicaid eligibility workers to implement several provisions to

improve the current Medicaid eligibility policy and procedures based on a recent Joint Legislative Audit and Review Commission report on Medicaid eligibility determination. The Department of Medical Assistance Services (DMAS) shall require all Medicaid eligibility workers to apply the same protocols when verifying income for all applicants and recipients, including those who report no earned or unearned income, and use available electronic data sources to search for unreported assets of deceased Medicaid recipients and initiate recovery from estates for which the value is likely to exceed the cost of recovery. In addition, the bill requires DMAS to amend the Virginia Medicaid application, after obtaining approval from the federal Centers for Medicare and Medicaid Services, to allow a Medicaid applicant to opt out if such applicant does not want to grant permission to the state to use his federal tax returns for the purposes of renewing eligibility. Language allows the agency to implement emergency regulations to effect the changes.)

Item 310 #2h

Medicaid Forecasting Process

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 275, strike lines 34 through 42 and insert:
"A.1. By November 1 of each year, the Department of Planning and Budget, in cooperation with the Department of Medical Assistance Services, shall prepare and submit a forecast of Medicaid expenditures, upon which the Governor's budget recommendations will be based, for the current and subsequent two years to the Chairmen of the House Appropriations and Senate Finance Committees.

2. The forecast shall be based upon current state and federal laws and regulations. Rebasing and inflation estimates that are required by existing law or regulation for any Medicaid provider shall be included in the forecast. The forecast shall also include an estimate of projected increases or decreases in managed care costs, including estimates regarding changes in managed care rates for the three-year period.

3. The Department of Planning and Budget and the Department of Medical Assistance Services shall convene a meeting on or before October 15 of each year with the staff from the House Appropriations and Senate Finance Committees, and the Joint Legislative Audit and Review Commission to review the estimates and obtain consensus on the assumptions used in the Medicaid forecast prior to finalizing the forecast on November 1."
Page 275, strike lines 39 through 42 and insert:
"B. The Department of Medical Assistance Services shall submit monthly expenditure reports of the Medicaid program by service as compared to the official Medicaid forecast,

adjusted to reflect budget actions from each General Assembly Session. The report shall be submitted to the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Legislative Audit and Review Commission on the 15th of each month."

Explanation:

(This amendment modifies language in the introduced budget pertaining to the preparation of the Medicaid forecast. Language requires the forecast to be complete by November 1 instead of November 15 and requires that it be based on existing state and federal laws and regulations. It specifically requires rebasing and inflation adjustments that are required by law and regulation be included in the forecast, as well as changes in managed care costs including any estimates related to managed care reimbursement rates. The Departments of Planning and Budget (DPB) and the Department of Medical Assistance Services (DMAS) are required to convene a meeting by October 15 each year with legislative money committee staff and staff of the Joint Legislative Audit and Review Commission to review the estimates and obtain consensus on the assumptions used prior to finalizing the forecast. Language is also modified to require DMAS to submit monthly expenditure reports of the Medicaid program to DPB and the Chairmen of the House Appropriations and Senate Finance Committees and the Joint Legislative Audit and Review Commission.)

Item 310 #3h

DMAS Report on Eligible but Unenrolled

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 276, after line 54, insert:
"The Department of Medical Assistance Services shall report on the estimated number of Virginians who are eligible but not enrolled in the Virginia Medicaid program as of September 1 of each year."

Explanation:

(This amendment is self-explanatory.)

Item 310 #4h

DMAS Analysis of Pharmacy Claims

Health and Human Resources

Department of Medical Assistance Services — Language

Language:

Page 276, after line 54, insert:
"K. The Director of the Department of Medical Assistance Services shall analyze pharmacy claims data from the past biennium in order to assess the value of payments made to the Medicaid Program's contracted managed care plans' network pharmacies and payments made to the Medicaid program's contracted managed care plans. The Director shall identify and report any difference in value of payments made to network pharmacies and to the contracted managed care plans and shall make recommendations to improve the cost effectiveness of Medicaid managed care expenditures for contracted network pharmacy payments to the Chairmen of the House Appropriations Committee and Senate Finance Committees by October 1, 2016."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services shall analyze pharmacy claims data to identify the difference in the value of payments made to contracted Medicaid managed care plans and their payments to contracted network pharmacies. The agency is directed to make recommendations to improve the cost effectiveness of Medicaid managed care expenditures for pharmacy payments to the Chairmen of the House Appropriations Committee and Senate Finance Committees by October 1, 2016.)

Item 312 #1h

Expenditure from Behavioral Health & Developmental Svs. Trust Fund

Health and Human Resources

Department of Behavioral Health and Developmental Services — Language

Language:

Page 278, line 1, after "C." insert "1."
Page 278, after line 8, insert:
2. Expenditures from the Behavioral Health and Developmental Services Trust Fund shall be subject to appropriation through an appropriations bill passed by the General Assembly.

3. Any remaining balances in the Behavioral Health and Developmental Services Trust Fund shall be carried forward to the subsequent fiscal year."

Explanation:

(This amendment requires that expenditures from the Behavioral Health and Developmental Services Trust Fund are appropriated through an appropriations bill passed General Assembly. Further, remaining balances in the fund are required to be carried forward to the subsequent fiscal year.)

Item 313 #1h

Appropriate Funds-Behavioral Health & Developmental Svs. Trust Fund

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Behavioral Health and Developmental Services	$4,625,000	$0	NGF

Language:

Page 278, line 14, strike "$79,468,375" and insert "$84,093,375".
Page 278, strike lines 34 through 40, and insert:
"C.1. Out of this appropriation, up to $4,625,000 the first year shall be provided from the Behavioral Health and Developmental Services Trust Fund for one-time expenses related to developing housing options, specialized services and making capital improvements to enhance and expand services for individuals with intellectual and developmental disabilities. The first priority for funding shall be for projects that address the needs of individuals who are transitioning to the community from the Southwestern Virginia Training Center. Projects shall be located in Virginia within 100 miles of the Southwestern Virginia Training Center. The second priority shall be for funding projects that address the needs of individuals who are transitioning to the community from the Central Virginia Training Center. Any remaining funding may be used to build additional capacity in Northern Virginia for Virginia citizens with intensive behavioral and/or medical needs who currently are not able to access needed services or residential supports. The Department of Behavioral Health and Developmental Services shall give preference to projects involving existing Virginia providers to expand service capacity.

2. The Department of Behavioral Health and Developmental Services shall report on the use of the funds from the Trust Fund by December 1, 2016 to the Chairmen of the House Appropriations and Senate Finance Committees.

3. Pursuant to language contained in Item 312, paragraph C., any unexpended funds in the Trust Fund shall remain in the Trust Fund and are subject to an appropriation in an appropriation bill passed by the General Assembly."

Explanation:

(This amendment adds language and appropriates up to $4.6 million the first year from the Behavioral Health and Developmental Services Trust Fund for one-time expenses related to

developing housing options, specialized services and making capital improvements to enhance and expand services for individuals with intellectual and developmental disabilities who are transitioning to the community from either Southwestern Virginia Training Center (SWVTC) or Central Virginia Training Center, or to build additional needed capacity in Northern Virginia for Virginia citizens with intensive behavioral and/or medical needs. Language specifies the priority order for funding projects in each of these areas and requires projects addressing SWVTC to be located in Virginia within 100 miles of the facility. Also, the agency is required to give preference to projects involving existing Virginia providers to expand capacity. Language also requires the agency to report on expenditures from the Trust Fund by December 1, 2016 to the Chairmen of the House Appropriations and Senate Finance Committees. Language also references Item 312 which requires that Trust Fund dollars are subject to appropriation by the General Assembly. Duplicative language setting out the broad parameters of the Trust Fund is eliminated, as this language is contained in Item 312..)

Item 313 #3h

Move FY 2018 Compensation for Victims of Sterilization to HB 29

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Behavioral Health and Developmental Services	$0	($400,000)	GF

Language:

Page 278, line 14, strike "$79,458,942" and insert "$79,058,942".
Page 281, line 4, strike "and $400,000 the second year from".
Page 281, line 7, after "2015.", insert:
"In addition, any funds carried over from House Bill 29 passed by the 2016 General Assembly from Item 307 T shall also be used for this purpose".

Explanation:

(This amendment eliminates $400,000 from the general fund the second year for compensation of victims of sterilization. This funding is transferred to House Bill 29 for compensation in fiscal year 2016. Language is added in House Bill 29 to allow for any unspent funding to be carried forward to a subsequent fiscal year. Language is added in this item to allow for the use of any funding carried over for this purpose to be used for such compensation.)

Item 313 #4h

Eliminate Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign

Health and Human Resources

Department of Behavioral Health and Developmental Services — Language

Language:

Page 280, line 4, after "disability." strike the remainder of the line.
Page 280, strike lines 5 through 8.

Explanation:

(This amendment removes language that requires, as part of the Medicaid waiver redesign, the inclusion of individuals with acquired brain injury as stakeholders or participants. Including individuals with brain injury in these waivers is not consistent with federal rules and therefore the language should be removed.)

Item 313 #5h

Eliminates Brain Injury Report

Health and Human Resources

Department of Behavioral Health and Developmental Services — Language

Language:

Page 280, strike lines 44 through 50.
Page 280, line 51, strike "P." and insert "O."
Page 280, line 54, strike "Q." and insert "P."
Page 281, line 4, strike "R." and insert "Q."
Page 281, line 22, strike "S." and insert "R."

Explanation:

(This amendment eliminates budget language requiring a report on the number of individuals with acquired brain injury accessing state mental health services and the associated costs. Since there is insufficient data available, the report cannot be completed.)

Item 314 #1h

Transition Services for Individuals in Training Centers

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Behavioral Health and Developmental Services	($636,000)	($480,000)	GF
	$636,000	$480,000	NGF

Language:

Page 281, line 40, strike "general fund" and insert:
"the Behavioral Health and Developmental Services Trust Fund".

Explanation:

(This amendment changes the fund source from the general fund to the Behavioral Health and Developmental Services Trust Fund for transition services for individuals who are being discharged from state training centers into community settings who are not eligible for Medicaid waiver services. One of the purposes of the Trust Fund pursuant to § 32.2-319 of the Code of Virginia and language set out in this act is to cover services for individuals who are transitioning from state training centers as these facilities are restructured.)

Item 315 #1h

Restore Funding for Community Services Boards

Health and Human Resources	**FY16-17**	**FY17-18**	
Grants to Localities	$12,143,442	$29,144,262	GF

Language:

Page 282, line 4, strike "$377,140,261" and insert "$389,283,703".
Page 282, line 4, strike "$365,130,854" and insert "$394,275,116".

Explanation:

(This amendment restores $12.1 million the first year and $29.1 million the second year from the general fund for services provided through Community Services Boards that was reduced in the introduced budget as part of the proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget. A companion amendment in Item 306 eliminates Medicaid expansion.)

Item 315 #4h

Permanent Supportive Housing

Health and Human Resources

Grants to Localities — Language

Language:

Page 284, line 50, strike the first "$2,127,600" and insert "$3,527,600" .
Page 284, line 50, strike the second "$2,127,600" and insert "$4,327,600".

Page 284, line 53, after "illness", insert:
Of the amounts contained in this paragraph, $1,400,000 the first year and $2,200,000 the second year from the general fund shall be prioritized to assist individuals in state facilities who are facing barriers to discharge or individuals at risk of institutionalization."
Page 284, strike line 54.
Page 285, strike lines 1 through 2.

Explanation:

(This amendment eliminates funding and language for new initiatives to fund one intensive community residential treatment home, one transitional group home and three post-booking pilot programs. Funding of $1.4 million the first year and $2.2 million the second year from the general fund is reprogrammed to build on existing efforts to provide permanent supportive housing. Language directs that the funding be prioritized for individuals who are ready for discharge from state mental health hospitals or at risk of institutionalization. Permanent supportive housing provides rental assistance and in-home clinical services and support staff to assist individuals with mental illness in maintaining stability in the community. This funding will provide permanent supportive housing to 100 additional individuals in fiscal year 2017 and 157 individuals in fiscal year 2018.)

Item 315 #7h

Report on Outpatient Mental Health Services for Youth

Health and Human Resources

Grants to Localities — Language

Language:

Page 284, line 44, after "adults.", insert:
"The Department of Behavioral Health and Developmental Services shall report on the use and impact of this funding to the Chairmen of the House Appropriations and Senate Finance Committees beginning October 1, 2016 and each year thereafter."

Explanation:

(This amendment adds an annual reporting requirement to existing funding for mental health outpatient services for youth and young adults. The report shall include information on the use and impact of these funds by October 1 of each year.)

Item 319 #1h

Eliminate Language and Funding Related to Closing Catawaba Hospital

Health and Human Resources	**FY16-17**	**FY17-18**	
Mental Health Treatment Centers	($1,000,000)	$0	GF

Language:

Page 285, line 44, strike "$234,305,479" and insert "$233,305,479".
Page 286, strike lines 14 through 29.

Explanation:

(This amendment eliminates language and associated funding in the introduced budget directing the Department of Behavioral Health and Developmental Services to begin the detailed planning process to close Catawba Hospital.)

Item 319 #2h

Plan for Geropsychiatric Services

Health and Human Resources	**FY16-17**	**FY17-18**	
Mental Health Treatment Centers	$450,000	$0	GF

Language:

Page 285, line 44, strike "$234,305,479" and insert "$234,755,479".
Page 286, after line 29, insert:
"D. Out of this appropriation $450,000 the first year from the general fund shall be provided to develop a comprehensive plan for the publicly funded geropsychiatric system of care in Virginia. The plan shall address the appropriate array of community services and state geropsychiatric facility services upon which Virginia's behavioral health system should be modeled. The plan shall address national best practices, relevant requirements of the Centers for Medicare and Medicaid Services, the Americans with Disabilities Act, and the Olmstead Decision, and the need for the state to serve as the provider of last resort and forensic services. The plan shall include an assessment of: (i) individuals residing in or utilizing state facility geropsychiatric programs, in order to determine ongoing treatment and support needs, as well as the ability of treatment options to meet those treatment needs in less restrictive, more integrated community settings; (ii) current and historical admission and discharge trends by locality; (iii) current provider networks in each region, including nursing homes, assisted living facilities, dementia units, and other residential options; and (iv) community based services provided by Community Services Boards and private providers, and Programs for the All-inclusive Care of the Elderly (PACE); and (v) models of care in other states that demonstrate best practices, integrated service delivery, and appropriate hospital services. The plan shall be provided to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees and the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century by November 10, 2016."

Explanation:

(This amendment adds $450,000 the first year from the general fund and language directing the Department of Behavioral Health and Developmental Services to develop a comprehensive plan for the publicly funded geropsychiatric system of care in Virginia and sets out requirements for the plan, including an assessment of the needs of individuals residing in state geropsychiatric facilities, as well as community capacity to meet their treatment needs. The plan shall be presented to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees as well as the Chairman of the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century by November 10, 2016. A companion amendment eliminates funding and development of a plan to close Catawba Hospital.)

Item 319 #3h

Recertification of Hancock Geriatric Treatment Center

Health and Human Resources	**FY16-17**	**FY17-18**	
Mental Health Treatment Centers	$250,000	$0	GF

Language:

Page 285, line 44, strike "$234,305,479" and insert "$234,555,479".
"C.1. Out of this appropriation $250,000 the first year from the general fund shall be provided for the Department of Behavioral Health and Developmental Services to procure services from an independent consultant to determine the necessary requirements and to assist staff at Eastern State Hospital in implementing such requirements to seek Medicaid certification of up to 40 beds at the Hancock Geriatric Treatment Center as an intermediate care facility.

2. Upon completion of the necessary requirements for certification, the Department of Behavioral Health and Developmental Services shall seek Medicaid certification from the federal Centers for Medicare and Medicaid Services of up to 40 beds at the Hancock Geriatric Treatment Center as an intermediate care facility facility.

3. The Commissioner shall report on the contract and the progress to certify the Center to the Chairmen of the House Appropriation and Senate Finance Committee by November 15, 2016 and provide a final report upon determination of the certification decision from the federal Centers for Medicare and Medicaid Services."

Explanation:

(This amendment adds $250,000 the first year from the general fund and language directing the Department of Behavioral Health and Developmental Services (DBHDS) to procure independent consultant services to begin the process to seek Medicaid certification of up to

40 beds at the Hancock Geriatric Treatment Center as an intermediate care facility. Hancock recently lost its Medicaid intermediate care facility certification and has not sought recertification. Recertification will allow the Commonwealth to obtain matching federal Medicaid dollars to offset the cost of care for some of the geriatric individuals cared for at the Center. Language directs the Department to seek certification from the federal Centers for Medicare and Medicaid Services and the Commissioner of DBHDS is required to report on these efforts by November 15, 2016 and when a determination of the certification decision is made.)

Item 333 #1h

Eliminate New Initiative Funding for Nonstate Agency

Health and Human Resources	**FY16-17**	**FY17-18**	
Department for Aging and Rehabilitative Services	($100,000)	($100,000)	GF

Language:

Page 291, line 19, strike "$33,758,218" and insert "$33,658,218".
Page 291, line 19, strike "$34,819,218" and insert "$34,719,218".
Page 292, strike lines 31 through 33.

Explanation:

(This amendment eliminates funding for a new nonstate agency, the Jewish Social Services Agency, funded in the introduced budget.)

Item 342 #1h

Provide TANF Child Support Supplemental Payment

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Social Services	$4,800,000	$4,800,000	NGF

Language:

Page 296, line 31, strike "$270,568,621" and insert "$275,368,621".
Page 296, line 31, strike "$270,510,009" and insert "$275,310,009".
Page 298, after line 27, insert:
"M. "Out of this appropriation, the Department of Social Services shall use $4,800,000 the first year and $4,800,000 the second year from the federal Temporary Assistance to Needy Families (TANF) block grant to provide to each TANF recipient with two or more children

in the assistance unit a monthly TANF supplement equal to the amount the Division of Child Support Enforcement collects up to $200, less the $100 disregard passed through to such recipient. The TANF child support supplement shall be paid within two months following collection of the child support payment or payments used to determine the amount of such supplement. For purposes of determining eligibility for medical assistance services, the TANF supplement described in this paragraph shall be disregarded. In the event there are sufficient federal TANF funds to provide all other assistance required by the TANF State Plan, the Commissioner may use unobligated federal TANF block grant funds in excess of this appropriation to provide the TANF supplement described in this paragraph."

Explanation:

(This amendment adds $4.8 million each year from the Temporary Assistance to Needy Families (TANF) block grant and language to require the Department of Social Services to provide TANF recipients with two or more children a monthly TANF supplemental payment equal to any child support payments received on their behalf up to $200. This amount would not be counted in determining eligibility for Medicaid.)

Item 342 #2h

Provide TANF for Local Domestic Violence Grants

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Social Services	$1,000,000	$1,000,000	NGF

Language:

Page 296, line 31, strike "$270,568,621" and insert "$271,568,621".
Page 296, line 31, strike "$270,510,009" and insert "$271,510,009".
Page 298, after line 27, insert:
F. Out of this appropriation $1,000,000 the first year and $1,000,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided as a grant to local domestic violence programs for services."

Explanation:

(This amendment provides an additional $1.0 million each year from federal Temporary Assistance to Needy Families (TANF) funds to expand services for victims of domestic violence. This brings the total annual amount budgeted for these services to $1.3 million from the general fund and $3.3 million in TANF funds.)

Item 342 #4h

Reflect TANF Spending and Balances

Health and Human Resources

Department of Social Services — Language

Language:

Page 296, line 41, strike the first "64,062,303" and insert "59,062,303".
Page 296, line 41, strike the second "64,062,303" and insert "59,062,303".
Page 296, line 55, strike "63,378,572" and insert "68,699,045".
Page 296, line 55, strike "44,367,502" and insert "42,911,562".
Page 296, line 55, strike "22,356,442" and insert "17,124,079".

Explanation:

(This amendment makes changes to the service areas for the Temporary Assistance to Needy Families (TANF) program to accurately reflect the amount projected for TANF child care subsidies. In addition, language is modified to reflect the balance in the TANF program at the end of fiscal year 2016, 2017 and 2017 based on actions taken in companion amendments in Items 295, 242 and 248.)

Item 343 #6h

Eliminate Local DSS Funding for Medicaid Expansion

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Social Services	($1,402,388)	($2,179,438)	GF
	($4,097,172)	($6,367,376)	NGF

Language:

Page 298, line 28, strike "$432,787,665" and insert "$427,288,105".
Page 298, line 28, strike "$435,848,095" and insert "$427,301,281".

Explanation:

(This amendment eliminates $1.4 million the first year and $2.2 million the second year from the general fund and $4.1 million the first year and $6.4 million the second year from nongeneral funds for an expected increased in Medicaid eligibility processing by local departments of social services. A proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget would have required additional eligibility processing of Medicaid applications. A companion amendment in Item 306 eliminates Medicaid expansion.)

Item 343 #7h

Formula for Administrative Allocations to Local DSS

Health and Human Resources

Department of Social Services — Language

Language:

Page 299, after line 10, insert:
"G. The Department of Social Services shall develop an objective and data-driven formula for the allocation of state administrative funding to local departments of social services that reflects workload, ability to pay and other factors that affect performance of core responsibilities The Department shall report on such changes to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2016."

Explanation:

(This amendment add language requiring the Department of Social Services (DSS) to develop an administrative funding formula for local DSS that better reflects workload and local needs to ensure better performance of core responsibilities. This is a recommendation of the Joint Legislative Audit and Review Commission report on "Eligibility Determination in Virginia's Medicaid Program.")

Item 346 #2h

Pilot Project-Temporary Placement of Children in Crisis

Health and Human Resources

Department of Social Services — Language

Language:

Page 302, after line 35, insert:

"N.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care

and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017."

Explanation:

(This amendment directs the Department of Social Service to establish a pilot program in Planning District 11 (Counties of Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children in families in crisis. It will allow the Department of Social Services to examine the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform Guardianship and Protective Proceedings Act which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program will take a similar approach. The department is required to evaluate the effectiveness of the program and report on it to the Governor and Chairmen of the House Appropriations and Senate Finance Committees and the Commission on Youth.)

Item 346 #3h

Eliminate New Initiative to Expand Foster Care to 21

Health and Human Resources	**FY16-17**	**FY17-18**

Department of Social Services	($1,015,451)	($2,925,954)	GF
	($999,050)	($2,886,611)	NGF

Language:

Page 300, line 52, strike "$203,423,579" and insert "$201,409,078".
Page 300, line 52, strike "$207,930,566" and insert "$202,118,001".
Page 302 strike lines 28 through 32.

Explanation:

(This amendment eliminates funding and language for the Department of Social Services to implement a new initiative to expand foster care and adoption assistance to children between the ages of 19 and 21 that was contained in the introduced budget. A companion amendment in Item 285 restores funding to the Children's Services Act program which was reduced in the introduced budget as part of this initiative.)

Item 348 #1h

TANF for Boys and Girls Clubs

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Social Services	$1,000,000	$1,000,000	NGF

Language:

Page 302, line 45, strike "$33,175,789" and insert "$34,175,789".
Page 302, line 45, strike "$33,175,789" and insert "$34,175,789".
Page 304, after line 50, insert:
"K. Out of this appropriation $1,000,000 the first year and $1,000,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided to the Virginia Alliance of Boys and Girls Clubs to expand community-based prevention and mentoring programs."

Explanation:

(This amendment provides $1.0 million each year from the Temporary Assistance to Needy Families (TANF) block grant for the Virginia Alliance of Boys and Girls Clubs for prevention and mentoring programs for at-risk children who are eligible for TANF.)

Item 348 #2h

Community Action Agencies

Health and Human Resources	**FY16-17**	**FY17-18**

Department of Social Services	$3,000,000	$3,000,000	NGF

Language:

Page 302, line 45, strike "$33,175,789" and insert "$36,175,789".
Page 302, line 45, strike "$33,175,789" and insert "$36,175,789".
Page 303, line 21, strike "$2,000,000" and "$2,000,000" and insert:
"$5,000,000" and "$5,000,000".

Explanation:

(This amendment provides $3.0 million per year in Temporary Assistance for Needy Families (TANF) funding for Community Action Agencies. This additional funding will assist the agencies in meeting the needs of low-income individuals and families and allow them to use Community Services Block Grant funding to comply with new federal organizational standards. These standards include critical financial and administrative requirements related to modernizing the agencies to provider higher quality programs and services to low-income individuals.)

Item 348 #4h

Funding for Birmingham Green

Health and Human Resources	**FY16-17**	**FY17-18**	
Department of Social Services	$150,000	$150,000	GF

Language:

Page 302, line 45, strike "$33,175,789" and insert "$33,325,789".
Page 302, line 45, strike "$33,175,789" and insert "$33,325,789".
Page 304, after line 50, insert:
"G. Out of this appropriation, $150,000 the first year and $150,000 the second year shall be provided to Birmingham Green to provide services to provide residential services to low-income, disabled individuals."

Explanation:

(This amendment provides funding to Birmingham Green which provides residential services a disproportionate number of low-income individuals with mental illness or an intellectual disability.)

Item 350 #1h

Report on Asset Verification Service

Health and Human Resources

Department of Social Services — Language

Language:

Page 307, line 1, strike "E." and insert "E.1."
Page 307, after line 3, insert:
"2. The Department of Social Services shall provide to the Chairmen of the House Appropriations and Senate Finance Committees a report on the implementation of the Asset Verification Service that is part of the Eligibility Modernization Project on or before September 1, 2016. It is the intent of the General Assembly to encourage financial institutions with branches in Virginia to work collaboratively with the department and their vendor in order to maximize participation in the Asset Verification Service program.

3. The Department shall also develop a plan and submit it to the Chairmen of the House Appropriations and Senate Finance Committees on or before December 1, 2016 to incorporate searchable national real estate records as part of the Asset Verification Service program. The plan shall include components that will allow for national real property asset searches, motor vehicle registration/title searches and aircraft/watercraft registration searches in order to combat fraudulent applications."

Explanation:

(This amendment adds language directing the Department of Social Services to provide a report on the asset verification service on September 1, 2016 and develop a plan to incorporate searchable national real estate records as part of the service by December 1, 2016.)

Item 362 #1h

Provide Funding for Independent Living Services

Health and Human Resources	**FY16-17**	**FY17-18**	
Virginia Rehabilitation Center for the Blind and Vision Impaired	$200,000	$200,000	GF

Language:

Page 310, line 48, strike "$1,312,535" and insert "$1,512,535".
Page 310, line 48, strike "$1,312,636" and insert "$1,512,636".
Page 311, line 8, strike "the unexpended balances in this Act" and insert:
"this appropriation".

Explanation:

(This amendment provide $200,000 from the general fund each year to support independent living services for 25 vision impaired individuals at the Virginia Center for the Blind and Vision Impaired The center is primarily supported through federal vocational rehabilitation funding that requires a work outcome for eligibility . This funding would allow individuals that do not meet the federal criteria access to services through the center.)

Item 477 #6h

Eliminate Medicaid Expansion, Related Spending and Hospital Assessment

Central Appropriations	**FY16-17**	**FY17-18**	
Central Appropriations	($28,071,815)	($23,068,254)	GF

Language:

Page 408, line 13, strike "$60,223,426" and insert "$32,151,611".
Page 408, line 13, strike "$185,877,014" and insert "$162,808,760".
Page 408, strike lines 17 through 53.
Page 409, strike lines 1 through 56.
Page 410, strike lines 1 through 5.

Explanation:

(This amendment eliminates $28.1 million the first year and $23.1 million the second year from the general fund for a number of economic development and research projects, and tax policy changes set out in Central Accounts. Funding for these items was to be generated from savings to the Medicaid program based on a proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget. Language is also eliminated earmarking the funding for these projects and authorizing an assessment on hospitals as a mechanism to pay for future Medicaid expansion costs. A companion amendment in Item 306 eliminates Medicaid expansion.)

Item 4-5.04 #2h

Restriction on Funding for Abortion Services

Special Conditions and Restrictions on Expenditures

Goods and Services — Language

Language:

Page 480, after line 24, insert:
"1. MEDICAL SERVICES: No expenditures from general or nongeneral fund sources may

be made out of any appropriation by the General Assembly for providing abortion services, except otherwise required by federal law or state statute."

Explanation:

(This amendment restores language contained in Chapter 665, 2015 Virginia Acts of Assembly related to funding for abortion services. This language was omitted in the introduced budget.)