

Health and Human Resources

Approved Adjustments (\$ in millions)				
	FY 2015 Adopted		FY 2016 Adopted	
	<u>GF</u>	<u>NGF</u>	<u>GF</u>	<u>NGF</u>
2014-16 Base Budget, Ch. 806	\$5,239.4	\$7,429.7	\$5,239.4	\$7,429.7
Increases	442.5	362.6	660.5	542.3
Decreases	<u>(155.6)</u>	<u>(109.9)</u>	<u>(236.0)</u>	<u>(169.9)</u>
\$ Net Change	287.0	252.7	424.6	372.4
Chapter 2 (HB 5002, as Approved)	\$5,525.4	\$7,682.4	\$5,726.1	\$7,802.1
% Change	5.2%	3.3%	7.5%	4.8%
FTEs	8,695.45	7,066.8	8,695.45	7,066.80
# Change	(431.77)	(453.23)	(431.77)	(453.23)

- **Comprehensive Services for At-Risk Youth and Families**

- *Transfer Administrative Funds from the Department of Social Services (DSS) to the Office of Comprehensive Services (OCS).* Transfers \$1.3 million GF each year to the Office of Comprehensive Services from DSS. Administrative funding for the OCS has been appropriated to DSS for more than a decade. Transferring these funds to the OCS will more accurately reflect current administrative operations at both agencies. A separate budget action within DSS removes funding for administrative purposes.
- *Provide Funds for Local Financial Interface Solution.* Adds \$300,000 GF each year to continue funding a contract with a private vendor to create linkages between information systems that are maintained and operated by CSA, the Department of Social Services and localities. Funding, which was begun with unspent carry-forward balances, will link systems that track CSA’s child welfare data, assessments of child and youth needs, payment and local financial systems. The system upgrades are designed to use data to better inform decision-making, enhance outcomes for youth and their families, and maximize the use of limited state and local resources through better monitoring of service delivery.

- *Fund Anticipated Foster Care Rate Increase.* Includes \$219,328 GF each year to increase the rates paid for foster care maintenance as required by language in the Appropriation Act. Budget language within the Department of Social Services requires that a “reasonable, automatic adjustment for inflation each year be applied to the room and board maximum rates paid to foster parents” in the fiscal year following the fiscal year in which a salary increase is provided for state employees.
- *GF Savings from Expanding Foster Care to Youth Ages 18-21.* Reduces \$4.3 million GF in FY 2016 as a result of shifting the cost of providing services to youth between the ages of 18 and 21 from CSA to the federal Title IV-E program operated by DSS. A separate budget action within DSS provides funding to expand program services for this population.

- **Department for the Deaf and Hard-of-Hearing**

- *Adjust NGF Appropriation for Relay Services.* Reduces \$5.0 million NGF in FY 2016 in anticipation of lower costs for a new relay service contract. To ensure competitive bids for the new relay service contract, the approved budget removes language that requires any request for proposal (RFP) to include a requirement to employ at least 85 individuals. Budget language is added requiring the RFP to give preferential consideration to locate the relay service in an economically distressed area of the Commonwealth and secondarily to consider establishing an in-state call center. Any savings from the new contract, estimated at \$5.0 million annually, will be passed along to localities from balances generated through the Communications Sales and Use Tax fund.

- **Department of Health**

New Spending

- *Provide Additional Support for Information Security Program.* Includes \$317,378 GF in FY 2015 and \$285,900 GF in FY 2016 to strengthen the department’s information security program by adding two positions and conducting agency-specific training. Additional funding is designed to address the Commonwealth’s stricter security requirements and better protect sensitive data.
- *Add Funds for Increased Rents at Local Health Departments.* Provides \$176,929 in FY 2015 and \$387,744 in FY 2016 from the general fund and \$103,503 in FY 2015 and \$267,602 in FY 2016 from nongeneral funds to address higher lease costs for nine local health departments that have moved into new facilities or experienced higher costs in current leased space. While lease arrangements are negotiated by the Department of General Services, the cost of new leases is the responsibility of local health departments.

- ***Add Funding for Implementation of Electronic Health Records.*** Adds \$350,000 GF in FY 2015 and \$150,000 GF in FY 2016 to continue the transition of health records to ConnectVirginia, the state’s health information exchange. Additional funding is designed to support a system of electronic health records that can be shared by entities across the Commonwealth.
- ***Provide Funding for Plan Management Functions of Federal Marketplace.*** Includes \$96,150 GF in FY 2015 and \$93,900 GF in FY 2016 to fund the department’s activities related to the Federally-Facilitated Health Insurance Marketplace. Funding will be used to offset the cost of assisting the State Corporation Commission in carrying out its plan management functions, including oversight of the federal quality health plan certification process and assistance with managed care insurance plan requirements. This cost will be offset by federal funds should they become available.

Other

- ***Remove One-time Funding for Local Dental Services.*** Eliminates \$967,944 GF and \$696,362 NGF each year for state-supported dental services in all but three health districts, and transitions to a recently designed dental prevention model. The reduction in funding will result in the closure of state-supported dental clinics and the elimination of 20 dental positions and the transition of care to dental hygienists. With the exception of Mount Rogers, Western Tidewater, and Norfolk, local health districts will begin transitioning to a new model of dental care that is required to ensure 1) trained personnel are in place, 2) the focus of care is on areas in the most need of dental services, and 3) evaluation metrics are developed to ensure cost-effective, quality care is provided.
- ***Restore GF for Poison Control Centers.*** The introduced budget proposed to reduce \$300,000 GF each year from poison control centers in the Commonwealth. Proposed budget language also would have limited funding to two centers. Currently, three poison control centers receive \$1.0 million GF each year to provide statewide services. The approved budget restores funding for the poison control centers and adds budget language requiring the department to determine how to use the centers as a resource for patients with mental health disorders and for providers that treat patients with poison-related suicide attempts, substance abuse, and adverse medication events.

Changes in Nongeneral Fund (NGF) Appropriations

- ***Increase NGF Appropriation for Trauma Fund.*** Provides an increase of \$5.0 million NGF each year to the Trauma Fund to allow the department to provide additional funding to hospitals that operate trauma centers. Funding is available from

balances generated from increased revenues from driver's license reinstatement fees that are deposited into the fund.

- ***Increase NGF Appropriation for Communicable Disease Prevention and Control.*** The approved budget adds \$2.5 million NGF each year to increase the appropriation for the Division of Communicable Disease Prevention and Control, reflecting increased revenue from prescription drug rebates from drug manufacturers based on the sale of HIV/AIDS medications dispensed to Department of Health clients.
- ***Increase NGF Appropriation for Rescue Squad Assistance Fund (RSAF).*** Adds \$1.5 million NGF each year to increase the appropriation to the RSAF. Additional balances have been generated from revenues to the fund from the \$6.25 for Life fee. Funds may be used for training programs, equipment and supplies for emergency medical services (EMS) purposes.
- ***Reduce NGF Appropriation for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).*** Reduces funding by \$2.0 million NGF from federal funds each year for the WIC program to adjust the current appropriation to reflect projected spending.
- ***Provide Temporary Assistance for Needy Families (TANF) for Resource Mothers Program.*** The introduced budget included \$614,914 GF each year for the Resource Mothers Program to offset a reduction in federal funding. The approved budget does not include additional general funds but provides funding in the first year from the TANF block grant to maintain services to this at-risk population. Resources Mothers is a home-visiting program that provides mentoring services to pregnant teens up to age 19, with the goal of achieving healthy births and reducing infant mortality.
- ***Provide TANF for the Comprehensive Health Improvement Program (CHIP) of Virginia.*** Adds \$450,000 NGF the first year from the federal TANF block grant and \$450,000 GF the second year to restore funding for CHIP of Virginia. Funding for CHIP was reduced during the recent recession resulting in less capacity to serve low-income pregnant women and children. CHIP has been able to achieve cost-savings at the same time improving birth outcomes, infant development, children's health, school readiness and parenting skills.

Language

- ***Report on the Effectiveness of Existing Nursing Scholarship and Loan Repayment Programs.*** Adds budget language requiring the Secretary of Health and Human Resources, in collaboration with the Department of Health, to examine the effectiveness of current programs that are designed to attract nurses to underserved areas of Virginia. The report must include the Nursing Scholarship and Loan

Repayment Program as part of the analysis and include recommendations to improve the program. The report is to be submitted to the Director of the Department of Planning and Budget and to the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2014.

- **Department of Medical Assistance Services**

Forecast Changes

- *Medicaid Utilization and Inflation.* Adds \$255.2 million GF and \$195.1 million NGF in FY 2015 and \$419.2 million GF and \$297.0 million NGF in FY 2016 to fully fund expected increases in enrollment and medical costs for the Medicaid program.

Projected spending on Medicaid continues to decline from recession-level highs. Due to a combination of lower medical costs and slowing enrollment growth, Medicaid spending is expected to increase by 6.6 percent and 3.2 percent, respectively, in FY 2015 and FY 2016. Medicaid spending has not dipped below 5.0 percent in over a decade.

The November 2013 Medicaid Forecast assumes that managed care rates will increase by 4 percent each year to accommodate enrollment and cost growth. Enrollment is expected to grow by 2.5 percent in FY 2014 -- half the level of increase experienced the prior year.

The forecast includes several mandatory policy provisions including inflation adjustments for nursing homes (\$25.6 million GF for the biennium), hospitals (\$51.4 million GF), home health agencies (\$242,559 GF), and outpatient rehabilitation agencies (\$609,003 GF) as well as rebasing of nursing home rates (\$30.0 million GF). In addition, funding of \$5.7 million GF was included to restore a capital reimbursement factor for nursing homes. The approved budget eliminates general fund increases for inflation in FY 2015 and FY 2016 with the exception of inflation for nursing homes in the second year. These reductions are described separately.

- *Adjust Appropriation from the Virginia Health Care Fund.* Reduces the appropriation to Medicaid by \$5.2 million GF in FY 2015 and adds \$4.5 million GF in FY 2016 to reflect changes in net revenues to the Virginia Health Care Fund. Revenues to the Fund are used as a portion of the state's match for the Medicaid program, therefore, higher revenues allow for a reduction in general fund support to maintain currently-funded Medicaid services. Conversely, lower revenues require additional general fund support. Revenues in the fund are derived from tobacco taxes, Medicaid recoveries, and a portion of the Master Tobacco Settlement Agreement (41.5 percent of tobacco settlement revenues). Changes to the fund include:

- A reduction of \$1.9 million in FY 2015 and \$2.4 million in FY 2016 from the tobacco Master Settlement Agreement;
 - A reduction of \$5.5 million in FY 2015 and \$7.5 million in FY 2016 from projected reductions in tax collections from cigarettes and other tobacco products; and
 - An increase of \$12.6 million in FY 2015 and \$5.4 million in FY 2016 from projected Medicaid recoveries.
- ***Family Access to Medical Insurance Security (FAMIS) Utilization and Inflation.*** Adds \$337,532 GF and \$626,845 NGF in FY 2015 to address increases in enrollment and cost for the FAMIS program. The approved budget also reduces \$33.2 million GF and adds \$37.2 million NGF from federal funds in FY 2016 to reflect an increase in the federal match rate from 65 percent to 88 percent the second year. Beginning on October 1, 2015, the federal Medicaid rate is increased by 23 percentage points pursuant to the Patient Protection and Affordable Care Act. The enhanced federal match rate, in effect from FFY 2016 through FFY 2019, masks growth in the program, which is expected to increase due to the “woodwork effect” as individuals come forward to qualify for Medicaid. Spending in FAMIS is projected to increase by 14.9 percent in FY 2015 and 28.4 percent in FY 2016. The FAMIS program serves pregnant women and children under the age of 19 in families with income between 133 and 200 percent of poverty.
- ***Medicaid State Children’s Health Insurance Program (SCHIP) Utilization and Inflation.*** The approved budget adds \$1.3 million GF and reduces \$500,486 NGF in FY 2015. The budget also reduces funding by \$22.5 million GF and adds \$21.9 million NGF from federal Medicaid matching funds in FY 2016 to reflect an increase in the federal match rate from 65 percent to 88 percent the second year. The enhanced federal Medicaid match rate, a provision included in the Affordable Care Act, will be in effect from FFY 2016 through FFY 2019. Spending in the program is expected to increase by 9.5 percent in FY 2015 and 25.3 percent in FY 2016 due to the “woodwork effect.” The SCHIP program provides services for Medicaid-eligible low-income children living in families with incomes between 100 and 133 percent of the federal poverty level.
- ***Adjust Funding for Involuntary Mental Commitments.*** The approved budget includes a general fund reduction of \$562,575 in FY 2015 and \$362,875 in FY 2016 as a result of lower than anticipated costs to hospitals and physicians for persons subject to involuntary mental health commitment hearings. Spending for these medical services is projected to stabilize at \$12.4 million GF in FY 2015 and \$12.6 million GF in FY 2016. The 2014 General Assembly enacted changes, described in a

separate paragraph, to the duration of emergency custody and temporary detention orders, resulting in additional costs for these medical services.

Medicaid Forecast Reductions

- ***Continue Withholding Inflation for Hospital Operating Rates.*** Reduces funding by \$16.9 million GF in FY 2015 and \$34.6 million GF in FY 2016 and \$17.9 million NGF in FY 2015 and \$33.6 million NGF in FY 2016 from federal Medicaid matching funds by withholding an annual inflation adjustment to inpatient operating rates for acute and rehabilitation hospitals for the Medicaid, FAMIS, SCHIP and involuntary mental health commitment programs during the biennium. Under current law, inpatient operating rates for hospitals are adjusted annually by an inflation factor based on current trends in hospital costs. The November 2013 Medicaid forecast assumed an inflation adjustment of 2.5 percent each year.
- ***Continue Reduction to Indigent Care Funding at State Teaching Hospitals.*** The approved budget continues a reduction of \$15.0 million GF each year for the cost of delivering indigent care at VCU and UVA Health Systems. The November 2013 Medicaid forecast had restored \$15.0 million GF each year to offset indigent care costs at the state’s teaching hospitals in the 2014-16 biennium; the approved budget reverses that proposed action.
- ***Continue Withholding Inflation for Teaching Hospitals.*** Reduces funding by \$9.4 million GF in FY 2015 and \$9.7 million GF in FY 2016 by continuing to withhold an inflation adjustment from inpatient operating rates and graduate medical education provided to the Commonwealth’s two teaching hospitals. For the past ten years, VCU and UVA Health Systems have been reimbursed at 100 percent of their Medicaid and indigent care costs through higher inpatient operating and graduate medical education rates. During the recent recession, inflation was withheld as a budget reduction strategy.
- ***Reduce Nursing Home Capital Rates and Withhold Inflation.*** The approved budget eliminates \$4.1 million GF the first year and \$3.0 million GF the second year and an equal amount of federal Medicaid matching funds as a result of reducing the reimbursement rate for nursing home capital projects to 8.0 percent each year. In addition, actions reduce \$13.6 million GF and \$13.6 million NGF by eliminating nursing home operating inflation in the second year. The 2013 Medicaid forecast included \$24.6 million GF the first year and \$36.8 million GF the second year and an equal amount of federal Medicaid matching funds to rebase current nursing home reimbursement rates, increase the reimbursement for capital projects and restore inflation in each year of the biennium.
- ***Remove Inflation for Outpatient Rehabilitation and Home Health Agencies.*** Removes \$283,935 GF the first year and \$567,627 GF the second year and an equal

amount of federal Medicaid matching funds as a result of eliminating an inflation adjustment for outpatient rehabilitation and home health agencies that was included in the 2013 Medicaid forecast.

- ***Eliminate Funding for Federal Disallowance Payment.*** Reduces funding by \$24.4 million GF in FY 2015 as a result of a favorable settlement regarding inpatient psychiatric services provided to children under age 21. In anticipation of an adverse ruling from the Centers for Medicare and Medicaid Services (CMS), \$24.4 million GF was set aside in the Medicaid forecast to settle claims with the federal government. However, a corrective action plan was accepted by CMS, resulting in the elimination of the anticipated payment.
- ***Revised Estimate of Affordable Care Act (ACA) Savings Related to Indigent Care.*** The approved budget increases indigent care savings assumed in the Medicaid forecast related to implementation of the ACA by \$4.5 million GF the first year and \$4.8 million GF the second year and an equal amount of federal Medicaid matching funds. This additional savings brings the net general fund savings in indigent care to \$19.0 million over the biennium from implementation of the ACA.

New Spending

- ***Restore Funding for FAMIS Moms Program.*** The approved budget includes \$3.1 million in FY 2015 and \$2.0 million in FY 2016 from the general fund and \$5.8 million in FY 2015 and \$9.5 million in FY 2016 from enhanced federal matching funds to restore health care services to pregnant women through the FAMIS Moms program. Last year's budget assumed that women with income between 133 and 200 percent of poverty would be able to successfully transition to the federal Health Insurance Marketplace. However, many low-income women are not eligible for subsidized coverage through the marketplace due to family circumstances. Further, application difficulties, processing problems, and enrollment deadlines have made it difficult for many to access the marketplace to obtain coverage.
- ***Modify Policies Surrounding Temporary Detention Orders (TDOs).*** The approved budget includes \$1.1 million GF in FY 2015 and \$1.7 million GF in FY 2016 to provide funding for acute medical costs that are anticipated from legislative changes to the process of conducting emergency custody orders (ECO) and TDOs. Legislation approved by the 2014 General Assembly increases the amount of time that an individual can be held under an ECO from 6 to 8 hours. Similarly, legislation allows an individual to be held under a TDO for up to 72 hours instead of the previous 48-hour detention period. Lengthening the time that an individual can be held involuntarily in a hospital is expected to increase costs to the state.

- ***Increase Funding for Intellectual Disabilities (ID) and Developmental Disabilities (DD) Waiver Slots.*** Adds \$1.9 million GF and \$1.9 million NGF from federal Medicaid matching funds the second year to increase the number of ID and DD waiver slots provided by 50 and 15, respectively. These additional ID and DD waiver slots are provided in excess of what is required under the DOJ Settlement Agreement.
- ***Adjust NGF Base Appropriation to Reflect Current Operations.*** Provides \$5.9 million NGF from federal funds each year to reflect current estimates of revenues for DMAS' information technology initiatives, eliminating the need to add NGF appropriations administratively. The department is receiving enhanced federal matching funds (90 percent) for their current IT upgrade efforts.

Department of Justice (DOJ) Settlement Agreement Budget Actions

- ***Add Funding for Required Intellectual Disabilities (ID) and Developmental Disabilities (DD) Waiver Slots.*** Includes \$7.0 million GF in FY 2015 and \$30.4 million GF in FY 2016 and an equal amount of federal Medicaid matching funds to increase the number of ID and DD waiver slots required under the DOJ Settlement Agreement. Funding will be used to add 175 new ID waiver slots for individuals transitioning from state ID training centers to the community, 300 new ID waiver slots for individuals residing in the community on the waiting list, and 40 new DD waiver slots for individuals residing in the community during the 2014-16 biennium. A separate budget action provides an additional 50 ID and 15 DD waiver slots in FY 2016, above those required by the DOJ Settlement Agreement.
- ***Reduce Funding for State Intellectual Disability (ID) Training Centers.*** The approved budget includes net general fund savings of \$31.4 million in FY 2015 and \$53.3 million in FY 2016 and an equal amount of federal Medicaid matching funds reflecting the planned closure of operations at state ID training centers. The Department of Justice Settlement Agreement requires that individuals be transitioned into more integrated settings in the community. Savings are generated as units are closed within state ID training centers. Almost half of the savings this biennium are assumed to come from the closure of Southside Virginia Training Center with most of the balance coming from Northern Virginia and Central Virginia Training Centers. Included in the estimated savings are \$19.6 million in general fund costs related to the Workforce Transition Act as staffing is reduced at these centers.
- ***Adjust Base Budget for Previously Authorized ID and DD Waiver Slots.*** Includes \$39.4 million GF and \$39.4 million NGF from federal Medicaid matching funds each year to reflect the cost of adding more than 830 Intellectual Disabilities (ID) and 50 Individual and Family Developmental Disabilities Support (DD) Waiver slots as

required by the DOJ Settlement Agreement. These slots were previously funded through a one-time appropriation to the Department of Behavioral Health and Developmental Services in FY 2013. Funding is required to establish the base level of funding for these services.

- ***Adjust Base Budget for Administrative Costs Associated with Settlement Agreement.*** Provides \$739,360 GF in FY 2015 and \$772,145 GF in FY 2016 and an equal amount of federal Medicaid matching funds to establish the base level of funding for administrative costs related to implementation of the DOJ Settlement Agreement. Funding will be used to continue supporting 13 positions within the department to implement the agreement as well as the consumer-directed fiscal agency contract. Initial operations were funded with a one-time appropriation to DBHDS in FY 2013 only, requiring the addition of this funding to continue the agency's implementation of the agreement.

Administrative Funding

- ***Fund Additional Costs for the Coordinated Care Program.*** Adds \$557,784 GF in FY 2015 and \$610,955 GF in FY 2016 and a like amount of federal Medicaid matching funds each year for the cost of implementing the Virginia Coordinated Care Program, which is designed to integrate acute and long-term care services for individuals eligible for Medicare and Medicaid. Funds will be used to pay for the actuarial analysis required to set provider rates and for an enrollment broker who will assist recipients in reviewing their health and long-term care options.
- ***Enhance the Quality Review of Managed Care Organizations.*** The approved budget includes \$415,000 GF and \$1.2 million NGF from enhanced federal Medicaid matching funds each year to conduct quality reviews of two new Medicaid managed care organizations. The federal government will provide a 75 percent match for these funds that will be used to evaluate managed care claims as well as improve rate-setting, program monitoring and detection of waste, fraud, and abuse.
- ***Provide Additional Funding for Medicaid Call Center.*** The approved budget includes \$395,439 GF and \$5.2 million NGF from enhanced federal Medicaid matching funds each year to provide additional funding for a centralized customer service call center for applicants and/or recipients of Medicaid and FAMIS as well as other related functions necessary for the efficient and effective implementation of eligibility determination and enrollment for these programs. Federal regulations require that individuals be allowed to enroll in Medicaid by telephonic means including recorded signatures. Last year's budget included a deposit of \$1.5 million GF the second year to establish base funding for the call center. Chapter 1 of the 2014 Special Session I Acts of Assembly (HB 5001) added \$1.7 million GF and \$13.3 million NGF in FY 2014 for the call center to become fully operational.

- ***Increase Staffing to Handle Appeals Caseload.*** Adds \$290,841 GF in FY 2015 and \$298,872 GF in FY 2016 to fund 8 new positions in the provider and client appeals division to manage an increase in the number of cases the department is required to address. The imposition of additional oversight of providers and clients as well as the federal Recovery Audit Contractor Program has increased substantially the number of cases being handled by the department’s appeals division.
- ***Fund Medicaid Costs to Participate in ConnectVirginia.*** Adds \$250,000 GF and \$1.1 million in federal Medicaid matching funds each year to fund Medicaid costs to participate in ConnectVirginia HIE, Inc., a statewide health insurance exchange which allows for the electronic exchange of patient medical records amount health care providers. These funds will ensure connectivity for Medicaid records.

Budget Reductions

- ***Reduce Funding to Eastern State Hospital (ESH) to Reflect Fewer Geriatric Patients.*** The approved budget eliminates \$2.5 million GF and \$2.5 million NGF in federal Medicaid matching funds each year to reflect the reduction in geriatric patients receiving treatment at Eastern State Hospital. Since 2009, the number of Medicaid-eligible geriatric patients requiring inpatient mental health treatment at ESH has declined by 35 percent and is expected to continue to decline. Separately, the approved budget adds \$5.0 million GF each year for the Department of Behavioral Health and Developmental Services to make up for the loss of patient revenue at ESH.
- ***Align Rates Paid for Durable Medical Equipment with Medicare Payments.*** Captures savings of \$2.4 million GF and \$2.4 million NGF in federal Medicaid matching funds each year as a result of reducing the rates paid for durable medical equipment (DME) to current Medicare rates in Virginia. As a result of implementing competitive bidding for DME services a few years ago, the rates paid for DME have fallen 33 percent below Medicaid in several regions of the Commonwealth including Virginia Beach/Norfolk, Arlington/Alexandria and Richmond. This change allows the department to align the rates paid for DME with the competitive rates that Medicare is currently paying.
- ***Reduce Clinical Laboratory Fees to Match Managed Care Rates.*** The approved budget includes savings of \$1.1 million GF and \$1.1 million NGF in federal Medicaid matching funds each year by lowering payments made for clinical laboratory fees by 12 percent. This reduction will bring fee-for-service reimbursements for laboratory services in line with the rates paid by Medicaid managed care organizations.
- ***General Fund Savings Related to Community Mental Health Audits and Reviews.*** The approved budget assumes net savings of \$750,000 GF and \$750,000 NGF each

year as a result of increasing the number of audits of community mental health services by 100 each year. The department's current mental health audit contract allows for 70 audits each year. Changes to behavioral health services in addition to the increasing number of providers is expected to increase the number of referrals related to fraud and abuse, generating general fund cost savings.

- ***Enhance Investigations of Community Mental Health Services.*** The approved budget assumes net general fund savings of \$104,920 in FY 2015 and \$115,721 in FY 2016 and a like amount of federal Medicaid matching funds by adding two new positions to investigate and detect provider abuse of patients. Additional staffing will enable the department to protect Medicaid clients from abusive providers. It is assumed that more staff will generate recoveries from subsequent investigations.
- ***Eliminate One-time Funding for Center for Health Innovation.*** Reduces funding by \$870,000 GF each year for the Center for Health Innovation through George Mason University. The approved budget adds back \$100,000 GF each year for the Virginia Center for Health Innovation to develop and monitor innovative approaches to healthcare delivery.

Language

- ***Prohibit Funding to Implement Medicaid Expansion for Low-income Individuals.*** The approved budget includes language prohibiting the appropriation or expenditure of funds to expand health care to individuals with income up to 138 percent of the federal poverty level pursuant to the Patient Protection and Affordable Care Act unless included in an appropriation bill adopted by the General Assembly on or after July 1, 2014. Last year, budget language was adopted that provided a sum-sufficient, nongeneral fund appropriation to fund health care services for low-income uninsured individuals if the Medicaid Innovation and Reform Commission determined that specific reforms to the Medicaid program had been implemented.
- ***Modify Medicaid Disproportionate Share Hospital (DSH) Reimbursement.*** The approved budget includes language modifying the current method of reimbursing hospitals that serve a disproportionate share of Medicaid recipients effective July 1, 2014. Last year, the department's Hospital Payment Policy Advisory Council recommended that current DSH funding be frozen while a new methodology was developed. The approved changes are designed to (1) develop a methodology that is reliable and comparable for determining which hospitals qualify for DSH; (2) more appropriately align payment levels to uncompensated care costs; and (3) reflect limits on DSH payments including reductions in the Commonwealth's federal DSH allotment consistent with the Patient Protection and Affordable Care Act. Budget language also requires the department to determine annually how

much Type Two (i.e., non-teaching hospitals) DSH payments have been reduced as a result of the Affordable Care Act and adjust the percent of cost reimbursed for outpatient hospital services. Finally, budget language requires the department to convene the Hospital Payment Policy Advisory Council at least once a year to consider additional changes to the DSH methodology.

- ***Provide Authority to Modify Consumer-Directed Services.*** The approved budget includes language allowing the department to amend regulations and policies that govern the consumer-directed services. The changes, which must be approved by the federal Centers for Medicare and Medicaid Services, are designed to strengthen all program requirements and policies to ensure the health, safety and welfare of Medicaid home- and community-based waiver enrollees. The department is required to submit a detailed report on the regulatory changes to the consumer-directed services programs and the issues and problems the department is attempting to resolve. The department shall submit the report to the Director, Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees at least 30 days prior to beginning the regulatory process.
- ***Prohibit Change in Unit of Service or Reimbursement Rates for Mental Health Skill-Building Services.*** Adds budget language requiring DMAS to report on the impact of regulations implemented on December 1, 2013 that changed the eligibility and service description for Mental Health Skill-Building Services. The review is required to include an assessment of the regulatory changes on financing, consumers and families, service delivery and agencies and facilities. Further, budget language prohibits DMAS from modifying the unit of service or rate of reimbursement for Mental Health Skill-Building Services (MHSS) prior to a review of the changes by the 2015 General Assembly.
- ***Supplemental Federal Medicaid Payments.*** The approved budget includes language authorizing DMAS to make supplemental payments to certain hospitals, physicians and nursing homes in order to generate additional federal Medicaid funding for these providers. Budget language provides DMAS with the authority to make supplemental Medicaid payments to:
 - Culpeper Hospital with state funds currently appropriated to the University of Virginia Medical Center;
 - Physicians of Eastern Virginia Medical School (EVMS) with state funds provided by EVMS; an
 - Qualifying local government-owned nursing homes with the state's share of the supplemental payments to be provided by the local government-owned nursing homes.

- **Department of Behavioral Health and Developmental Services (DBHDS)**

Department of Justice (DOJ) Settlement Agreement Budget Actions

- *Fund Services and Activities Related to Training Center Closures and Community Capacity.* The approved budget provides a net increase of \$50.7 million GF the first year and \$50.6 million GF the second year to fund activities and services related to the closure of state training centers and the expansion of community services required pursuant to the Department of Justice Settlement Agreement. Funding is provided through two agencies, the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS). Of the amounts for these activities, \$27.1 million GF the first year and \$33.3 million GF the second year is provided to DBHDS.

Funding in FY 2014 was provided from FY 2013 carryover funds; consequently, additional funding is needed in the 2014-16 biennium to cover the ongoing costs of the settlement agreement. The approved budget provides base funding of \$2.5 million GF the first year and \$9.4 million GF the second year to cover ongoing services such as crisis stabilization and individual and family support services.

The approved budget includes funding above FY 2014 spending levels for DOJ Settlement Agreement related costs to support administrative costs incurred by DBHDS (\$3.8 million GF each year), backfill the support costs at Central State Hospital that had previously been shared with Southside Virginia Training Center (\$10.2 million GF each year), backfill the loss of training center revenue used to support other state mental health facilities (\$7.6 million GF over the biennium), and provide funds for unanticipated facility closure costs (\$2.8 million GF over the biennium). Funding is added to build service capacity in Northern Virginia for individuals with intellectual disability transitioning out of state training centers (\$2.8 million GF in FY 2015), health support networks for individuals in the community to ensure access to dental, behavioral and other services which may not be covered through other funding mechanisms (\$4.6 million GF over the biennium), and funding to reassess the service needs of individuals in the ID and DD waiver programs and state training centers as part of the waiver redesign (described below). The table below outlines the specific spending amounts for these actions approved in the final budget for DBHDS.

- *Increase Funding to Re-Evaluate Service Needs of Individuals with Intellectual Disability (ID) and Developmental Disability (DD) in Medicaid Waiver Programs and in State Training Centers.* Includes \$1.1 million GF the first year and \$1.7 million GF the second year and one FTE position to be matched with federal Medicaid funds to re-evaluate the needs of individuals receiving services through the Medicaid ID and DD waiver programs or who currently reside in state training

centers. Individuals will be re-assessed using the Supports Intensity Scale assessment tool. This review is necessary to ensure consistent application of a standardized tool in order to redesign the Medicaid ID and DD waiver programs to better fit the service needs of the individual in the community and those transitioning from state training centers.

- ***Use DBHDS Trust Fund to Offset DOJ Settlement Costs.*** Reduces funding by \$5.4 million from the general fund the first year to reflect the use of funds from the Behavioral and Developmental Services Trust Fund to offset the costs of providing services to individuals pursuant to the DOJ Settlement Agreement. It is anticipated that the trust fund will receive \$5.4 million in fiscal year 2015 from the sale of surplus state property located at Southeastern Virginia Training Center that can be used to offset DOJ costs related to additional community-based Medicaid waiver slots, individual and family support services, crisis stabilization services, quality review, and other developmental disability services.
- ***Carry Forward Language for DOJ Settlement Agreement Funding.*** Adds language to continue the mandatory carry forward of funding provided to implement the Department of Justice Settlement Agreement.

Department of Justice (DOJ) Settlement Agreement Costs
(\$ in millions)

<u>Programs and Services</u>	Chapter 2	
	<u>FY 2015</u>	<u>FY 2016</u>
Approved Base Funding for Existing Programs		
Crisis Stabilization	\$12.2	\$16.3
Individual Family & Support	3.2	3.2
Cost Offsets		
Crisis Stabilization Base Funding	(10.1)	(\$10.1)
Previous Year Balance	<u>(2.8)</u>	<u>0.0</u>
Subtotal Base Funding	\$2.5	\$9.4
Approved Funds for Costs Above Base		
DBHDS Facility Closure Costs		
Support Costs at Central State Hospital	\$10.2	\$10.2
Loss of Training Center Revenues for Support of MH Hospitals	2.9	4.7
Unanticipated Training Center Closure Costs	1.8	0.9
DD Health Supports Network	2.0	2.6
Northern Virginia Community Capacity Development	2.8	0.0
Reassess Service Needs for ID/DD Waivers	1.1	1.7
DBHDS Administration	1.8	1.8
Database Warehouse/Licensing/MMIS	1.1	1.0
Quality Management and Service Reviews	0.5	0.5
Independent Review	0.3	0.3
Discharge Monitoring	<u>0.1</u>	<u>0.1</u>
Subtotal Additional Funding	\$24.6	\$23.8
Total DOJ Funding for DBHDS	\$27.1	\$33.2

Mental Health Services

- *Backfill Loss of Federal Revenues with General Funds at Eastern State Hospital (ESH)*. The approved budget restores \$5.0 million GF each year to offset the loss of

federal revenue from a decline in individuals needing geriatric mental health services at ESH. Funding will allow the department to convert geriatric bed space to non-elderly patients with acute mental health treatment needs.

- ***Require State to be Provider of Last Resort.*** Includes \$4.4 million the first year and \$4.1 million the second year from the general fund to ensure sufficient inpatient treatment capacity is available at state mental health facilities in the event an appropriate placement cannot be found for an individual in mental health crisis prior to the expiration of an emergency custody order (ECO). Funding will be used to expand treatment capacity at Southwestern Virginia Mental Health Institute, Northern Virginia Mental Health Institute, and Hiram Davis Medical Center. In the first year, \$375,000 GF is included for infrastructure improvements at Hiram Davis Medical Center to ensure appropriate medical care is available if an individual is placed in a state mental health facility. Additional funding of \$100,000 GF each year and one position is provided to the department to assist localities with the implementation of changes in the ECO and TDO process.
- ***Increase Funding for Youth Outpatient Mental Health Services.*** Adds \$3.5 million GF the first year and \$4.0 million GF the second year to increase funding and access to outpatient services such as psychotherapy, medications, and counseling for youth ages 17 to 24.
- ***Expand Therapeutic Drop-Off Centers.*** Provides \$1.8 million GF the first year and \$7.2 million GF the second year to expand the capacity of therapeutic drop-off centers to provide an alternative to incarceration for people with serious mental illness. This increase will add to current funding of \$1.5 million provided by the General Assembly over the past two years for drop-off centers, and enable the creation of up to 24 additional centers by FY 2016.
- ***Expand Programs for Assertive Community Treatment (PACT).*** Includes funding of \$950,000 GF the first year and \$3.8 million GF the second year to add four additional PACT teams to provide an array of intensive treatment services to individuals with severe mental illness. This funding will add to the \$9.9 million GF that currently funds 16 PACT teams statewide.
- ***Expand Adult Service Capacity at Eastern State Hospital.*** The approved budget adds \$2.2 million GF each year and 36 positions to expand capacity to serve adults at Eastern State Hospital. Currently, there are unoccupied beds available in the Hancock Geriatric unit at the hospital which can be converted to care for additional adults in need of services.
- ***Increase Funds for Tele-Psychiatry Equipment.*** Includes \$1.1 million GF the first year and \$620,000 GF the second year for the purchase of new or updated

telecommunication equipment to allow community services boards to conduct or obtain clinical evaluations off-site and more quickly.

- ***Expand Peer Support Recovery Program.*** Provides \$550,000 the first year and \$1.0 million the second year from the general fund to expand the peer support recovery program. Recovery support services are designed and delivered by peers in recovery, in coordination with professional staff, to extend and enhance the treatment continuum by engaging individuals in treatment services, preventing relapse and promoting long-term recovery. If individuals do experience relapse, recovery support services can help minimize the negative effects through early intervention and, where appropriate, timely referral to treatment.
- ***Increase Funds for Children's Mental Health Services.*** Provides \$500,000 GF the first year and \$1.0 million GF the second year to expand psychiatry and crisis response services for children requiring mental health services. Funding will build upon recent efforts to expand access to care for children with mental health needs in all regions of the Commonwealth.
- ***Increase Funds for Discharge Assistance Program (DAP).*** The approved budget includes \$250,000 the first year and \$500,000 the second year from the general fund for discharge assistance planning. Funding will be used to address the mental health support needs of individuals who are residing in state mental health facilities that have been deemed "clinically ready for discharge," but who lack access to community mental health services, to allow for transition to the community. Last year, additional funding allowed for the transition of 57 individuals from state mental health facilities into the community, alleviating demand for inpatient bed capacity at state facilities.
- ***Increase Funds for Local Inpatient Purchase of Services (LIPOS).*** Adds \$250,000 the first year and \$500,000 the second year from the general fund for local inpatient purchase of service dollars to allow community services boards to contract with private hospitals for acute and sub-acute mental health treatment. Funding will be used to increase inpatient mental health treatment capacity at local hospitals that are currently experiencing a shortfall in funding. Additional resources for LIPOS may result in fewer inpatient hospital admissions to state mental health facilities at a time when inpatient bed capacity is limited.
- ***Supplant Grant Funds with GF for Community Recovery Program in the Piedmont Region.*** Adds \$300,000 each year from the general fund to replace grant funds which are due to expire for a community recovery program in the Piedmont region.
- ***Fund Acute Bed Registry.*** Adds \$111,715 the first year and \$121,871 GF the second year to fund and one position to operate and staff enhanced acute bed registry pursuant to legislation passed by the 2014 General Assembly.

Other Approved Funding

- ***Fund Implementation of Electronic Health Records.*** Provides \$2.2 million the first year and \$3.3 million the second year from general funds and \$3.0 million the first year and \$808,846 the second year from special funds to continue implementation of a system of electronic health records in state facilities. Special funds are derived from third-party payments for state facility care from Medicare, Medicaid and other payors. The use of electronic health records is mandated by the federal Patient Protection and Affordable Care Act in order to continue receiving Medicaid and Medicare reimbursement for services. Additional special fund revenues are expected to be received from federal Medicare incentive funds related to this effort.
- ***Fund Conditional Release Program.*** Adds \$671,507 GF the first year and \$1.0 million GF the second year to supervise individuals ordered by the courts to participate in the sexually violent predators conditional release program. An estimated 55 individuals will participate in this program by the end of FY 2014. An additional 16 individuals each year are projected to enter the program during the 2014-16 biennium.
- ***Add Funds for Western State Hospital Information Technology Infrastructure.*** The approved budget adds \$673,497 GF the first year and \$690,495 GF the second year to cover increased costs associated with the information technology infrastructure at the newly-constructed Western State Hospital.
- ***Add Security Staff and Other Operating Costs for the Commonwealth Center for Children and Adolescents (CCCA).*** Provides \$336,320 GF the first year and \$336,893 GF the second year to hire security personal and provide funding for monthly VITA charges associated with technology infrastructure improvements at the CCCA due to the relocation of Western State Hospital further away from the previously-shared campus.
- ***Fund Information Technology Security Positions.*** Provides \$441,836 GF the first year and \$482,003 GF the second year to strengthen the department's information security program by adding four regional information technology security officers and conducting agency-specific training. Additional funding is designed to address the Commonwealth's stricter security requirements and better protect sensitive data.

- *Transfer Funds for Administering Medicaid Developmental Disability Waiver to DBHDS.* The approved budget transfers \$372,004 GF each year and responsibility for administering the Medicaid Developmental Disability waiver from the Department of Medical Assistance Services to DBHDS. It is anticipated that the waiver redesign process will result in one waiver program to serve individuals with intellectual and/or developmental disabilities.

- **Department Rehabilitative Services**

- *Backfill Federal Funding of Nutrition Programs in Local Area Agencies on Aging (AAAs).* The approved budget adds \$1.2 million GF the first year and \$1.2 million GF the second year to backfill the loss of federal funds for nutrition programs for low-income elderly citizens provided through the local AAAs. Recent federal budget actions have reduced funding for these services by 8.6 percent, resulting in a decline in the number of congregate meals provided by 122,000 and home delivered meals by 96,000.
- *Increase Funds for Brain Injury Case Management.* Provides \$150,000 GF each year to expand brain injury case management services and supplement current funding for brain injury service providers in the Commonwealth.

- **Department of Social Services**

New Spending

- *Fund Foster Care and Adoption Forecast.* Provides a net increase of \$3.2 million GF each year and \$2.8 million NGF each year to address anticipated caseload and cost changes in the foster care and adoption programs. Adoption subsidies are projected to increase by \$5.5 million GF and \$5.1 million NGF in federal Title IV-E funds each year of the biennium. These increased costs are offset by projected declines of 3.6 percent in Title IV-E foster care expenditures, resulting in savings of \$2.1 million GF and \$2.1 million NGF each year. The following table details spending for child welfare services.

Approved Funding for Child Welfare Services Spending
(All Funds in Millions)

	Chapter 806 FY 2014	Chapter 2 FY 2015	Chapter 2 FY 2016
Title IV-E Foster Care*	\$44.9	\$40.8	\$40.8
Title IV-E Adoption Subsidies*	65.0	75.2	75.2
State Funded Adoption Subsidies	<u>39.8</u>	<u>40.2</u>	<u>40.2</u>
Total	\$149.7	\$156.2	\$156.2

*The general fund share of these costs is 50 percent.

- ***Increase Maintenance Payment Rates for Foster Care and Adoptions.*** The approved budget adds \$1.2 million GF and \$829,176 NGF each year to increase maintenance payments to family foster homes and adoption subsidies by 3.0 percent. The Appropriations Act requires an automatic adjustment for inflation to be applied to the maximum room and board rates paid to foster parents in the fiscal year following a state employee pay raise, which was provided on July 25, 2013. While this rate increase is not mandatory for adoption subsidy maintenance payments, funding was provided to ensure subsidy rates keep pace with foster care and to avoid any disincentives to adoption.
- ***Expand Foster Care and Adoption Payments for Young Adults Up to Age 21.*** Adds \$100,000 GF the first year and \$4.8 million GF the second year and \$8.4 million NGF the second year from the federal Fostering Connections program to expand foster care and adoption subsidies to youth up to the age of 21. Currently, foster care payments and adoption subsidies are only made on behalf of children up to the age of 19. As previously mentioned, the second year costs are largely offset by \$4.3 million in general fund savings as youth eligible for CSA services transition to the Fostering Connections program.
- ***Offset Loss of Nongeneral Fund Revenues for Child Support Enforcement Operations.*** Adds \$2.9 million GF and reduces \$2.9 million NGF each year for child support enforcement operations. Nongeneral fund revenues come from allowable retained child support collections on behalf of TANF recipients. Federal law allows

the program to retain any child support payments in excess of \$50 each month for operating costs if the family receives TANF assistance in addition to child support.

As the TANF caseload continues to decrease, the amount of child support collected on the families' behalf also declines. These retained collections are used to provide the state match for federal child support enforcement funding. It is estimated that retained TANF collections will decline by \$3.9 million each year. The approved budget assumes that \$1.0 million of this loss will be covered through efficiencies implemented within the Division of Child Support Enforcement. Because the state receives \$2.00 in federal support for every \$1.00 in general fund match, the division will need to achieve efficiencies totaling \$3.0 million to make up for the loss in collections and federal matching dollars.

- ***Increase TANF for Healthy Families.*** Adds \$500,000 from the federal TANF block grant each year to restore funding for the Healthy Families Virginia program, an evidence-based, early childhood, home-visiting delivery model. This public-private partnership delivers preventive services for at-risk families for children prenatally to age five.
- ***Increase TANF for Community Action Agencies.*** Provides \$500,000 from the federal TANF block grant each year to expand services provided by community action agencies including, but not limited to, child care, community and economic development, education, employment, health and nutrition, housing, and transportation.
- ***Increase Funds for Domestic Violence Grants.*** The approved budget provides \$1.1 million GF the second year and \$1.0 million NGF each year from the federal TANF block grant to expand services for victims of domestic violence.
- ***Plan to Replace Adult and Child Welfare Information Systems.*** The approved budget adds \$850,000 GF and \$150,000 NGF from federal funds the first year only to begin planning for the replacement of the department's child welfare and adult services information technology systems to ensure compliance with federal laws.

Budget Reductions

- ***Supplant GF with Enhanced Federal Funding for Eligibility Systems and Operations.*** Reduces \$2.5 million the first year and \$878,153 the second year from the general fund and adds \$31.6 million the first year and \$30.5 million the second year from enhanced federal Medicaid matching funds for eligibility operations related to the implementation of a new eligibility information system for benefit programs (i.e., TANF, SNAP, Medicaid, Energy Assistance and Child Care Assistance). Federal approval has been received for the enhanced funds which are expected to result in \$8.2 million in general fund savings each year. However, these

savings are partially offset by unanticipated costs of local operations, program enhancements and systems operations totaling \$5.7 million GF in the first year and \$7.3 million GF in the second year.

- ***Adjust Funding for Eligibility Information System Contract Payments.*** The approved budget reduces general fund spending by \$3.4 million the first year and \$5.6 million the second year and increases federal matching funds by \$8.8 million the first year but reduces federal funding by \$2.3 million the second year for contract costs associated with the development of the department’s new eligibility information system. During the 2013 Session, the payment schedule was revised to reflect a later start date for the project. This change reflects revised estimates of the required contract payments during the 2014-16 biennium.
- ***Capture Surplus in Funding for the Auxiliary Grant Program.*** Reduces \$2.5 million each year in general fund spending for the auxiliary grant program as a result of fewer individuals participating in the program.
- ***Fund State Negotiation of Adoption Assistance Agreements for Local DSS.*** Captures net savings of \$218,830 GF the first year and \$250,873 GF the second year by requiring the department to negotiate all adoption assistance agreements for local departments of social service. Funding of \$358,246 GF and \$225,883 NGF and five positions the first year and \$342,414 GF and \$215,900 NGF the second year is expected to be offset by general fund savings of \$577,076 the first year and \$593,287 the second year as a result of increased involvement in the adoption subsidy negotiations process. Budget language specifies that this change shall not alter the legal responsibilities of the local departments nor alter the rights of the adoptive parents to appeal.
- ***Adjust TANF Funding to Account for Mandated Benefits.*** Reduces TANF spending by a net of \$10.1 million NGF each year to reflect the rebalancing of TANF resources with spending for mandated benefits such as cash assistance, Virginia Initiative for Employment not Welfare (VIEW) employment services and VIEW child care. TANF spending for mandated benefits has been declining over the past year by about 3.0 percent. TANF funding for mandated cash assistance and VIEW child care assistance is expected to decline by \$18.6 million NGF in FY 2014. This reduction is offset by additional TANF spending allocations for a caseload reserve of 3 percent (\$2.8 million NGF each year), information systems (\$1.0 million NGF each year), local DSS staff support (\$3.3 million each year) over FY 2014 levels. In addition, the approved budget includes \$1.3 million NGF each year from estimated TANF balances to supplant \$1.0 million from the criminal fund for local domestic violence grants and \$346,792 in anticipated federal funding cuts due to sequestration.

As previously described, additional federal TANF block grant dollars for the biennium are allocated for domestic violence prevention grants (\$2.0 million), community action agencies (\$1.0 million), Healthy Families Virginia (\$1.0 million), CHIP of Virginia (\$450,000) and the Resources Mothers Program (\$614,914). The combination of mandatory spending and new initiatives using federal TANF block grant dollars is expected to result in a balance on June 30, 2016 of \$7.7 million.

TANF Block Grant Funding
Approved for FY 2014, FY 2015 and FY 2016

	Chapter 1 Approved FY 2014	Chapter 2 Approved FY 2015	Chapter 2 Approved FY 2016
TANF Resources			
Annual TANF Block Grant Award	\$158,285,000	\$158,285,000	\$158,285,000
Carry-Forward From Prior Fiscal Year	<u>39,078,902</u>	<u>31,385,232</u>	<u>19,034,513</u>
Total TANF Resources Available	\$197,363,902	\$189,670,232	\$177,319,513
TANF Expenditures			
<i>VIP/VIEW Core Benefits and Services</i>			
TANF Income Benefits	\$54,830,842	\$54,830,842	\$54,830,842
VIEW Employment Services	11,612,144	11,612,144	11,612,144
VIEW Child Care Services	7,432,268	7,432,268	7,432,268
TANF Caseload Reserve (3%)	<u>2,823,558</u>	<u>2,823,558</u>	<u>2,823,558</u>
Subtotal VIP/VIEW Benefits and Services	\$76,698,812	\$76,698,812	\$76,698,812
<i>Administration</i>			
State Administration	\$2,997,073	\$3,002,653	\$3,002,653
Information Systems	4,052,023	4,052,023	4,052,023
Local Staff and Operations	48,798,773	49,013,536	49,013,536
Eligibility System Maintenance/IT	<u>3,500,000</u>	<u>3,500,000</u>	<u>3,500,000</u>
Subtotal Administration	\$59,347,869	\$59,568,212	\$59,568,212
<i>TANF Programming</i>			
Local Domestic Violence Grants	\$0	\$2,346,792	\$2,346,792
Community Action Agencies	500,000	1,000,000	1,000,000
Healthy Families/Healthy Start	2,833,605	3,333,605	3,333,605
Comprehen. Health Investment Project (VDH)	400,000	850,000	400,000
Resources Mothers Program (VDH)	0	614,0697	0
Visions of Truth	<u>0</u>	<u>25,000</u>	<u>25,000</u>
Subtotal TANF Programming	\$3,733,605	\$8,170,311	\$7,105,397
Total TANF Expenditures	\$139,780,286	\$144,437,335	\$143,372,421
Transfers to other Block Grants			
CCDF Transfer – At-Risk Child Care	\$7,872,884	\$7,872,884	\$7,872,884
CCDF Transfer to Head Start (Wraparound)	2,500,000	2,500,000	2,500,000
Services			
SSBG Transfer – Comp. Services Act	9,419,998	9,419,998	9,419,998
SSBG Transfer - Local Staff Support	<u>6,405,502</u>	<u>6,405,502</u>	<u>6,405,502</u>
Total TANF Transfers	\$26,198,384	\$26,198,384	\$26,198,384
Total TANF Expenditures & Transfers	\$165,978,670	\$170,635,719	\$169,570,805

- **Department for the Blind and Vision Impaired**
 - *Provide Funds to Maintain Community Independent Living Services.* Provides \$197,856 GF each year to continue the current community independent living services program for people with visual disabilities. The additional funding is needed to cover increasing fixed costs to run the program, associated with personnel and supportive equipment. The program provides assessment and training in independent living skills.