
VIRGINIA STATE BUDGET

2014 Special Session I

Budget Bill - HB5010 (Chapter 3)

Bill Order » Office of Health and Human Resources » Item 326

Department for Aging and Rehabilitative Services

Item 326	First Year - FY2015	Second Year - FY2016
Individual Care Services (45500)	\$33,094,089	\$33,094,089
Financial Assistance for Local Services to the Elderly (45504)	\$30,141,014	\$30,141,014
Rights and Protection for the Elderly (45506)	\$2,953,075	\$2,953,075
Fund Sources:		
General	\$12,202,183	\$12,202,183
Special	\$60,000	\$60,000
Dedicated Special Revenue	\$200,000	\$200,000
Federal Trust	\$20,631,906	\$20,631,906

Authority: Title 2.2, Chapter 7, Code of Virginia.

A. Out of this appropriation, \$456,209 the first year and \$456,209 the second year from the general fund shall be provided to continue a statewide Respite Care Initiative program for the elderly and persons suffering from Alzheimer's Disease.

B.1. Out of this appropriation, \$976,773 the first year and \$976,773 the second year from the general fund shall be provided to support local programs of the Virginia Public Guardian and Conservator Program.

2. Out of this appropriation, \$125,500 the first year and \$125,500 the second year from the general fund shall be used to expand services through the Virginia Public Guardian and Conservator Program to individuals with mental illness and/or intellectual disability who are 18 years of age and older.

C. Out of this appropriation, \$995,600 the first year and \$995,600 the second year from the general fund shall be used to provide guardianship and conservatorship services for individuals served by the Department of Behavioral Health and Developmental Services (DBHDS) pursuant to the interagency agreement between DBHDS and the Department for Aging and Rehabilitative Services.

D.1. The 18 Area Agencies on Aging that are authorized to use funding for the Care Coordination for the Elderly Program, shall be authorized to use funding to conduct a program providing mobile, brief intervention and service linking as a form of care coordination. The Virginia Department for Aging and Rehabilitative Services, in collaboration with the Area Agencies on Aging, shall analyze the resulting impact in these agencies and determine if this model of service delivery is an appropriate and beneficial use of these funds.

2. The Virginia Department for Aging and Rehabilitative Services, in collaboration with the 18 Area Agencies on Aging (AAAs) that are authorized to use funding for the Care Coordination for Elderly Program, shall examine and analyze existing state and national care coordination models to determine best practice models. The department

and designated AAAs shall determine which models of service delivery are appropriate and demonstrate beneficial use of these funds and develop the accompanying service standards. Each AAA receiving care coordination funding shall submit its plan for care coordination with the annual area plan.

E. Area Agencies on Aging shall be designated as the lead agency in each respective area for No Wrong Door.

F. Out of this appropriation, \$201,875 the first year and \$201,875 the second year from the general fund shall be provided to support the distribution of comprehensive health and aging information to Virginia's senior population, their families and caregivers.

G. Out of this appropriation, \$215,500 the first year and \$215,500 the second year from the general fund shall be provided for the Pharmacy Connect Program in Southwest Virginia, administered by Mountain Empire Older Citizens, Inc.

H. Notwithstanding § 2.2-703, Code of Virginia, the Department for Aging and Rehabilitative Services may administer the state Long-Term Care Ombudsman program in accordance with Public Law 89-73. The department shall ensure the ombudsman operates with programmatic independence and autonomy consistent with federal law.

I. The Department for Aging and Rehabilitative Services shall (i) recommend strategies to coordinate services and resources among agencies involved in the delivery of services to Virginians with dementia; (ii) monitor the implementation of the Dementia State Plan; (iii) recommend policies, legislation, and funding needed to implement the Plan; (iv) collect and monitor data related to the impact of dementia on Virginians; and (v) determine the services, resources, and policies that may be needed to address services for individuals with dementia.