Report of the Subcommittee on Health and Human Resources

Senate Finance Committee
Virginia General Assembly

February 6, 2011

SENATE OF VIRGINIA
Senate Finance Committee

Mr. Chairman,

First of all, I want to thank you for your leadership. Last week, the Senate Finance Committee voted unanimously to strip any general funds from going to transportation -- a long-standing policy of this Committee. And on Friday, when the Governor announced an increase in general fund revenues, you made sure that a large portion of those dollars would flow into HHR. These decisions will preserve access to health and long-term care services, ensure that children receive treatment in the least restrictive setting, and expand community-based care for persons with mental disabilities.

I also want to thank the members of the HHR Subcommittee. We devoted three lengthy meetings to making sure we understood the Governor's proposals and get feedback from the public. As you will see, we embraced some of the Governor's proposals, we modified others, and some…well some…just weren't ready for prime time.

I think it's safe to say that we struggled with **five major budget issues**:

1) What to do about Medicaid, where providers and waiver recipients were facing $133 million in reductions?

2) What are the consequences of shifting additional costs to localities for the treatment of CSA children?

3) How should we roll out care coordination in Medicaid?

4) Can we improve the quality of care delivered in our state facilities while also building appropriate care in the community?

5) What to do about the explosive growth in the sexually violent predator program?

The members of the HHR Subcommittee have a long memory, we can recall – not so long ago – when reimbursement levels were so low that children couldn't find a dentist to see them, when pregnant women couldn't access OB/GYN services, and when waiver recipients couldn't find providers. We don't want to go there again.

This budget fully restores Medicaid provider rate reductions that are slated to take effect July 1st for hospitals, nursing homes, doctors and dentists. But because funding is still in short supply, some providers will see two percent reductions. And some unfortunately…will see no relief. We also fully restored respite care for waiver recipients.

In total, we recommend $105 million from the general fund for Medicaid providers and services. When matching federal funds are included, our decision will preserve more than $200 million in local health and long-term care services. Otherwise this funding would have evaporated in just a few short months. It's not clear how our fragile recovery might fair with a jolt of that magnitude. We didn't want to take that risk.

Of concern to this Subcommittee were proposals to change **CSA funding and services.** The proposed budget eliminated funding for kids who are involved with the juvenile justice system or have a mental illness. One judge down in Senator Reynold's district described these resources as "funds of last resort." If we pull the plug on these dollars, we're likely to end up paying more…and soon! Similarly, we didn't see the wisdom in increasing costs to localities for therapeutic foster care. This area requires careful examination -- with a surgical knife -- not a sledgehammer. This report reverses those proposals.

I don't want to leave you with the impression that we found wholesale disagreements with the Governor's budget…we didn't. In fact, we found many areas of common ground.

- We agree that it's wise to expand care coordination in Medicaid. We look forward to seeing care coordination expanded statewide and even to populations with disabilities. And we applaud the administration for working with stakeholders to ensure that we get it right.

- We also agree that we need to improve the quality of care provided in our state facilities. With the decertification of the geriatric unit at Eastern State Hospital, we were given $5.2 million reasons why care must be improved. We recommend full funding.

- We also agree that community-based care for people with mental disabilities must be improved. We again recommend full funding.

- Finally, we agree, **very reluctantly**, to provide $25 million to address the out of control growth in the sexually violent predator program. From day one, we have been concerned about this program. We knew that it was only a matter of time before we had to divert critical resources from other needs in HHR; that's exactly what is happening today.

Mr. Chairman, as I noted earlier, we removed over $1.0 billion from HHR last year. The additional $266 million provided by Congress in August helped to soften that blow, but we have a long way to go. With this report, Mr. Chairman, we hoped to **"do no 'more' harm."** We believe we have accomplished that goal.

Respectfully Submitted,

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The Honorable R. Edward Houck, Chairman

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The Honorable William C. Wampler, Jr.

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The Honorable Janet D. Howell

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The Honorable Emmett W. Hanger, Jr.

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The Honorable Yvonne B. Miller

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The Honorable Henry L. Marsh, III

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The Honorable Mary Margaret Whipple

Senate HHR Subcommittee Amendments to Chapter 874 (2010 Acts of Assembly)

#	Item #	Amendment	GF FY 2011	GF FY 2012	GF Biennium	NGF FY 2011	NGF FY 2012	NGF Biennium
1	273 #1s	Eliminate Funding for Independent Audits	$ -	$ (1,350,000)	**$ (1,350,000)**	$ -	$ -	**$ -**
2	273 #2s	Require Reporting on HHR Contracts with Automatic Increases	$ -	$ -	**Language**	$ -	$ -	**$ -**
3	274 #1s	Restore CSA Funding for Non-mandated Services	$ -	$ 5,000,000	**$ 5,000,000**	$ -	$ -	**$ -**
4	274 #2s	Restore CSA Local Match Rate for Therapeutic Foster Care Services	$ -	$ 7,500,000	**$ 7,500,000**	$ -	$ -	**$ -**
5	274 #3s	Authorize Regional Contracts for Therapeutic Foster Care	$ -	$ -	**Language**	$ -	$ -	**$ -**
6	274 #4s	Reporting Requirements for CSA Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
7	275 #1s	Care Coordination for the Elderly - Prince William County	$ -	$ 11,000	**$ 11,000**	$ -	$ -	**$ -**
8	275 #2s	Restore Funding for Oxbow Center	$ -	$ 88,000	**$ 88,000**	$ -	$ -	**$ -**
9	280 #1s	Restore Carryforward for Nursing Scholarships and Loan Repayments	$ -	$ -	**$ -**	$ -	$ -	**$ -**
10	282 #1s	Funding for the Office of the Chief Medical Examiner	$ -	$ (2,500,000)	**$ (2,500,000)**	$ -	$ 2,500,000	**$ 2,500,000**
11	283 #1s	Vital Records Fees	$ -	$ -	**$ -**	$ -	$ -	**$ -**
12	284 #1s	Lyme Disease Task Force	$ -	$ (15,000)	**$ (15,000)**	$ -	$ -	**$ -**
13	284 #2s	Transfer General Fund Support to Correct Service Area	$ -	$ -	**Language**	$ -	$ -	**$ -**
14	284 #3s	ADAP Reporting Requirements	$ -	$ -	**Language**	$ -	$ -	**$ -**
15	286 #1s	Restore GF for Health Department Operations	$ -	$ 1,000,000	**$ 1,000,000**	$ -	$ -	**$ -**
16	286 #2s	Move GF for Plan First to First Year	$ 500,000	$ (500,000)	**$ -**	$ -	$ -	**$ -**
17	286 #3s	State Personal Responsibility Education Program	$ -	$ (382,688)	**$ (382,688)**	$ 1,284,733	$ (507,285)	**$ 777,448**
18	287 #1s	Restaurant Fees Sliding Scale Required	$ -	$ -	**Language**	$ -	$ -	**$ -**

#	Item #	Amendment	GF FY 2011	GF FY 2012	GF Biennium	NGF FY 2011	NGF FY 2012	NGF Biennium
19	287 #2s	Authorize Additional FTEs for federal WIC Program	$ -	$ -	**$ -**	$ -	$ -	**$ -**
20	288 #1s	Funding for Non-State Agency (Operation Smile)	$ -	$ (500,000)	**$ (500,000)**	$ -	$ -	**$ -**
21	288 #2s	Restore Funding for CHIP of Virginia	$ -	$ -	**NGF**	$ -	$ 800,000	**$ 800,000**
22	288 #3s	Community-based Sickle Cell Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
23	288 #4s	NOVA Scripts Central/Project Access of Northern Virginia	$ -	$ -	**Language**	$ -	$ -	**$ -**
24	290 #1s	Review of Opportunities to Reduce Nutrient Pollution	$ -	$ -	**Language**	$ -	$ -	**$ -**
25	296 #1s	Restore Funding for Podiatry Services	$ -	$ -	**$ -**	$ -	$ -	**$ -**
26	295.1. #1s	Federal Electronic Health Record Incentive Program	$ -	$ -	**NGF**	$ -	$ -	**$ -**
27	297 #1s	Home and Community-Based Waiver Slots	$ -	$ (1,315,800)	**$ (1,315,800)**	$ -	$ (1,315,800)	**$ (1,315,800)**
28	297 #2s	Payments to Hospitals with High-Volume NICUs	$ -	$ (250,000)	**$ (250,000)**	$ -	$ (250,000)	**$ (250,000)**
29	297 #3s	Restore Funding for Podiatry Services	$ -	$ 487,500	**$ 487,500**	$ -	$ 487,500	**$ 487,500**
30	297 #4s	Authorize Prospective Payment System for Outpatient Hospital Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
31	297 #5s	Authorize Mandated Provisions of Federal Health Care Reform	$ -	$ -	**Language**	$ -	$ -	**$ -**
32	297 #6s	Restore Funding for Environmental Modification & Assistive Technology	$ -	$ 625,306	**$ 625,306**	$ -	$ 625,306	**$ 625,306**
33	297 #7s	Restore GF for Home & Community-Based Services	$ -	$ 14,369,028	**$ 14,369,028**	$ -	$ 14,369,028	**$ 14,369,028**
34	297 #8s	Restore Funding for Medicaid Providers	$ -	$ 65,769,790	**$ 65,769,790**	$ -	$ 62,219,790	**$ 62,219,790**
35	297 #9s	Restore GF for Residential Psychiatric Services	$ -	$ 992,900	**$ 992,900**	$ -	$ 992,900	**$ 992,900**
36	297 #10s	Restore GF for Respite Care Services	$ -	$ 21,238,946	**$ 21,238,946**	$ -	$ 21,238,946	**$ 21,238,946**

#	Item #	Amendment	GF FY 2011	GF FY 2012	GF Biennium	NGF FY 2011	NGF FY 2012	NGF Biennium
37	297 #11s	Restore GF for Therapeutic Day Treatment Services	$ -	$ 1,126,802	**$ 1,126,802**	$ -	$ 1,126,802	**$ 1,126,802**
38	297 #12s	GF Savings from Proposed Expansion of Plan First	$ -	$ (1,467,956)	**$ (1,467,956)**	$ -	$ (1,467,956)	**$ (1,467,956)**
39	297 #13s	Update Behavioral Health Medicaid Appropriation	$ (415,751)	$ -	**$ (415,751)**	$ (616,145)	$ -	**$ (616,145)**
40	297 #14s	Correct Error Related to Residential Level A and B Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
41	297 #15s	Independent Assessment of Children's Mental Health Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
42	297 #16s	Chronic Kidney Disease Health Program	$ -	$ -	**Language**	$ -	$ -	**$ -**
43	297 #17s	Proposed Changes to Care Coordination Language	$ -	$ -	**Language**	$ -	$ -	**$ -**
44	297 #18s	Home and Community-Based Services Audits	$ -	$ -	**Language**	$ -	$ -	**$ -**
45	297 #19s	Require Reporting Prior to Implementation - Community-Based Services	$ -	$ -	**Language**	$ -	$ -	**$ -**
46	297 #20s	Require Reporting Prior to Implementation - Recipient Utilization Program	$ -	$ -	**Language**	$ -	$ -	**$ -**
47	297 #21s	Report Required for Cost Recovery Activities	$ -	$ -	**Language**	$ -	$ -	**$ -**
48	304 #1s	Adjust Embedded Language to Reflect Appropriation	$ -	$ -	**Language**	$ -	$ -	**$ -**
49	304 #2s	SB 1451 - Post Information on Children's Residential Facilities	$ -	$ 50,000	**$ 50,000**	$ -	$ -	**$ -**
50	304 #3s	Require Reporting Prior to Implementation - Prescription Drug Formulary	$ -	$ -	**Language**	$ -	$ -	**$ -**

#	Item #	Amendment	GF FY 2011	GF FY 2012	GF Biennium	NGF FY 2011	NGF FY 2012	NGF Biennium
51	314 #1s	Require Reporting Prior to Implementation - ID Training Centers	$ -	$ -	**Language**	$ -	$ -	**$ -**
52	320 #1s	Restore GF for Long-term Employment Support Services	$ -	$ 192,372	**$ 192,372**	$ -	$ -	**$ -**
53	320 #2s	Restore GF for Extended Employment Services	$ -	$ 106,328	**$ 106,328**	$ -	$ -	**$ -**
54	320 #3s	Restore GF for Long-term Rehabilitation Case Management	$ -	$ 388,279	**$ 388,279**	$ -	$ -	**$ -**
55	320 #4s	Restore GF for Brain Injury Services	$ -	$ 194,931	**$ 194,931**	$ -	$ -	**$ -**
56	320 #5s	Restore GF for Centers for Independent Living	$ -	$ 116,866	**$ 116,866**	$ -	$ 350,000	**$ 350,000**
57	323 #1s	Move NGF for Indirect Cost Recoveries	$ -	$ -	**NGF**	$ -	$ (350,000)	**$ (350,000)**
58	327 #1s	Cost of Living Increase for TANF	$ -	$ -	**Language**	$ -	$ -	**$ -**
59	328 #1s	Restore GF for Local Departments of Social Services	$ -	$ 5,799,369	**$ 5,799,369**	$ -	$ 8,284,813	**$ 8,284,813**
60	329 #1s	Revise TANF Collections from Child Support	$ (563,366)	$ (1,533,935)	**$ (2,097,301)**	$ -	$ -	**$ -**
61	333 #1s	Northern Virginia Family Services	$ -	$ 200,000	**$ 200,000**	$ -	$ -	**$ -**
62	333 #1s	Restore GF for Early Childhood Foundation	$ -	$ 225,000	**$ 225,000**	$ -	$ -	**$ -**
63	333 #1s	Restore Funding for Healthy Families	$ -	$ -	**NGF**	$ -	$ 1,000,000	**$ 1,000,000**
64	341#1s	Transfer Funding for Radio Reading Services	$ -	$ 120,163	**$ 120,163**			**$ -**
65	343 #1s	Reduce GF in first year for Vocational Rehabilitation Services	$ (1,000,000)	$ -	**$ (1,000,000)**	$ (4,000,000)	$ -	**$ (4,000,000)**
66	3-1.01 #1s	Drivers License Reinstatement Fee Transfer - Trauma Centers	$ -	$ -	**Language**			
		TOTAL	$ (1,479,117)	$ 115,787,201	**$ 114,308,084**	$ (3,331,412)	$ 110,104,044	**$ 106,772,632**

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Medical Assistance	$0	($1,315,800)	GF
Services	$0	($1,315,800)	NGF

Language:

Page 249, line 7, strike "$7,244,217,237" and insert "$7,241,585,637".

Page 259, line 12, strike "275" and insert "up to 75 waiver slots for Medicaid recipients exiting state intellectual disabilities training centers and 100 waiver slots to address the community waiting list".

Page 259, after line 12, insert:

"5. The Department of Medical Assistance Services shall add 100 waiver slots under the Individual and Family Developmental Disabilities waiver program effective July 1, 2011."

Explanation:

(This amendment reduces $1.3 million from the general fund and $1.3 million from federal Medicaid matching funds by reallocating proposed funding for additional intellectual disability (ID) waiver slots. The introduced budget included $9.8 million from the general fund and a similar amount of federal Medicaid matching funds for 275 ID waiver slots. This amendment allocates funding for 175 ID waiver slots and 100 DD waiver slots. Slots have not been added to the DD waiver program since 2007.)

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Medical Assistance	$0	($250,000)	GF
Services	$0	($250,000)	NGF

Language:

Page 249, line 7, strike "$7,244,217,237" and insert "$7,243,717,237".

Page 261, line 37, after "MMM." insert "1.".

Page 261, after line 45, insert:

"2. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance governing Medicaid reimbursements for hospitals to provide an increase in Indirect Medical Education payments for non-state owned hospitals that do not meet the criteria to receive Medicaid payments pursuant to paragraph 1 of this item, but who have Medicaid Neonatal Intensive Care Unit (NICU) utilization greater than 4,500 Medicaid NICU inpatient days using base year 2003 data, as reported to the Department as of March 1, 2005. Out of this appropriation, $250,000 from the general fund and $250,000 from nongeneral funds the second year shall be provided for this purpose. The department shall have the authority to implement this reimbursement change effective July 1, 2011, and prior to the completion of any regulatory process undertaken in order to effect such change.

3. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to provide for an additional IME payment not to exceed $200,000 for all type Two hospitals who had Medicaid NICU utilization in excess of 50% as reported to the Department as of March 1, 2004, have total Medicaid utilization under 50% and who do not otherwise receive an additional IME payment. The department shall have the authority to implement this reimbursement change effective July 1, 2011, and prior to the completion of any regulatory process undertaken in order to effect such change."

Page 266, strike lines 23 through 30 and re-letter the remaining paragraphs.

Explanation:

(This amendment reduces $250,000 from the general fund and $250,000 from nongeneral funds for hospitals with high-volume neonatal intensive care units. The introduced budget included $1.0 million from the general fund for Children's Hospital of the King's Daughters (CHKD) including $400,000 by increasing special indirect medical education payments and $600,000 by establishing a supplemental payment program for physicians speciality groups. This amendment removes language and eliminates funding for the supplemental payment program. This

amendment also provides $250,000 for INOVA Hospital in Fairfax and $100,000 for Johnson City Memorial. These hospitals have received supplemental payments to offset the cost of operating NICUs that serve a high volume of Virginia Medicaid patients.)

Health And Human Resources

Department Of Medical Assistance Services — Language

Language:

Page 266, strike lines 31 through 56.

Page 266, strike lines 1 through 35, and insert:

"MMMM.1. The Department of Medical Assistance Services shall seek federal authority through the necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to expand principles of care coordination to all geographic areas, populations, and services under programs administered by the department. The expansion of care coordination shall be based on the principles of shared financial risk such as shared savings, performance benchmarks or risk and improving the value of care delivered by measuring outcomes, enhancing quality, and monitoring expenditures. The department shall engage stakeholders, including beneficiaries, advocates, providers, and health plans, during the development and implementation of the care coordination projects. Implementation shall include specific requirements for data collection to ensure the ability to monitor utilization, quality of care, outcomes, costs, and cost savings. The department shall report by November 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees detailing implementation progress including but not limited to the number of individuals enrolled in care coordination, the geographic areas, populations and services affected and cost savings achieved. Unless otherwise delineated, the department shall have authority to implement necessary changes upon federal approval and prior to the completion of any regulatory process undertaken in order to effect such change. The intent of this Item may be achieved through several steps, including, but not limited to the following:

a. In fulfillment of this Item, the department may seek any necessary federal authority through amendment to the State Plans under Title XIX and XXI of the Social Security Act, and appropriate waivers to such, to expand the current managed care program, Medallion II, to all localities of the Commonwealth effective January 1, 2012. The department shall have authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this act.

b. In fulfillment of this Item, the department may seek federal authority through amendment to the State Plans under Title XIX and XXI of the Social Security Act,

and appropriate waivers to such, to allow, on a pilot basis, foster care children, under the custody of the City of Richmond Department of Social Services, to be enrolled in Medicaid managed care (Medallion II) effective July 1, 2011. The department shall have the authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment date of this act.

c. In fulfillment of this item, the department may seek federal authority to implement a care coordination program for Elderly or Disabled with Consumer Direction (EDCD) waiver participants effective October 1, 2011. This service would be provided to adult EDCD waiver participants on a mandatory basis. The department shall have authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this act.

d. In fulfillment of this item, the department may seek federal authority through amendment to the State Plan under Title XIX of the Social Security Act, and any necessary waivers, to allow individuals enrolled in Home and Community Based Care (HCBC) waivers to also be enrolled in contracted Medallion II managed care organizations for the purposes of receiving acute and medical care services effective January 1, 2012. The department shall have authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this act.

e. In fulfillment of this item, the department and the Department of Behavioral Health and Developmental Services, in collaboration with the Community Services Boards and in consultation with appropriate stakeholders, shall develop a blueprint for the development and implementation of a care coordination model for individuals in need of behavioral health services not currently provided through a managed care organization. The overall goal of the project is to improve the value of behavioral health services purchased by the Commonwealth of Virginia without compromising access to behavioral health services for vulnerable populations. Targeted case management services will continue to be the responsibility of the Community Services Boards. The blueprint shall: (i) describe the steps for development and implementation of the program model(s) including funding, populations served, services provided, timeframe for program implementation, and education of clients and providers; (ii) set the criteria for medical necessity for community mental health rehabilitation services; and (iii) include the following principles:

1. Improves value so that there is better access to care while improving equity.

2. Engages consumers as informed and responsible partners from enrollment to care delivery.

3. Provides consumer protections with respect to choice of providers and plans of care.

4. Improves satisfaction among providers and provides technical assistance and incentives for quality improvement.

5. Improves satisfaction among consumers by including consumer representatives on provider panels for the development of policy and planning decisions.

6. Improves quality, individual safety, health outcomes, and efficiency.

7. Develops direct linkages between medical and behavioral services in order to make it easier for consumers to obtain timely access to care and services, which could include up to full integration.

8. Builds upon current best practices in the delivery of behavioral health services.

9. Accounts for local circumstances and reflects familiarity with the community where services are provided.

10. Develops service capacity and payment system that reduces the need for involuntary commitments and prevents default (or diversion) to state hospitals.

11. Reduces and improves the interface of vulnerable populations with local law enforcement, courts, jails, and detention centers.

12. Supports the responsibilities defined in the Code of Virginia relating to Community Services Boards and Behavioral Health Authorities.

13. Promotes availability of access to vital supports such as housing and supported employment.

14. Achieves cost savings through decreasing avoidable episodes of care and hospitalizations, strengthening the discharge planning process, improving adherence to medication regimens, and utilizing community alternatives to hospitalizations and institutionalization.

15. Simplifies the administration of acute psychiatric, community mental health rehabilitation, and medical health services for the coordinating entity, providers, and consumers.

16. Requires standardized data collection, outcome measures, customer satisfaction surveys, and reports to track costs, utilization of services, and outcomes. Performance data should be explicit, benchmarked, standardized, publicly available, and validated.

17. Provides actionable data and feedback to providers.

18. In accordance with federal and state regulations, includes provisions for effective and timely grievances and appeals for consumers.

f. The department may seek the necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to develop and implement a care coordination model, that is consistent with the principles in Paragraph e, for individuals in need of behavioral health services not currently provided through managed care to be effective January 1, 2012. This model may be applied to individuals on a mandatory basis. The department shall have authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment date of this act.

g. The department may seek the necessary waiver(s) and/or State Plan authorization under Title XIX of the Social Security Act to develop and implement a care coordination model for individuals dually eligible for services under both Medicare and Medicaid to be effective April 1, 2012. The department shall have authority to implement necessary changes upon federal approval and prior to the completion of any regulatory process undertaken in order to effect such change.

h. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services, in consultation with appropriate stakeholders and national experts, shall research and work to improve and/or develop Medicaid waivers for individuals with intellectual disabilities and developmental disabilities that will increase efficiency and cost effectiveness, enable more individuals to be served, strengthen the delivery of person-centered supports, enable individuals with high medical needs and/or high behavioral support needs to remain in the community setting of their choice, and provide viable community alternatives to institutional

placement. This initiative shall include a review of the current Intellectual Disabilities (ID) and Individual and Family Developmental Disabilities Supports (IFDDS) waivers to identify any improvements to these waivers that will achieve these same outcomes. The Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services shall report on the proposed waiver changes and associated costs to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2011."

Explanation:

(This amendment replaces language included in the introduced budget related to the development and implementation of care coordination services in Medicaid. Language is included to further define what is meant by quality of care as it relates to care coordination. The amendment delays by six months the expansion of Medallion II (i.e., Medicaid managed care) to southwest Virginia to provide additional time for networks to be developed. Budget language is modified related to care coordination for individuals in need of behavioral health services. The replacement language requires the development of a blueprint for behavioral health services in consultation with other stakeholders. The blueprint includes details on funding, populations served, services provided, time frame for program implementation, and education of clients and providers. In addition, the blueprint requires the inclusion of 19 principles for care coordination. Also, it ensures that the models developed and implemented do not result in more expensive and less appropriate placements. Language that would implement care coordination for individuals receiving services in the Mental Retardation/Intellectual Disabilities (MR/ID) waiver is removed and replaced with language to improve existing home and community-based waiver services.)

Health And Human Resources

Department Of Social Services Language

Language:

Page 289, after line 21, insert:

"P. The Commissioner shall establish a reasonable, automatic adjustment for inflation by increasing the TANF cash assistance grant for eligible recipients. This provision shall apply only in fiscal years following a fiscal year in which salary increases are provided for state employees."

Explanation:

(This amendment adds language to require the Commissioner of Social Services to provide federal Temporary Assistance to Needy Families (TANF) funds for a cost-of-living increase in TANF cash assistance payments beginning in the fiscal year following a fiscal year in which a salary increase has been provided to state employees. The typical payment for a parent with two children would increase to $320 per month. TANF payments have been increased only two times since 1974. Currently a family of three receives benefit payments that are less than one-fourth of the federal poverty income level.)