
VIRGINIA STATE BUDGET

2001 Special Session I

Budget Bill - HB3 (Introduced)

Bill Order » Office of Health and Human Resources » Item 316

Department of Medical Assistance Services

Item 316	First Year - FY2001	Second Year - FY2002
Administrative and Support Services (47900)	\$83,072,842 \$87,550,606	\$63,298,460 \$74,053,588
General Management and Direction (47901)	\$65,974,706 \$70,452,470	\$46,200,324 \$56,955,452
Computer Services (47902)	\$17,098,136	\$17,098,136
Fund Sources:		
General	\$23,872,483 \$25,102,100	\$21,926,899 \$24,093,951
Special	\$50,000	\$50,000
Federal Trust	\$59,150,359 \$62,398,506	\$41,321,561 \$49,909,637

Authority: Title 32.1, Chapters 9 and 10, Code of Virginia; P.L. 89-87, as amended, Title XIX, Social Security Act, Federal Code.

A. By November 15 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. The forecast shall detail the number of new nursing home beds expected to be added each year and the resulting impact on the Medicaid budget.

B.1. As a condition of this appropriation, the Department of Medical Assistance Services shall submit written status reports to the Secretary of Health and Human Resources and the Directors of the Department of Planning and Budget and the Department of Technology Planning on the development and implementation of its new Medicaid Management Information System. These reports shall be submitted on a quarterly basis, commencing on July 1, 2000, and continuing until the new system has received its certification from the Health Care Financing Administration.

2. *If implementation of the new Medicaid Management Information System is delayed in FY 2002 to the point that it is unlikely to receive Health Care Financing Administration certification and the resulting retroactive adjustment in federal financial participation from 50 percent to 75 percent for claims processing prior to the conclusion of this biennium, the Department of Accounts shall provide an interest-free treasury loan to the Department of Medical Assistance Services to address any remaining costs associated with implementation and certification of the new system. Such loan shall be repaid in annual installments over a period of three years, commencing one year after federal certification. Repayments of this loan will be financed through savings generated by the efficiencies of the new system. However, prior to requesting a treasury loan, the Department of Medical Assistance Services shall explore other financing strategies during the implementation period of this project and, in consultation with the Department of Planning and Budget, shall select the most viable option for ensuring completion of this project.*

C. The Department of Medical Assistance Services and the Department of Planning and Budget, with the assistance of the Department of Mental Health, Mental Retardation and Substance Abuse Services, shall use the Medicaid expenditure forecast models to project expenditures for State Plan Option services, including 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 children 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 by the State Plan for Medical Assistance.

D. The Department of Medical Assistance Services, to the extent permissible under federal law, shall enter into an agreement with the Department of Mental Health, Mental Retardation and Substance Abuse Services to share Medicaid claims and expenditure data on all Medicaid-reimbursed mental health, mental retardation and substance abuse services, and any new or expanded mental health, mental retardation and substance abuse services that are covered by the State Plan for Medical Assistance. The information shall be used to increase the effective and efficient delivery of publicly funded mental health, mental retardation and substance abuse services.

E.1. The Department of Medical Assistance Services (DMAS) shall develop and implement a written plan to include procedures for audits of providers of community mental health, mental retardation, and substance abuse services furnished under the State Medical Assistance Plan conducted directly or through a contract with any other entity. This plan shall include, but shall not be limited to, provisions to cover the following: clear and specific guidelines to providers through published manuals and memoranda pertaining to covered services and requirements for reimbursement; availability and provision of DMAS training for providers relating to covered services and requirements for reimbursement; a mechanism for providers to receive timely written answers to questions during service delivery or claims processing; a mechanism for informing providers before and during the audit process as to the type of documentation to be made available for purposes of the audit; to the extent allowable by federal law and regulations, the alternative use of reasonable civil penalties in instances of administrative technical compliance errors determined through the regulatory process; use of a claims-based random sample, where an extrapolation methodology may be required for the computation of overpayments due to the high volume of claims involved; procedures for recovery of reimbursements; and procedures for the consideration and implementation of reasonable written comments and concerns submitted by providers.

2. In the development and implementation of this plan, DMAS shall solicit and consider comments and suggestions from providers of community mental health, mental retardation, and substance abuse services furnished under the State Medical Assistance Plan. DMAS shall complete and submit this plan to the Chairmen of the Senate Finance and House Appropriations Committees, along with a summary of the written comments and suggestions from Medicaid providers, no later than November 15, 2001, and shall implement the plan on January 1 2002, or, if regulations are required to implement a change, as soon as feasible after regulations are promulgated.