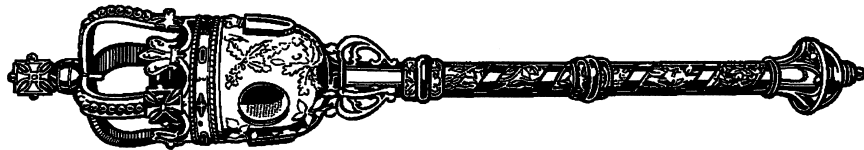


***Report of the
House Appropriations
Subcommittee***

on

Health & Human Resources



House Bill 1700

February 3, 2019

REPORT OF THE SUBCOMMITTEE

on

HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

The Health and Human Resources Subcommittee is pleased to put before you a series of recommendations which build on our efforts last Session to provide critical services to individuals with serious mental illness and to meet our existing responsibilities to serve the Commonwealth's vulnerable citizens. To support these efforts, the Subcommittee is recommending the appropriation of an additional \$407.1 million from the general fund over this biennium.

The Subcommittee is recommending almost \$30.0 million funds to address critical needs for behavioral health services. Similar to actions we took last May, we are proposing almost \$9.0 million in general fund dollars to accelerate the phase-in of crisis services that are part of the next "step" in the STEP-VA (System Transformation, Excellence and Performance in Virginia) process required by legislation we passed during the 2017 Session. These services, added to the new funding for outpatient services we approved last year, will help reduce the disparity in services available to individuals with mental illness throughout the Commonwealth.

In addition, the Subcommittee recommends several strategies strengthen our efforts to divert individuals from hospital care and to ensure that those who are ready for hospital discharge have the care they need in the community. To that end, we are recommending:

- \$5.2 million to discharge 100 individuals at our state hospitals who are facing extraordinary barriers to community placement;
- \$2.1 million for permanent supportive housing for 150 individuals with serious mental illness; and
- \$850,000 to develop step-down services for children ready for discharge from the Commonwealth Center for Children and Adolescents.

Despite our past efforts to divert and discharge individuals from our state hospitals, the hospitals are continuing to experience census pressure, as fewer beds are available in the private sector for the commitment of individuals

pursuant to a temporary detention order. We heard testimony this Session that the state hospitals are consistently operating at more than 90 percent of capacity, while they are only funded and staffed to operate at 85 percent of capacity. There is much work than needs to be done with the private hospitals and Department of Behavioral Health and Developmental Services to craft long-term partnerships and solutions to serve individuals closer to their homes. In the meantime, the state hospitals cannot wait. Therefore, we are recommending an additional \$7.9 million to add 254 direct care staff to support the increased census at our state hospitals.

The Subcommittee is also recommending language in the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services (DBHDS) to begin a comprehensive redesign of public behavioral health services in the Medicaid program and those provided through DBHDS. This effort should result in a system of care that provides a continuum of community services that are evidence-based and cost effective. It is our hope that this will lead our system away from over utilization of expensive hospital care and enable us to provide the right care to meet the needs of individuals in the community.

Finally, Mr. Chairman, we cannot ignore the need for greater oversight, accountability and financial management of the Medicaid program. This year's Medicaid forecast identified the need for an additional \$462 million from the general fund, after just having adopted a budget for the two-year period six months prior. This drove home the need for a greater role in scrutinizing the financial management of the program, the biggest driver of state expenditures. The Subcommittee is recommending the adoption of language to require quarterly meetings to examine the forecast and expenditures on a quarterly basis with the involvement of multiple executive branch and legislative branch partners. It is my hope that this action, along with reforms we adopted over the past two Sessions (the establishment of a Joint Subcommittee for HHR Oversight focused on Medicaid and a special JLARC unit focused on HHR issues, and the adoption of a Medicaid spending target for the 2020-22 biennium) will enable us to continue to bend the cost curve in this program.

Mr. Chairman, I want to take a moment to thank the members of the Subcommittee for their work on issues that are so vital to Virginia's vulnerable citizens. I thank you and the members of this Committee for the continued support for our efforts in addressing the critical health and human service needs of the Commonwealth. Now, I will ask staff to take you through our detailed

recommendations, and then I hope it will be your pleasure to adopt our Subcommittee report.

Respectfully Submitted by the House Appropriations Subcommittee on Health & Human Resources:

T. Scott Garrett, MD

T. Scott Garrett, Chairman

R. Steven Landes

R. Steven Landes

Riley E. Ingram

Riley E. Ingram

Christopher P. Stolle *

Christopher P. Stolle

Todd E. Pillion

Todd E. Pillion

Mark D. Sickles

Mark D. Sickles

Except 297 #3h
4-5.04 #2h

Matthew James **

Matthew James

Lashreese D. Aird

Lashreese D. Aird

Except 297 #3h
4-5.04 #2h

* R69 290 # 1h

* Except 297 #3h

4-5.04 #2h

HB 1700
Health and Human Resources Amendments

2018-20 Biennium
GF NGF

FTE

Front Page Revenue

Revert DMAS Carryforward balances	1,819,857		
Revert Balances in DARS Employment Programs	376,000		
Revert Auxiliary Grant Balances in DSS	2,300,000		
Total Front Page Additions to Balances	4,495,857		

Secretary of Health and Human Resources

Interagency Work Group on Statewide EHR System Language

Children's Services Act

HB 2597 Child Abuse & Neglect; Sex Trafficking - CSA Impact 14,091

Department of Health

Eliminate New Funding for Certain Vaccines	(1,461,742)		
Eliminate Funding for Riverside Shore Memorial Hospital	(1,200,000)		
Eliminate Funding and Positions for Medical Facilities Plan	(168,982)	(167,682)	(4.00)
Transfer TANF for Food Banks to DSS	0	(3,000,000)	
Expand Efforts to Address Maternal Mortality and Morbidity	315,000		1.00
Eliminate Funding for Eastville Community Health Center	(795,000)		
Eliminate Language Earmarking Funds for Riverside Shore Memorial Hospital	Language		
Eliminate New Funding for Proton Beam Therapy and Research	(5,000,000)		
Delay Implementation of Electronic Health Records	(4,201,500)		
HB 2026 Newborn Screening for CMV	198,589		0.50
Prohibition on Funding for Abortions & Priority for Family Planning Grants	Language		

Department of Medical Assistance Services

Capture Savings From Suspension of ACA Health Insurance Fee	(38,900,000)	(38,900,000)	
Correct Fund Source for Administrative Appropriation for Medicaid Expansion	(11,920,429)	11,920,429	
Eliminate Training for Consumer-Directed Attendants	(1,000,000)	(1,000,000)	
Behavioral Health Services Realignment	Language		
Staff Competency Requirements for Waiver Providers	Language		
Pharmacy Carve Out from Managed Care	125,000	125,000	
Eliminate New Services for Medicaid Adults	(3,531,444)		
Increase Reimbursement for Critical Access Hospitals	1,612,235	3,124,796	
Reimbursement Model for Public Rural Hospital in SW VA	Language		
Reporting on Medicaid Pharmacy Claims by Managed Care Organizations	Language		

Department of Behavioral Health and Developmental Services

Behavioral Health Services Realignment	Language		
DD Waiver Individualized Supports Budget Program	Language		
Report on PACT Funding and Cost Effectiveness	Language		
Eliminate Earmark for Jewish Foundation for Group Homes	(89,500)		
Add Funds for PACT Team for Fairfax-Falls Church CSB	Language		
Restore Language for Crisis Stabilization Services	Language		
Earmark Funding for STEP-VA Crisis Services	Language		

Department of Aging and Rehabilitative Services

Capture Balance in Employment Services Programs	Language		
Flexible Funding for Area Agencies on Aging	Language		

Department of Social Services

HB 1871 Fiscal Impact VIEW Transitional Child Care	39,689	1,026,389	
HB 2397 TANF for Individuals Convicted of Drug-Related Felonies	0	49,296	

HB 1700
Health and Human Resources Amendments

2018-20 Biennium
GF NGF

FTE

Adjust TANF Balance	Language		
Technical: Transfer NGF Administrative Funding to Correct Item	0	(5,063,113)	
Correct Fund Source for Administrative Appropriation for Medicaid Expansion	(1,050,000)	1,050,000	
Technical: Correct NGF Appropriation for Child Support Fees	0	145,817	
Capture Balance in Auxiliary Grant Program	Language		
HB 2597 Child Abuse & Neglect; Sex Trafficking	66,060	20,359	
HB 1730 Security Freeze on Accounts of Children in Foster Care	176,133	241,897	
Family First Prevention Services Act Evidence-based Programs	851,000		
Expand TANF Funding for Boys and Girls Clubs	0	500,000	
Adjust TANF for Child Advocacy Centers To Include Russell County CAC	0	22,000	
Transfer TANF for Food Banks from VDH	0	3,000,000	
Eliminate Funds for Stockpiling Supplies	(4,250,000)		
Technical: Transfer NGF Administrative Funding to Correct Item	0	5,063,113	
Forecast of TANF, Child Care, Foster Care and Adoption Payments	Language		
HB 1746 Change VIEW Name	0	150,000	
Virginia Board for People with Disabilities			
VBPD Position Increase			1.00
Department for the Blind and Vision Impaired			
Eliminate New Funding for Vocational Rehabilitation Services	(625,500)		
Total HHR from Introduced Budget	(70,796,300)	(21,691,699)	(1.50)
Part 3			
Clarify 1115 Waiver Costs Be Paid with Provider Assessment Revenue	Language		
Part 4			
Restriction on Funding for Abortion Services	Language		

TANF Budget**HB 1700 Recommendations****FY 2019****FY 2020**

	<u>FY 2019</u>	<u>FY 2020</u>
TANF Program (Mandated Services)		
Income Benefits	\$26,418,438	\$24,208,962
HB 2005 Extend eligibility for children up to age 21 in school or career & technical education	\$0	\$47,400
HB 2397 Ex-Felons Convicted of 1st time drug possession who comply with requirements	\$0	\$49,296
VIEW Employment Services	\$13,612,144	\$13,612,144
VIEW Child Care Services	\$1,250,137	\$1,250,137
HB 1871 VIEW Transitional Child Care	\$0	\$1,026,389
HB 1746 Change VIEW Name	\$0	\$150,000
Caseload Reserve	\$2,000,000	\$2,000,000
TANF State/Local Operations	\$53,568,212	\$53,568,212
Mandated Services Subtotal	\$96,848,931	\$95,912,540
Expanded Services (Discretionary Activities)		
Healthy Families/Health Start (492 DSS, 440 VDH)	\$9,035,501	\$9,035,501
Community Action Agencies	\$6,250,000	\$6,250,000
Domestic Violence Grants	\$3,846,792	\$3,846,792
EITC Grants	\$185,725	\$185,725
Comprehensive Health Investment Project	\$2,400,000	\$2,400,000
Virginia Alliance of Boys and Girls Clubs	\$1,000,000	\$1,500,000
Resource Mothers	\$1,000,000	\$1,000,000
Child advocacy centers (CACs) - Adds Russell County	\$1,136,500	\$1,136,500
Northern Virginia Family Services (NVFS)	\$500,000	\$500,000
Virginia Early Childhood Foundation (VECF)	\$1,250,000	\$1,250,000
Long Acting Reversible Contraceptives (LARC) (at VDH)	\$3,000,000	\$3,000,000
Early Impact Virginia (home visiting)	\$250,000	\$600,000
Visions of Truth	\$75,000	\$75,000
Grants for community employment & training	\$10,500,000	\$10,500,000
Laurel Center	\$500,000	\$500,000
FACETS	\$200,000	\$100,000
Federation of Virginia Food Banks (at VDH)	\$0	\$3,000,000
Expanded Services Subtotal	\$41,129,518	\$44,879,518
Other Spending (Cost Avoidance)		
At-Risk Child Care	\$12,857,212	\$12,857,212
Head Start Wraparound	\$2,500,000	\$2,500,000
Local Staff Support	\$6,405,502	\$6,405,502
Comprehensive Services Act Transfer	\$9,419,998	\$9,419,998
Other Spending Subtotal	\$31,182,712	\$31,182,712
Total TANF Budget	\$169,161,161	\$171,974,770
Annual Grant	\$157,762,831	\$157,762,831
Prior Year Balance	\$136,288,696	\$124,890,366
Cumulative Balance	\$124,890,366	\$110,678,427

Committee Approved Amendments to House Bill 1700, as Introduced

Item 281 #1h

Interagency Work Group on Statewide EHR System

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 290, line 53, after "Budget," insert:

"staff of the House Appropriations and Senate Finance Committees,"

Page 291, after line 20, insert:

"4. The workgroup shall produce a robust analysis of the costs and benefits of using the platform provided through Contract Number VA-121107-SMU managed by the Virginia Information Technologies Agency on behalf of the Commonwealth of Virginia in developing and implementing electronic health records for use by the Virginia Department of Health. The analysis shall consider the need for a separate domain from any other procured through the Contract. The workgroup shall report on the findings of the analysis and any recommendations to the Joint Subcommittee on Health and Human Resources Oversight by November 1, 2019."

Explanation:

(This amendment adds language to add membership of the staff of the House Appropriations and Senate Finance Committees to a work group convened by the Secretary of Health and Human Resources to oversee the development of a statewide integrated electronic health (EHR) system. Language requires a robust cost/benefit analysis to be completed in developing and implementing EHRs for use by the Virginia Department of Health using of the existing state contract and the use of a separate domain.)

Item 291 #2h

Expand Efforts to Address Maternal Mortality and Morbidity

Health and Human Resources

FY18-19

FY19-20

Department of Health

\$0

\$315,000 GF

0.00

1.00 FTE

Language:

Page 302, line 7, strike "\$167,386,863" and insert "\$167,701,863".

Page 302, line 43, after "F." insert "1."

Page 302, after line 49, insert:

Committee Approved Amendments to House Bill 1700, as Introduced

"2. Out of this appropriation, \$365,000 the second year from the general fund shall be provided to support efforts by the Virginia Neonatal Perinatal Collaborative (VNPC) to decrease maternal mortality and morbidity. Funding shall be used for a coordinator position for community engagement, training and education; the development of a pilot program of the Centers for Disease Control's levels of care assessment (LOCATe) tool in the the Richmond metropolitan region and Tidewater region; and development of a Project ECHO tele-education model for education and training. Funding shall also be used to assist the VNPC with expanding capacity to address these issues through the use of software to advance data analytics."

Explanation:

(This amendment adds \$315,000 from the general fund the second year and one position to expand the capability of the Virginia Neonatal Perinatal Collaborative's work to decrease maternal mortality and morbidity. This funding will add to \$50,000 from the general fund contained in the introduced budget to provide a total of \$365,000 to support this initiative.)

Item 297 #3h

Prohibition on Funding for Abortions & Priority for Family Planning Grants

Health and Human Resources

Department of Health

Language

Language:

Page 312, after line 38, insert:

"F.1. The Virginia Department of Health shall not enter into a contract with, or make a grant to, any entity that performs abortions that are not federally qualified abortions or maintains or operates a facility where non-federally qualified abortions are performed, provided, however, that nothing in this subsection shall be construed to apply to the receipt or administration of funds pursuant to 42 U.S.C. § 1396 et seq. Additionally, nothing in this subsection shall be construed to apply to hospitals licensed pursuant to § 32.1-126, Code of Virginia.

2. Subject to any applicable requirements of federal statutes, rules, regulations, or guidelines, any expenditures or grants of public funds for family planning services by the Commonwealth by and through the Department shall be made in the following order of priority:

- a. To public entities;
- b. To nonpublic hospitals and federally qualified health centers;
- c. To rural health clinics;
- d. To nonpublic health providers that have as their primary purpose the provision of the primary health care services enumerated in 42 U.S.C. § 254b(a)(1); and
- e. To nonpublic health providers that do not have as their primary purpose the provision of the primary health care services enumerated in 42 U.S.C. § 254b(a)(1)."

Committee Approved Amendments to House Bill 1700, as Introduced

Explanation:

(This amendment adds language which prohibits the Department of Health from spending any funds on an abortion that is not qualified for matching funds under the Medicaid program or providing any grants or other funds to any entity that performs such abortions. Language also prioritizes the types of entities that the Department of Health contracts with or provides grants for family planning services.)

Item 303 #4h

Behavioral Health Services Realignment

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 315, line 7, strike "\$14,974,837,166" and insert "\$14,975,087,166".

Page 342, after line 27, insert:

"YYY.1. The Department of Medical Assistance Services shall work with the Department of Behavioral Health and Developmental Services and stakeholders to develop and implement the continuum of evidence-based, trauma-informed, and cost-effective mental health services recommended by the University of Colorado Farley Center for Health Policy that will result in the best outcomes for Medicaid and FAMIS members. This continuum shall include Community Mental Health Rehabilitation Services (including Early Intervention Services) and integrated behavioral health in primary care and school settings.

2. The department shall develop the necessary waiver(s) and the State Plan amendments under Titles XIX and XXI of the Social Security Act to fulfill this item, including but not limited to, changes to the medical necessity criteria, services covered, provider qualifications, and reimbursement methodologies and rates for Community Mental Health and Rehabilitation Services. The department shall work with its contractors, the Department of Behavioral Health and Developmental Services, and appropriate stakeholders to develop service definitions, utilization review criteria, provider qualifications, and rates and reimbursement methodologies.

3. Prior to the submission of any state plan amendment or waivers to implement these changes, the Department of Medical Assistance Services and Department of Behavioral Health and Developmental Services shall submit a plan detailing the changes in provider rates, new services added and any other programmatic or cost changes to the Chairmen of the House Appropriation and Senate Finance Committees. The departments shall submit this report no later than December 1, 2019.

4. Upon approval of the 2020 General Assembly and the federal Centers for Medicare and

Committee Approved Amendments to House Bill 1700, as Introduced

Medicaid, the department shall have authority to implement these changes."

Explanation:

(This amendment adds language authorizing the realignment of behavioral health services to ensure the system supports evidence-based, trauma-informed, prevention-focused and cost-effective services for individuals served across the lifespan. Language requires a plan on the changes in provider rates, new services and other programmatic or cost changes to the chairmen of the money committees by December 1, 2019. Upon approval of the 2020 General Assembly and the federal Centers for Medicare and Medicaid, the agency shall have the authority to implement such changes. This is a recommendation of the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century.)

Item 303 #5h

Staff Competency Requirements for Waiver Providers

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 342, after line 27, insert:

"YYY. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services shall recognize the Certified Employment Support Professional (CESP) and Association of Community Rehabilitation Educators (ACRE) certifications in lieu of competency requirements for supported employment staff in the Medicaid Community Living, Family and Individual Support and Building Independence Waiver programs and shall allow providers that are Department for the Aging and Rehabilitative Services vendors that hold a national three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) to be deemed qualified to meet employment staff competency requirements."

Explanation:

(This amendment directs the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to recognize certain certifications in lieu of competency requirements for supported employment staff in the three Medicaid developmental disability waiver programs and allow certain providers that hold national accreditation for services they provide in the developmental disability waivers to be deemed qualified to meet employment staff competency requirements.)

Item 303 #6h

Committee Approved Amendments to House Bill 1700, as Introduced

Pharmacy Carve Out from Managed Care

Health and Human Resources	FY18-19	FY19-20	
Department of Medical Assistance Services	\$0	\$125,000	GF
	\$0	\$125,000	NGF

Language:

Page 315, line 7, strike "\$14,974,837,166" and insert "\$14,975,087,166".

Page 342, after line 27, insert:

"YYY. As a condition of this appropriation, the Department of Medical Assistance Services shall cause its contracted actuary, not later than October 1, 2019 and in consultation with the department and its pharmacy benefit manager, to determine the best pharmacy benefit delivery model, taking into account cost savings and other considerations, for each of the Commonwealth's Children's Health Insurance Programs, Medallion 4.0, the Commonwealth Coordinated Care Plus or any other program managed or directed by the department from a pharmacy benefit directly administered by the department. In determining cost savings, the actuary shall consider factors including rebates captured by the Commonwealth, decreased capitation rates, and a single drug formulary. The department shall report its findings to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2019. If cost savings are forecast, and the report recommends changes to the current pharmacy benefit delivery model, upon approval of the Chairmen of the House Appropriations and Senate Finance Committees, the department may permit Medicaid managed care organizations (MCOs) under the Commonwealth's Children's Health Insurance Programs, Medallion 4.0, the Commonwealth Coordinated Care Plus or any other program managed or directed by the department, to develop and implement medication therapy management programs, including medication reconciliation programs, for Medicaid recipients effective as of July 1, 2020. However, payments for prescribed drugs and dispensing fees shall be aligned to the model that provides the most beneficial financial solution to the Commonwealth. The department is authorized to contract with a pharmacy benefit manager, provided that the contract requires transparency in dispensing fees paid, cost control and containment measures, rebates collected and paid, fees and other charges for its administration of the pharmacy benefit. The department is authorized to contract with a Virginia university for administration of a common formulary across its programs for pharmacy benefits."

Explanation:

(This amendment provides \$125,000 from the general fund and \$125,000 in matching federal Medicaid funds for the Department of Medical Assistance Services (DMAS) to contract with their actuary to determine the best pharmacy benefit delivery model for the Medicaid and Children's Health Insurance Programs in terms of cost effectiveness and other considerations. The DMAS is required to report findings from the review of pharmacy benefit management realignment in the Medicaid and Children's Health Insurance Programs to the chairmen of the

Committee Approved Amendments to House Bill 1700, as Introduced

money committees by December 1, 2019. The language requires the contracted actuary of DMAS to determine potential cost savings. If cost savings are forecast, and the chairmen of the money committees approve, the department may make programmatic changes to align the payments for prescribed drugs and dispensing fees with the most beneficial financial solution for the Commonwealth. Language also authorizes the agency to contract with a Virginia university for administration of a common formulary across its programs for pharmacy benefits.)

Item 303 #9h

Increase Reimbursement for Critical Access Hospitals

Health and Human Resources	FY18-19	FY19-20	
Department of Medical Assistance Services	\$0	\$1,612,235	GF
	\$0	\$3,124,796	NGF

Language:

Page 315, line 7, strike "\$14,974,837,166" and insert "\$14,979,574,197".

Page 342, after line 27, insert:

"YYY. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to increase reimbursement for Critical Access Hospitals by using an adjustment factor of 100% for inpatient operating and capital rates and outpatient rates effective July 1, 2019. The department shall have the authority to implement these changes effective July 1, 2019 and prior to completion of any regulatory action to effect such change."

Explanation:

(This amendment adds \$1.6 million from the general fund and \$3.1 million from nongeneral funds to increase reimbursement for inpatient, outpatient and capital rates for Critical Access Hospitals to 100 percent of allowable costs. A Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS), so that reimbursement policies could be designed to reduce financial vulnerability of these hospitals and improve access to healthcare by keeping essential services in rural communities. There are currently seven Critical Access Hospitals operating in Virginia.)

Item 303 #10h

Reimbursement Model for Public Rural Hospital in SW Virginia

Health and Human Resources

Committee Approved Amendments to House Bill 1700, as Introduced

Department of Medical Assistance Services

Language

Language:

Page 342, after line 27, insert:

"YYY. The Department of Medical Assistance Services shall pursue any and all alternatives and cost based reimbursement models to allow a public hospital in rural Southwest Virginia that has closed in the last 5 years to recoup capital startup costs and minimize operating losses for the next 5 years, including but not limited to optimizing federal matching dollars in accordance with federal law."

Explanation:

(This amendment directs the Department of Medical Assistance Services to pursue alternatives for cost based reimbursement for a rural hospital in Southwest Virginia.)

Item 307 #1h

Reporting on Medicaid Pharmacy Claims by Managed Care Organizations

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 349, 17, strike ", for all quarters through the one ending June 30, 2019,".

Page 349, line 28, after "data.", insert:

"The department shall annually provide a report using aggregated data only to the Chairmen of the House Appropriations and Senate Finance Committees on the implementation of this initiative and its impact on program expenditures by October 1 of each year. Nothing in the report shall contain confidential or proprietary information."

Explanation:

(This amendment modifies language that directs the Department of Medical Assistance Services to include language in all its managed care contracts requiring quarterly reports on details related to pharmacy claims. It eliminates language that provides a time limit on the quarterly reporting of data through June 30, 2019. It also adds language to require an annual report using aggregated data to the Chairmen of the House Appropriations and Senate Finance Committees by October 1 of each year.)

Item 310 #1h

DBHDS - Behavioral Health Services Realignment

Committee Approved Amendments to House Bill 1700, as Introduced

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 356, after line 19, insert:

"Upon approval by the 2020 General Assembly, the Department of Behavioral Health and Developmental Services shall have the authority to promulgate regulations to: (i) ensure that licensing regulations support high quality community-based mental health services and align with changes being made to the Medicaid behavioral health regulations that support evidence-based, trauma-informed, prevention-focused and cost-effective services for individuals served across the lifespan; and (ii) incorporate the American Society of Addiction Medicine Levels of Care Criteria or an equivalent set of criteria into substance use licensing regulations to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction."

Explanation:

(This amendment adds language authorizing the promulgation of licensing regulations by the Department of Behavioral Health and Developmental Services, upon approval of the 2020 General Assembly, to support the realignment of behavioral health services to ensure the licensing system supports evidence-based, trauma-information, prevention-focused and cost-effective services for individuals served across the lifespan. This redesign will mirror those actions being undertaken for behavioral health services funded through the Virginia Medicaid program. This is a recommendation of the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century. A companion amendments in Item 303 provides details of the redesign with the plan to be submitted to the General Assembly for approval in 2020.)

Item 310 #2h

DD Waiver Individualized Supports Budget Program

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 356, after line 19, insert:

"Z. The Department of Behavioral Health and Development Services and the Department of Medical Assistance Services shall not implement the proposed individualized supports budget process for the Medicaid Community Living, Family and Individual Support and Building Independence Waiver programs without the explicit authorization of the General Assembly

Committee Approved Amendments to House Bill 1700, as Introduced

through legislation or authorizing budget language."

Explanation:

(This amendment adds language prohibiting the Departments of Behavioral Health and Developmental Services and Medical Assistance Services from implementing an individualized supports budget process for the three Medicaid waivers related to providing developmental disability (DD) services without explicit authorization from the General Assembly. This is a fundamental shift in current public policy regarding how DD Waiver participant plans of service are calculated, authorized and funded.)

Item 310 #3h

Report on PACT Funding and Cost Effectiveness

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 356, after line 19, insert:

"Z. The Department of Behavioral Health and Developmental Services shall report on the allocation and funding for Programs of Assertive Community Treatment (PACT) in the Commonwealth. The report shall include information on the cost of each team, the cost per individual served and the cost effectiveness of each PACT in diverting individuals from state and local hospitalization and stabilizing individuals in the community."

Explanation:

(This amendment adds language directing the Department of Behavioral Health and Developmental Services to report on the funding and cost effectiveness of the PACT program.)

Item 312 #1h

Earmark Added Funds for PACT Team for Fairfax-Falls Church CSB

Health and Human Resources

Grants to Localities

Language

Language:

Page 362, after line 10, insert:

"QQ. Out of this appropriation, \$200,000 from the general fund the second year is provided to

Committee Approved Amendments to House Bill 1700, as Introduced

the Fairfax-Falls Church Community Services Board to fully fund its Program of Assertive Community Treatment (PACT) Team."

Explanation:

(This amendment earmarks \$200,000 from the general fund the second year to fully fund the PACT Team at the Fairfax-Falls Church Community Services Board (CSB). This additional funding will allow the CSB to serve more individuals in need of PACT services.)

Item 312 #2h

Restore Language for Crisis Stabilization Services

Health and Human Resources

Grants to Localities

Language

Language:

Page 359, line 43, unstrike "\$2,000,000" and strike "11,000,000".

Explanation:

(This amendment strikes language which adds funding for crisis stabilization services in paragraph R in this item in the introduced budget. A companion amendment sets out the new crisis funding separately. This additional funding accelerates crisis response services which are required to be provided beginning in fiscal year 2021 by Chapters 607 and 683, 2017 Acts of Assembly, pursuant to the System Transformation, Excellence and Performance in Virginia (STEP-VA) process.)

Item 312 #3h

Earmark Funding for STEP-VA Crisis Services

Health and Human Resources

Grants to Localities

Language

Language:

Page 362, after line 10, insert:

"QQ. Out of this appropriation, \$8,800,000 the second year from the general fund is provided for crisis services at Community Services Boards and Behavioral Health Authorities pursuant to

Committee Approved Amendments to House Bill 1700, as Introduced

the System Transformation, Excellence and Performance in Virginia (STEP-VA) process and Chapters 607 and 683, 2017 Acts of Assembly.)

Explanation:

(This amendment designates \$8.8 million from the general fund the second year to accelerate the provision of crisis services at Community Services Boards and Behavioral Health Authorities pursuant to the STEP-VA process and Chapters 607 and 683, 2017 Acts of Assembly. Legislation passed in 2017 requires the implementation of crisis services to begin in fiscal year 2021.)

Item 332 #1h

Flexible Funding for Area Agencies on Aging

Health and Human Resources

Department for Aging and Rehabilitative Services

Language

Language:

Page 370, line 43, strike "The amounts to".

Page 370, strike line 44.

Page 370, line 45, strike "appropriations allocated for each category." and insert:

Each individual Area Agency on Aging may transfer up to the maximum amount of federal funds and matching state general fund amounts allowed by federal law between service categories. Further, each Area Agency on Aging may transfer undesignated state general fund amounts among service categories."

Explanation:

(This amendment replaces language in the introduced budget to provide greater flexibility to local Area Agencies on Aging to move service dollars among service categories in order to best serve the needs of clients in their service areas.)

Item 344 #3h

Family First Prevention Services Act Evidence-based Programs

Health and Human Resources

FY18-19

FY19-20

Department of Social Services

\$0

\$851,000 GF

Language:

Committee Approved Amendments to House Bill 1700, as Introduced

Page 380, line 42, strike "\$237,294,427" and insert "\$238,145,427".

Page 383, after line 38, insert:

"P.1. Out of this appropriation, \$851,000 is provided for training, consultation and technical support, and licensing costs associated with establishing evidence-based programming as identified in the federal Family First Prevention Services Act (FFPSA) Evidence-Based Programs Clearinghouse."

Explanation:

(This amendment adds \$851,000 from the general fund in fiscal year 2020 for training and associated costs to start implementation of evidenced based programs required by the new federal Family First Prevention Services Act. Funding shall be used for training, consultation and certification costs to help agencies begin to implement evidence based programs in Virginia.)

Item 346 #3h

Transfer TANF for Food Banks from Health Department

Health and Human Resources	FY18-19	FY19-20
Department of Social Services	\$0	\$3,000,000 NGF

Language:

Page 384, line 2, strike "\$48,521,967" and insert "\$51,521,967".

Page 387, after line 18, insert:

"R. Out of this appropriation, \$3,000,000 the second year from the TANF block grant shall be provided for one-time funding to contract with the Virginia Federation of Food Banks to provide summer child nutrition programs."

Explanation:

(This amendment transfers \$3.0 million from the federal Temporary Assistance to Needy Families block grant contained in the introduced budget for the Department of Health community health services to the the Department of Social Services on a one-time basis for summer child nutrition programs. Funding for many food assistance programs for children were moved from the Department of Health to the Department of Education in fiscal year 2018 (Chapter 836, 2017 Acts of Assembly). Currently food banks receive funding through these consolidated programs. This funding would supplement these programs for children that do not have access to the Summer Food Programs that are offered through local education authorities.)

Item 348 #2h

Committee Approved Amendments to House Bill 1700, as Introduced

Forecast of TANF, Child Care, Foster Care and Adoption Payments

Health and Human Resources

Department of Social Services

Language

Language:

Page 374, line 35, after "B." insert "1."

Page 374, after line 41, insert:

"2. The forecast of expenditures shall detail the incremental general fund and federal fund adjustments required by the forecast each year in the biennial budget. The Department of Planning and Budget shall convene a meeting on or before October 15 of each year with the appropriate staff from the Department of Social Services, and the House Appropriations and Senate Finance Committees to review current trends and assumptions used in the forecasts prior to their finalization."

Explanation:

(This amendment adds language directing the provision of additional information in completing the expenditure forecasts for cash assistance provided through the Temporary Assistance for Needy Families (TANF) program, mandatory child day care services under TANF, foster care maintenance payments, and adoption subsidy payments. It also requires the Department of Planning and Budget to convene a meeting with staff of the Department of Social Services, and House Appropriations and Senate Finance Committee to review trends and assumptions used in the forecasts prior to their finalization.)

Item 3-5.15 #1h

Clarify 1115 Waiver Costs Be Paid with Provider Assessment Revenue

Adjustments and Modifications to Tax Collections

Provider Coverage Assessment

Language

Language:

Page 566, line 32, after "adults", insert:

"which includes the costs of administering the provisions of the Section 1115 waiver".

Page 566, line 35, after "providing coverage" insert:

", which includes the costs of administering and implementing the provisions of the Section 1115 waiver,".

Explanation:

(This amendment clarifies the hospital provider assessment language such that the

Committee Approved Amendments to House Bill 1700, as Introduced

administrative costs that are part of the full costs of coverage include administering the provisions of the Section 1115 waiver.)

Item 4-5.04 #2h

Restriction on Funding for Abortion Services

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 599, line 21, strike "or state statute".

Explanation:

(This amendment prohibits any funding in the budget from being used for abortion services unless otherwise required by federal law.)
