2023 Special Session I

Budget Bill - SB6001 (Introduced)

Secretary of Health and Human Resources

Item 283	First Year - FY2023	Second Year - FY2024
Administrative and Support Services (79900)	**$1,653,270**	**$903,270**
General Management and Direction (79901)	$1,653,270	$903,270
Fund Sources:		
General	$1,653,270	$903,270

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 Appropriations 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 create a trauma-informed care workgroup to develop a shared vision and definition of trauma-informed care for agencies within the Health and Human Resources Secretariat. The workgroup shall include representatives from the Departments of Social Services, Behavioral Health and Developmental Services, Medical Assistance Services, and Health, as well as stakeholders, researchers, community organizations and representatives from impacted communities. The workgroup shall also (i) examine Virginia's applicable child and family-serving programs and data; (ii) develop strategies to build a trauma-informed system of care for children, using best practices for families who are impacted by the human service delivery system; (iii) identify indicators to measure progress in developing such a system of care; (iv) identify needed professional development/training in trauma-informed practices for all child-serving professionals and (v) identify

data sharing issues that need to be addressed to facilitate such a system. In addition, the workgroup shall explore opportunities to expand trauma-informed care throughout the Commonwealth. The Secretary of Health and Human Resources shall report on the workgroup's activities to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees and the Virginia Commission on Youth by December 15 of each year.

C.1. The Secretary of Health and Human Resources, in collaboration with the Secretary of Administration and the Secretary of Public Safety and Homeland Security, shall convene an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. The workgroup shall include the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, the Department of Planning and Budget, staff of the House Appropriations and Senate Finance and Appropriations Committees, and other agencies as deemed appropriate by the respective Secretaries. The purpose of the workgroup shall be to evaluate common business requirements for electronic health records to ensure consistency and interoperability with other partner state and local agencies and public and private health care entities to the extent allowed by federal and state law and regulations. The goal of the workgroup is to develop an integrated EHR which may be shared as appropriate with other partner state and local agencies and public and private health care entities. The workgroup shall evaluate the DBHDS statement of work developed for its EHR system and the DBHDS platform for potential adaption and/or use by state agencies in order to develop an integrated statewide EHR.

2. The workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursing a separate EHR system as compared to a statewide integrated EHR. However, the workgroup shall ensure that standards are developed to ensure that EHRs can be shared as appropriate with public and private partner agencies and health care entities.

3. The workgroup shall also develop an implementation timeline, cost estimates, and assess other issues that may need to be addressed in order to implement an integrated statewide EHR system. The timeline and cost estimates shall be used by the respective agencies to coordinate implementation. The workgroup shall report on its activities and any recommendations to the Joint Subcommittee on Heath and Human Resources Oversight by November 1 of each year.

D.1. The Secretary of Health and Human Resources shall develop a state innovation waiver under Section 1332 of the federal Patient Protection and Affordable Care Act (42 U.S.C. 18052) to implement a state reinsurance program to help stabilize the individual insurance market by reducing individual insurance premiums and out-of-pocket costs while preserving access to health insurance. The Secretary shall convene stakeholders to include representatives of health insurers, the State Corporation Commission Bureau of Insurance, consumer advocates, and others deemed necessary to assist in developing the reinsurance program.

2. The State Corporation Commission Bureau of Insurance shall provide technical assistance to the Secretary of Health and Human Resources as requested.

E. The Secretary of Health and Human Resources, in collaboration with the Virginia Department of Health and appropriate stakeholders, shall continue to support the efforts of the Virginia Task Force on Primary Care. The Secretary shall assist the Task Force to enhance the financing, quality and delivery of primary care in the Commonwealth. The Secretary of Health and Human Resources, in collaboration with the Virginia Department of Health, shall report on task force activities to the Governor and Chairmen of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2022.

F.1. The Secretary of Health and Human Resources shall establish a workgroup to review the current structure of the Department of Behavioral Health and Developmental Services (DBHDS) and make recommendations on modifications to the department's structure that improves the delivery of behavioral health and developmental disability services to the citizens of the Commonwealth. The workgroup shall include representatives of DBHDS,

the Department of Medical Assistance Services, the Department of Planning and Budget, the Behavioral Health Commission and other entities as deemed necessary by the Secretary to complete the tasks of the workgroup. Specifically, the workgroup shall evaluate: (i) whether responsibility for developmental disability services is more appropriate in another state agency or a new state agency; (ii) whether community-based behavioral health services and the operations of the state mental health hospitals should be divided into separate entities; (iii) whether a different structure or model, such as public-private partnerships, is appropriate for the operation of state mental health hospitals; and (iv) whether the current structure for community-based services can be enhanced to better deliver services.

2. Out of this appropriation, $750,000 from the general fund the first year shall be provided for the Secretary of Health and Human Resources to contract for a feasibility analysis to transform the Catawba Hospital Campus into a state-of-the-art campus at which a continuum of substance abuse treatment and recovery services, including long-term, short-term, acute, and outpatient services, is provided in addition to the array of behavioral health services currently provided to individuals in need of behavioral health care services. This analysis shall be completed for consideration of the workgroup in its recommendations on the structure and delivery of behavioral health and developmental disability services.

3. The workgroup shall report its findings and recommendations to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2022.

G. The Secretary of Health and Human Resources, or his designee, shall continue the workgroup previously established and shall add one member from the House of Delegates appointed by the Speaker, one member from the Senate, appointed by the Committee on Rules, one representative from the Commonwealth Council on Aging, and one representative with a professional or academic background in gerontology, selected by the workgroup, to join the one representative from the Department for Aging and Rehabilitative Services, three representatives from Area Agencies on Aging, one representative from the Virginia Association of Area Agencies on Aging, one representative from the Department of Planning and Budget, one representative each from the appropriate staff of the House Appropriations and Senate Finance and Appropriations Committees. The workgroup shall seek outside expertise, as necessary. A Chair and Vice-Chair shall be elected by the members of the workgroup at the first meeting. The workgroup shall develop a plan that establishes a new structure that elevates the provision of aging services in the Commonwealth to be effective July 1, 2023. Such plan shall: (i) define how aging services and programs should fit into the overall state organizational structure; (ii) include the necessary statutory and appropriation act changes to reflect the proposed structure; (iii) include an operational plan that reflects the necessary allocation of staff and funding at the appropriate agencies; and (iv) include an analysis of the necessary costs and funding needs to elevate aging services in a new structure. The workgroup shall evaluate all state aging services and programs and determine how they should fit in the new structure. The workgroup shall submit the plan by December 1, 2022, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

H.1. The Secretary of Health and Human Resources shall establish a Task Force on Eligibility Redetermination to ensure that the Commonwealth redetermines eligibility for Medicaid in the most efficient and prudent manner possible to meet the unwinding requirement associated with the end of the federal Public Health Emergency and the provisions of the maintenance of eligibility requirement in Medicaid pursuant to the Families First Coronavirus Response Act (P.L. 166-127). The Task Force shall include representatives from the Department of Medical Assistance Services, the Department of Social Services, the Department of Planning and Budget, and staff from the House Appropriations and Senate Finance and Appropriations Committees. The Task Force shall: (i) assess the current status of the shift of eligibility for individuals to the appropriate aid category that was assumed in the November 2021 forecast; (ii) evaluate the current plan, including the timeline, of the Department of Medical Assistance Services and the local departments of social services to redetermine Medicaid eligibility in the most efficient manner after the expiration of the maintenance of eligibility requirement; (iii) assess the resources and operational capabilities of the agencies to handle the increased workload efficiently; and (iv) make recommendations as appropriate to improve the unwinding process until its conclusion.

2. At the direction of the Secretary of Health and Human Resources, the Department of Medical Assistance Services is authorized to utilize federal American Rescue Plan Act funds allocated for this purpose to help address operational challenges in addressing eligibility redeterminations for Medicaid that may include providing additional funds to support overtime costs at local departments of social services and/or issuing emergency contracts to hire contractors to assist in the efforts.

3. The Secretary shall provide an update to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2022, and every 90 days thereafter through the end of fiscal year 2023, on the efforts and challenges related to eligibility redetermination efforts.