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# VIRGINIA STATE BUDGET

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2016 Session

## Budget Bill - HB29 (Introduced)

Bill Order » Office of Health and Human Resources » Item 278

Secretary of Health and Human Resources

Item 278 (Not set out)	First Year - FY2015	Second Year - FY2016
<b>Administrative and Support Services (79900)</b>	<b>\$672,239</b>	<b>\$823,257</b>
General Management and Direction (79901)	\$672,239	\$823,257
Fund Sources:		
General	\$672,239	\$823,257

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Authority: Title 2.2, Chapter 2; Article 6, and § [2.2-200](#), Code of Virginia.

A.1. The Secretary of Health and Human Resources, in collaboration with the Office of the Attorney General and the Secretary of Public Safety and Homeland Security, shall present a six-year forecast of the adult offender population presently incarcerated in the Department of Corrections and approaching release who meet the criteria set forth in Chapter 863 and Chapter 914 of the 2006 Acts of Assembly, and who may be eligible for evaluation as sexually violent predators (SVPs) for each fiscal year within the six-year forecasting period. As part of the forecast, the secretary shall report on: (i) the number of Commitment Review Committee (CRC) evaluations to be completed; (ii) the number of eligible inmates recommended by the CRC for civil commitment, conditional release, and full release; (iii) the number of civilly committed residents of the Virginia Center for Behavioral Rehabilitation who are eligible for annual review; and (iv) the number of individuals civilly committed to the Virginia Center for Behavioral Rehabilitation and granted conditional release from civil commitment in a state SVP facility. The secretary shall complete a summary report of current SVP cases and a forecast of SVP eligibility, civil commitments, and SVP conditional releases, including projected bed space requirements, to the Governor and Senate Finance and House Appropriations Committees by November 15 of each year.

2. As part of the forecast process, the Department of Corrections shall administer a STATIC-99 screening to all potential Sexually Violent Predators eligible for civil commitment pursuant to § [37.2-900](#) et seq., Code of Virginia, within six months of admission to the Department of Corrections. The results of such screenings shall be provided to the commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) on a monthly basis and used for the SVP population forecast process.

3. The Office of the Attorney General shall also provide to the commissioner of DBHDS, on a monthly basis, the status of all SVP cases pending before their office for purposes of forecasting the SVP population.

B. The Secretary of Health and Human Resources shall provide the Governor and the Chairs of the Senate Finance and House Appropriations Committees a quarterly written assessment of the progress made by the Health Care Reform program office to implement new information technology systems as described in Item 424 D.2. of this Act. This report shall provide a program-level assessment, including a description of the expenditures that have been made and the activities to which any State or contract staff are assigned. The report shall also include a program-level description of steps taken to ensure that (i) individual projects and the use of project resources are prioritized across the program, (ii) a coordinated approach to program management across all projects is undertaken through the use of formal structures and processes, (iii) program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives, and (iv) any changes in program and project-level

objectives and resource needs are identified. This reporting requirement shall cease at such time as new program management standards are promulgated by the Virginia Information Technologies Agency.

C.1. The Secretary of Health and Human Resources shall conduct an analysis and develop a plan with options for a hospital provider assessment program, including a review of other issues deemed necessary, for consideration by the General Assembly in the 2016 Session, that: (i) complies with applicable federal law and regulations; (ii) is designed to operate in a fashion that is mutually beneficial to the Commonwealth and affected health care organizations; (iii) addresses health system challenges in meeting the needs of the uninsured and preserving access to essential health care services (e.g. trauma programs, obstetrical care) throughout the Commonwealth; (iv) supports the indigent care and graduate medical education costs at hospitals in the Commonwealth; (iv) advances reforms that are consistent with the goals of improved health care access, lower overall costs and better health for Virginians; and (v) takes into account the extent to which it provides equity in the assessment and funding distribution to affected health care organizations. In the development of this program, the Secretary's office shall be assisted by the Department of Medical Assistance Services, the Virginia Center for Healthcare Innovation, the Virginia Hospital and Healthcare Association and other affected stakeholders.

2. As part of the analysis and development of a plan for a hospital provider assessment program, the Secretary of Health and Human Resources shall also develop as an option a more limited program that is focused on supporting the indigent care and graduate medical education costs at private teaching hospitals in the Commonwealth.

3. The Secretary of Health and Human Resources shall also undertake a review of a program that would provide supplemental payments for qualifying private hospitals as provided for in the State Plan for Medical Assistance Services amendments 11-018 and 11-019 submitted to the Centers for Medicare and Medicaid Services on or about December 20, 2011.

4. The Secretary shall report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015 on the appropriate details regarding the plan and options for a hospital provider assessment program, which shall include: (i) the structure, collection process, and amount of the assessment; (ii) the process for supplemental payments; (iii) an estimate by hospital of the net financial impact of the program; and (iv) an implementation timeline. In addition, the Secretary shall include in his report details on the options and requirements of subparagraphs 2 and 3.

5. The Secretary may work with the appropriate federal agencies as part of the development of a plan for a program or other options developed pursuant to subparagraphs 1, 2 and 3 in order to ensure compliance with federal requirements.

D. The Secretary of Health and Human Resources shall convene a work group that shall include health care providers, consumers of health care services, representatives of the business community, and other stakeholders to review the current certificate of public need process and the impact of such process on health care services in the Commonwealth, and the need for changes to the current certificate of public need process. In conducting such review, the work group shall evaluate: (i) the process by which applications for certificates of public need are reviewed, the criteria upon which decisions about issuance of certificates of public need are based, and barriers to issuance of a certificate of public need; (ii) the frequency with which applications for a certificate are approved or denied; (iii) fees charged for review of applications for a certificate of public need and the cost to the Commonwealth of processing applications for a certificate of public need; (iv) applications for and the impact of the current certificate of public need process on establishment of new health care services, including the establishment of new intermediate-level or specialty-level neonatal special care services and open heart surgery services and the addition of new beds or operating rooms at existing medical care facilities; (v) the relationship between the certificate of public need process and the provision of charity care in the Commonwealth and the impact of the certificate of public need process on the provision of charity care in the Commonwealth; (vi) the impact of the certificate of public need process on graduate medical education programs and teaching hospitals in the Commonwealth; (vii) the efficacy of regional health planning agencies, the role of regional health planning

agencies in the certificate of public need process, and barriers to the continued role of regional health planning agencies in the certificate of public need process; and (viii) the frequency with which the State Medical Facilities Plan is updated and whether such plan should be updated more frequently. The work group shall develop specific recommendations for changes to the certificate of public need process to address any problems or challenges identified during such review, which shall include recommendations for changes to the process to be introduced during the 2016 Session of the General Assembly and any additional changes that may require further study or review. In conducting its review and developing its recommendations, the work group shall consider data and information about the current certificate of public need process in the Commonwealth, the impact of such process, and any data or information about similar processes in other states. The Secretary shall report on the recommendations developed by the work group to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees of Finance and Education and Health by December 1, 2015.

E. The Secretary of Health and Human Resources, in cooperation with the Secretary of Education, shall convene a work group to provide recommendations regarding the role of the State Executive Council for Comprehensive Services for At-Risk Youth and Families, including recommendations related to (i) whether the Council should be a supervisory council or a policy council, as each is defined in § 2.2-2100 of the Code of Virginia; (ii) the appropriate composition of the Council; (iii) the role of the Council regarding decisions relative to funding streams; (iv) the appropriate relationship between the Council and the executive branch of state government; and (v) whether the Council should have authority to promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia). The work group shall consist of the Commissioners of Health, Behavioral Health and Developmental Services, and Social Services, the Director of the Department of Medical Assistance Services, the Superintendent of Public Instruction, the Director of the Department of Juvenile Justice, the Director of the Office of Comprehensive Services, and the Executive Secretary of the Virginia Supreme Court, or their designees, and representatives of local governing bodies representing localities of various sizes and geographic areas of the Commonwealth recommended by the Virginia Association of Counties and the Virginia Municipal League. In developing its recommendations, the work group shall request and receive testimony and other input from stakeholders. The Secretary shall report on findings and recommendations to the Governor and the Chairmen of the Senate Committees on Finance and Rehabilitation and Social Services, and the House Committees on Appropriations and Health, Welfare and Institutions by December 1, 2015.

F. Out of this appropriation, \$150,000 the second year from the general fund is provided for consulting and legal services related to the analysis and plan for provider assessment and supplemental payment options and the work group studying the certificate of public need process. If this funding can be matched with federal funds, then the Department of Planning and Budget may transfer this appropriation to the Department of Medical Assistance Services.