
VIRGINIA STATE BUDGET

2007 Session

Budget Bill - SB750 (Introduced)

Bill Order » Office of Health and Human Resources » Item 307

Department of Medical Assistance Services

Item 307

First Year - FY2007

Second Year - FY2008

Administrative and Support Services (49900)	\$98,050,828 \$104,571,542	\$95,774,908 \$98,669,848
General Management and Direction (49901)	\$77,742,521 \$84,263,235	\$75,457,707 \$78,220,322
Information Technology Services (49902)	\$13,022,500	\$13,022,500
Administrative Support for the Family Access to Medical Insurance Security Plan (49932)	\$7,285,807	\$7,294,701 \$7,427,026
Fund Sources:		
General	\$36,531,873 \$37,022,142	\$36,555,616 \$38,004,135
Special	\$50,000	\$50,000
Federal Trust	\$61,468,955 \$67,499,400	\$59,169,292 \$60,615,713

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.

B. The Department of Medical Assistance Services shall submit expenditure reports of the Medicaid program in relation to the agency's actual appropriation to the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees. These reports shall be submitted on a monthly basis.

C. Out of this appropriation, \$50,000 in special fund revenue is appropriated in each year of the biennium to the Department of Medical Assistance Services for the administration of the disbursement of civil money penalties levied against and collected from Medicaid nursing facilities for violations of rules identified during survey and certification as required by federal law and regulation. Based on the nature and seriousness of the deficiency, the Agency or the Centers for Medicare and Medicaid Services may impose a civil money penalty, consistent with the severity of the violations, for the number of days a facility is not in substantial compliance with the facility's Medicaid participation agreement. Civil money penalties collected by the Commonwealth must be applied to the protection of the health or property of residents of nursing facilities found to be deficient. Penalties collected are to be used for (1) the payment of costs incurred by the Commonwealth for relocating residents to other facilities; (2) payment of costs incurred by the Commonwealth related to operation of the facility pending correction of the deficiency or closure of the facility; and (3) reimbursement of residents for personal funds or property lost at a facility as a result of actions by the facility or individuals used by the facility to provide services to residents. These funds are to be administered in accordance with the revised federal regulations and law, 42 CFR 488.400 and the

Social Security Act § 1919(h), for Enforcement of Compliance for Long-Term Care Facilities with Deficiencies. Any special fund revenue received for this purpose, but unexpended at the end of the fiscal year, shall remain in the fund for use in accordance with this provision.

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. In addition to any regional offices that may be located across the Commonwealth, any statewide, centralized call center facility that operates in conjunction with a brokerage transportation program for persons enrolled in Medicaid or the Family Access to Medical Insurance Security plan shall be located in Norton, Virginia.

F. The Department of Medical Assistance Services shall have the authority to amend the Medallion II waiver to allow the department to carve out dental services provided to children under the age of 21, and for adults as defined in 12 VAC 30-50-190, from Medicaid managed care. In addition, the department shall have the authority to amend the State Plans for Titles XIX (Medical Assistance) and XXI (Family Access to Medical Insurance Security) of the Social Security Act, as required by applicable statute and regulations to provide dental services to individuals enrolled in these programs on a fee-for-service basis, and to revise the prior authorization requirements for dental services in accordance with industry standards. The Department of Medical Assistance Services shall enact emergency regulations to effect this provision within 280 days or less from the enactment of this act. The Department of Medical Assistance Services may consider outsourcing such dental services to children under age 21, and for adults as defined in 12 VAC 30-50-190, to an administrative services program.

G. The Director, Department of Planning and Budget, is authorized to transfer amounts, as needed, from Medicaid Program Services (45600) and Children's Health Insurance Program Delivery (44600), to Administrative and Support Services (49900), to fund administrative expenditures associated with contracts between the department and companies providing dental benefit services for Medicaid and FAMIS recipients.