
VIRGINIA STATE BUDGET

2000 Session

Budget Bill - HB29 (Chapter 1072)

Bill Order » Office of Health and Human Resources » Item 341

Department of Mental Health, Mental Retardation and Substance Abuse Services

Item 341	First Year - FY1999	Second Year - FY2000
Administrative and Support Services (44900)	\$13,664,737	\$18,894,097 \$17,394,097
General Management and Direction (44901)	\$6,053,557	\$10,019,372 \$8,519,372
Computer Services (44902)	\$2,854,283	\$2,701,711
Architectural and Engineering Services (44904)	\$676,109	\$681,989
Collection and Locator Services (44905)	\$3,154,933	\$3,175,362
Personnel Services (44914)	\$925,855	\$2,315,663
Fund Sources:		
General	\$12,035,636	\$17,264,996 \$15,764,996
Special	\$1,104,901	\$1,104,901
Federal Trust	\$524,200	\$524,200

Authority: Title 37.1, Chapter 1, Articles 1 and 2, Code of Virginia.

A. The Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse 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 shall give notice of the fact to all sheriffs and shall designate the hospital to which they shall transport such persons.

B. The Department, with input from the State Board, Community Services Boards, consumers and family members, advocates, and local governments, shall identify priority populations and related funding strategies and develop and implement Community Services Board performance measures that assess outputs and outcomes. Performance measures shall be developed for all services, and outcome measures shall be identified for selected priority populations. These output and outcome measures shall be developed, implemented, and evaluated on a pilot basis in fiscal year 1999 and fully implemented as part of all Community Services Board performance contracts in fiscal year 2000.

C.1. No facility operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services shall be sold, privatized, closed, or converted to any other use without the approval of the General Assembly.

2. The Department shall notify the Chairmen of the House Appropriations and Senate Finance Committees of any plans for privatization or contractual initiatives, other than that prohibited by C 1 above, thirty days before implementation of such initiatives. Notification shall include a formal analysis which shall include, but not be limited to, the following components: (i) definition of activity and scope of work to be privatized; (ii) estimated amount and duration of the contract; (iii) number of employees impacted to include position title, grade, length of

service and projected severance costs; (iv) options for retraining and/or alternate placements for displaced employees and potential retention rights with prospective contractors; (v) standards and outcome measures to assure maintenance of present levels of service and quality; (vi) comprehensive "make or buy" analysis including all costs of present and proposed service and projected short-term and long-term savings; and (vii) options for application of contracts on a statewide basis or on a local option basis for facilities with unique geographical and/or service characteristics.

3. These provisions shall not apply to capital outlay services.

4. These provisions shall not extend authority to the Commissioner beyond that granted by the Code of Virginia.

D. Out of this appropriation shall be provided \$250,000 from the general fund the second year for the Consumer Support and Family Involvement Pilot Project. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall complete a plan for the pilot project, including the development of goals, objectives, performance measures, and an evaluation component by December 1, 1998. The Department shall include in its plan detail on how the funding will be used to promote consumer support and family involvement. The plan shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 1998.

E.1. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall develop a community and facility master plan by December 1, 1998. The plan shall utilize nationally recognized private consultants to determine the future number of individuals that can be served in the communities, the resources needed to provide appropriate community capacity, the number of individuals who will continue to require facility care, and the optimum size and location of facilities.

2. As part of the master plan, the Department shall develop a plan for projecting and addressing the needs of the mentally ill geriatric population. The plan shall include an assessment of the capacity and need for geriatric units in state hospitals, and methods for developing capacity in communities and in nursing facilities.

3. The Department shall ensure that representatives of consumers, families, advocacy groups, and the economic development organization for the area in which the facility is located participate in the development of this plan. Options for staff transition, economic impact on localities, and potential alternative uses for state facilities shall be included in the final report. In addition, the master plan shall determine the feasibility of utilizing other operating models for state facilities, such as operation of a facility or a specialized program area by a private contractor.

4. As specific plans for downsizing or changing the use of facilities are formulated, the Department shall work with the Virginia Municipal League and the Virginia Association of Counties to ensure that those local governments most affected will be consulted and included in the formulation and implementation of any plans regarding state facilities.

5. Any unexpended balance for the plan on June 30, 1998, shall not revert to the general fund but shall be reappropriated for expenditure in the succeeding year.

F. Except as provided for in § 4-5.12 a 1 of this act, no real property under the control of the Department of Mental Health, Mental Retardation and Substance Abuse Services on behalf of the Commonwealth shall be sold or otherwise conveyed to another party or agency prior to June 30, 2000, without the express approval of the Governor and General Assembly. However, nothing herein shall be construed to prohibit the granting of easements to a locality or other political subdivision of the Commonwealth.

G. The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Medical Assistance Services, in cooperation with community mental retardation service providers, shall study the current Medicaid waiver for mental retardation services and possible changes that will lead to maximum service

efficiencies and greater cost containment. Emphasis shall be placed on developing waiver services focused on individualized supports, that would complement and maximize personal resources and natural supports while ensuring that the least intrusive or restrictive services are provided to eligible individuals. A report shall be provided to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 1998.

H. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Department of Medical Assistance Services, shall evaluate the costs, benefits, and feasibility of expanding Medicaid reimbursement for substance abuse services. The evaluation shall include an assessment of (i) the number of Medicaid-eligible persons who need substance abuse treatment; (ii) the utilization and cost of a continuum of services, including comprehensive assessment, case management, outpatient counseling, detoxification, and residential treatment; and (iii) the costs and benefits of Medicaid reimbursement for treatment, including the offsets for programs and services currently financed by state general fund appropriations. The Department shall submit a report on its findings and recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees, and to the Joint Subcommittee to Evaluate the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services, by October 1, 1998.

I. Out of this appropriation, \$2,570,847 shall be provided from the general fund the second year for a public-private partnership pilot to secure short-term inpatient psychiatric services through competitive contracts with community-based hospitals or other private health care providers, for purposes of serving individuals closer to their homes. Pursuant to individual agreements with the Department, community services boards will reduce their utilization at a selected state facility or facilities for short-term (30 days or less) acute hospitalization by a specified number of beds, and will contract by competitive bidding with community-based hospitals for short-term psychiatric inpatient services. Any savings resulting from the reduced utilization of short-term acute facility beds will be made available under agreement with the Department, to permit the community services boards to contract for additional short-term psychiatric inpatient services. Specific bed utilization targets and competitive contract performance expectations will be included in the performance contracts of these community services boards.

J. Out of this appropriation, \$500,000 shall be provided the second year from the general fund for a program to maximize recruitment and retention of graduate medical students in psychiatry to serve in underserved areas. The Departments of Psychiatry of the University of Virginia, Virginia Commonwealth University, and Medical College of Hampton Roads, working in collaboration with the Department of Mental Health, Mental Retardation and Substance Abuse Services, shall develop the program, subject to the approval of the Secretary of Health and Human Resources. The Departments of Psychiatry shall form a Committee consisting of five members. The Committee shall identify underserved areas of the Commonwealth, consider issues of community need, and develop a plan that includes measurable access for funds spent. The Committee's plan must be submitted for approval by July 31, 1999, and the program must be implemented in FY 2000.

K. Out of this appropriation, \$234,202 shall be provided from the general fund the second year to establish 2.0 positions and contract with an independent organization to enforce compliance by each community services boards and behavioral health authority with the requirements outlined in its performance contract with the Department. In addition to providing increased performance contract oversight, these positions and the independent organization will validate information provided by each community services board and behavioral health authority under its performance contract.

L. Out of this appropriation, \$137,986 shall be provided from the general fund the second year to establish 2.0 positions to enforce compliance by each state mental health and mental retardation facility with the provisions and requirements outlined in the facility directors' performance agreements with the Department. In addition to providing increased oversight of these performance agreements, these positions will monitor implementation of all settlement agreements with the United States Department of Justice.

M.1. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall conduct a study of

the feasibility of contracting with a provider for the provision of specialized, nonacute psychiatric care in a nursing facility for current patients of Virginia's geriatric facilities or for persons who, absent the option of such nursing care, would become patients of Virginia's geriatric facilities.

2. It is the intent of the General Assembly that the Department shall determine from this study if such an agreement can be operated at a cost savings to the Department. The study should consider quality of care and the economic impact to the community of Burkeville.
3. Establishment of a facility as described shall not be counted as part of the nursing home inventory in the Piedmont Planning District.
4. The Department shall complete its feasibility study and provide a written report on its results to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 1999.

N.1. The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Medical Assistance Services shall submit a plan for coordinating policy and funding for community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment for child and adolescent services in the Early and Periodic Screening, Diagnosis and Treatment Program; mental retardation home and community-based waiver services; and any other new or expanded mental health, mental retardation and substance abuse services, related to the above-listed services, that are covered subsequently by the Medicaid program. The structure shall be based on the model developed and recommended by the Joint Subcommittee Studying the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services, to the extent allowable by federal law. The Department of Medical Assistance Services shall be responsible for paying claims for the above-listed Medicaid-covered services.

2. The plan shall include provisions for (i) transferring all state general fund match that currently is appropriated to the Department of Mental Health, Mental Retardation and Substance Abuse Services for the above-listed Medicaid-covered services to the Department of Medical Assistance Services for payment of these service claims; (ii) analyzing Medicaid fee collection trends by community service boards and behavioral health authorities during the last half of fiscal year 2000 and adjusting state general fund allocations so that post year-end adjustments for state matching fund amounts are minimized; (iii) making a final adjustment for fiscal year 2000 state matching fund amounts for Medicaid federal funds after the end of fiscal year 2000 to minimize any potential reduction of state funds for community service boards or behavioral health authorities that did not collect Medicaid revenues as anticipated in their general fund match allocations; and (iv) appropriating future matching fund amounts for the above-listed services to the Department of Medical Assistance Services for claims reimbursement.

3. Community service boards and behavioral health authorities shall continue, to the extent allowable under federal law, to be the single point of entry into the services system for community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment for child and adolescent services in the Early and Periodic Screening, Diagnosis and Treatment Program; mental retardation home- and community-based waiver services; and any other new or expanded mental health, mental retardation and substance abuse services that are covered subsequently by the Medicaid program. These organizations shall also function as care coordinators, following specific practice guidelines to be developed cooperatively with the Department of Mental Health, Mental Retardation and Substance Abuse Services. They shall also be responsible for identifying, supporting, and assisting in the establishment of new service providers.

4. The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Medical Assistance Services shall complete their plan and report to the Chairmen of the House Appropriations and Senate Finance Committees by June 30, 2000.

