2026 Special Session I

Budget Bill - HB30 (Chapter 1)

Secretary of Health and Human Resources

Item 270	First Year - FY2027	Second Year - FY2028
Administrative and Support Services (79900)	**$1,060,134**	**$1,060,134**
General Management and Direction (79901)	$1,060,134	$1,060,134
Fund Sources:		
General	$1,060,134	$1,060,134

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.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 shall also maintain 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 Health and Human Resources Oversight by November 1 of each year.

C. The Secretary of Health and Human Resources and the Secretary of Labor shall coordinate efforts to ensure applicants and individuals enrolled in the Medicaid expansion program pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act who are subject to work requirements pursuant to House Resolution 1 (H.R. 1), Public Law 119-21, 119th Congress (2025-2026), are connected to work opportunities, including job search, job training, education, job placement assistance, employment, and community service opportunities. Coordination shall include agency data sharing to the extent allowed by federal and state laws to identify and provide outreach and assistance to affected individuals. In addition, agencies in the Health and Human Resources and Labor Secretariat shall make efforts to work with community providers to assist in these efforts. The Secretaries of Health and Human Resources and Labor shall provide a progress report on these efforts to the House Appropriations and Senate Finance and Appropriation Committees by December 1, 2026.

D.1. The Secretary of Health and Human Resources shall establish a Task Force on the Supplemental Nutrition Assistance Program (SNAP) error rate reduction status and implementation of Community Engagement requirements in the Medicaid program to ensure that the Commonwealth addresses the SNAP error rate in the most prudent manner possible and receives implementation updates for the Medicaid Community Engagement requirements. 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.

2. The Task Force shall: (i) assess the most recent SNAP error rate, including payment error trends, quality control results, and the major policy and operational drivers contributing to the error rate; (ii) evaluate the current corrective action plan to reduce and sustain a lower SNAP error rate; (iii) assess the resources and operational capabilities of the Department of Social Services and local departments to effectively lower the error rate; and (iv) make recommendations to improve the SNAP benefits administration processes.

3. The Task Force shall also: (i) review the status, federal approvals, and implementation timeline of Medicaid Community Engagement requirements; (ii) provide regular enrollment, exemption, and compliance updates; and (iii) recommend strategies to modernize and streamline the eligibility determination and case management system to improve administrative efficiency.

4. 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, 2026, and every 90 days thereafter through the end of fiscal year 2028, on the efforts, progress, and challenges related to decreasing the SNAP error rate and implementing Medicaid Community Engagement Requirements.