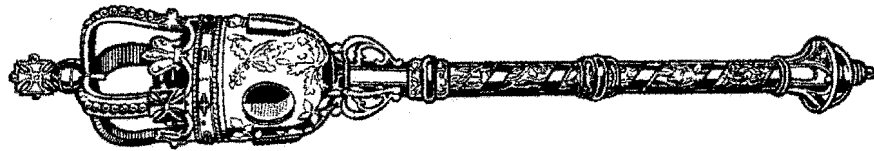


*Report of the
House Appropriations
Subcommittee*

on

Health & Human Resources



*House Bill 29
&
House Bill 30*

February 16, 2014

REPORT OF THE SUBCOMMITTEE

on

HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

The Health and Human Resources Subcommittee is one of the most challenging subcommittees on which to serve. The needs are often overwhelming, the issues are complex, and time is limited in which to craft meaningful solutions to long standing problems. Despite this somewhat discouraging picture, six courageous members of this Committee willingly rolled up their sleeves and attempted to listen, learn and make sound decisions on how to best allocate scarce resources to help serve our most vulnerable citizens. I would like to thank them for their hard work and commitment.

While we heard many concerns at our public hearings, and from members of this body, the subcommittee focused its efforts on a few critical issues this year: shoring up the mental health and developmental disability system of care, addressing the safety net, payment adequacy for hospitals and nursing homes, and expanding our capacity to respond to domestic violence and sexual assaults.

As you know, despite our past efforts, a tragic event last fall again highlighted some glaring weaknesses in our mental health system. With the support of the Chairman and members of this Committee, the Subcommittee took a number of steps to shore up these essential services. I'm pleased to report that we are able to recommend an additional \$48.0 million in general fund dollars for services to individuals with mental disabilities.

First, we are recommending almost \$23.7 million over the biennium to address the mental health legislation we passed earlier this Session and shore up critical funding at our state mental health hospitals. This funding will provide much needed psychiatric inpatient services to

individuals in crisis and subject to temporary detention, allow for the extension of emergency custody orders by 2 hours and provide for a real-time psychiatric bed registry.

Equally important, we are recommending \$24.3 million over the biennium for community-based mental health services. This funding will provide for 17 new crisis intervention drop-off centers, more than doubling the number of centers in existence today. In addition, the funding will provide 3 additional PACT teams, increase outpatient services for youth ages 17 to 24, and provide for greater use of telepsychiatry to support assessments and consultations, particularly in rural areas.

With regard to intellectual and developmental disabilities, the Subcommittee is recommending \$90.6 million over the biennium in state and federal funds to provide 700 new intellectual (ID) and 50 new developmental disability (DD) waiver slots, pursuant to the U.S. Department of Justice Settlement Agreement. In addition, we are recommending \$7.8 million over the biennium in state and federal funds to add 50 community ID and 15 DD waiver slots above those required by the Settlement Agreement. However, we are conditioning these additional slots on the use of a coordinated care model to integrate medical and long-term care services for these individuals. In addition, we are recommending language requiring the Medicaid agency and the Department of Behavioral Health and Developmental Services to work with stakeholders to develop and implement improved care coordination models for all individuals receiving ID and DD waiver services by July 1, 2016. With the implementation of improvements to the waiver program, we believe that the time is ripe to address the needs of this population in a more thoughtful and holistic manner, and hope that by doing so, we can ultimately serve more individuals on the waiting list.

Mr. Chairman, we have heard a lot about the work of the Medicaid Innovation and Reform Commission this Session and its efforts to ensure our largest health safety net program is working efficiently and effectively. While that work is taking place, we looked at our health

safety net and realized we have highly successful community based organizations that provide cost-effective care to thousands of uninsured Virginians every day. Consequently, with the Chairman's leadership, we are recommending an additional \$6 million over the biennium for our free clinics and community health centers to expand health care services across the Commonwealth. We are also recommending the adoption of \$2.4 million over the biennium each year to stabilize funding for our local aging agencies that provide meals and much needed social services to our low-income elderly Virginians. We are providing almost \$832,000 to stabilize and expand public guardianship programs for indigent elderly and disabled individuals, and \$600,000 to continue the operation of three poison control centers to assist all Virginians in emergency situations.

Mr. Chairman, earlier this Session, the Committee heard the concerns of the hospitals regarding the fiscal stress they are facing on several fronts due to federal actions outside of this body to control: Medicare and Disproportionate Share Hospital payment cuts contained in the Affordable Care Act, and payment reductions due to federal sequestration and other federal actions. At that time, you publicly stated that the Virginia General Assembly cannot control the federal Medicare policy and fiscal actions affecting their operations. You rightly stated that we can only control the dollars we are responsible for on the Medicaid side of the ledger. To that end, Mr. Chairman, I am pleased to recommend almost \$81 million in total funds to restore the Medicaid inflation adjustment of 2.5% in fiscal year 2015. Together with the adoption of a similar inflation adjustment in fiscal year 2016, the hospitals will receive \$118.6 million in additional Medicaid payments over the biennium.

We are also recommending the adoption of inflationary increases and rebasing of Medicaid payments for our nursing homes. Together these actions will provide more than \$111 million for Virginia nursing homes over the biennium. This funding will help the nursing homes transition to a new payment system which will allow for the successful implementation of coordinated care for individuals who are dually

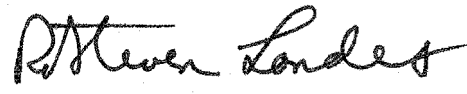
eligible for both Medicaid and Medicare benefits and who may receive long-term care services.

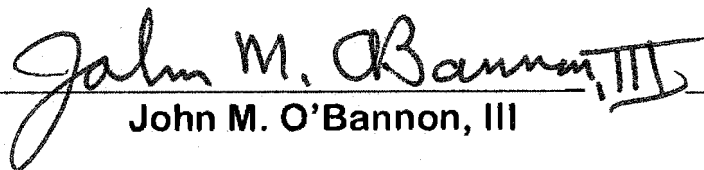
Finally, Mr. Chairman, the Subcommittee is recommending \$4.9 million over the biennium for domestic violence services. This funding will assist domestic violence shelters in providing emergency shelter, emergency transportation and other crisis services. In addition, the funding will allow the local programs to provide a basic level of children's services across the Commonwealth as well as community advocacy and prevention services. Together with additional funding approved by the Public Safety Subcommittee and legislation passed this Session to assist victims of sexual assault, we will provide a total of \$5.5 million for victims of domestic violence and sexual assault. I would like to thank Delegate Peace for his leadership in this area. His work on behalf of House Bill 1 will ensure that we continue efforts this year to examine services and funding to ensure the best use of resources to meet the need for domestic violence and sexual assault services in our communities.

I want to thank you and the members of this Committee for supporting our efforts. 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:



Riley E. Ingram, Chairman

R. Steven Landes

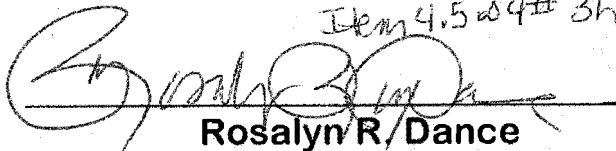
John M. O'Bannon, III

Christopher K. Peace

T. Scott Garrett

Robert H. Brink

I do agree with:
Item 4-5.04 #1h
Item 4.5-04 #2h
Item 4.5-04 #3h



Rosalyn R. Dance

* Except 4-5.04 #1h
4-5.04 #2h
4-5.04 #3h

Health & Human Resources Amendments

HB 29
FY 2014
GF NGF

HB 30: 2014-2016 Biennium
General Nongeneral
Fund Fund FTE

Secretary of Health and Human Resources

Address Budget Shortfall for OSHHR

Patient Engagement and Outcomes Models

142,522

0

Language

Comprehensive Services Act for At-risk Youth

Adjust Foster Care Rate Increase for Inflation

Restore Funding for Services

(222,028)

0

2,936,668

0

Department for the Deaf and Hard of Hearing

Telecommunications Relay Services

Language

Department of Health

Expand Services at Free Clinics

Expand Services at Community and Migrant Health Centers

Restore Funds for Poison Control Centers

TANF for CHIP of Virginia

Technical - Describe GMEC Program Location

Correction Agency's Authority Reference in Budget

3,000,000

0

3,000,000

0

600,000

0

(400,000)

1,200,000

Language

Language

Department of Health Professions

Authority for Board of Medicine Training

Language

Department of Medical Assistance Services

Capture Savings from Federal Bonus Payment for Enrolling

Children in Medicaid

Medicaid Forecast Adjustment for Exceptional Rate Delay

Adjust Revenues to VHCF for Updated MSA & Tobacco Taxes

Adjust Forecast for Indigent Care Changes

Redirect Funds for Extension of Temp. Detention Hours

Capture Savings from Pre-paid Funeral Plans

Delay Medicaid Implementation of ConnectVirginia

HB 478 Allow ECO Extension of 2 Hours

Restore Hospital 2.5% Inflation Adjustment in FY 2015

Restore Teaching Hospital Prior Year Inflation

Add 50 Additional ID Waiver Slots

Add 15 DD Waiver Slots

Care Coordination for ID/DD Waiver Recipients

Supplemental Payments to Physicians Affiliated with EVMS

Convert to Price-Based Payment System for Nursing Facilities

Establish Audit Process and Procedures Work Group

Require DMAS to Provide Pharmacy Claims Data

Modify DSH Funding Formula

Supplemental Payments for Qualifying Hospital Partners of

Teaching Hospitals

Review Requirements for Nursing Experience in Tech. Waiver

Report on Virginia Independent Clinical Assessment Program

Report on Certain Fraud Prevention Efforts

Va. Ctr. for Health Innovation Research & Hospital Collaborative

(5,766,265) 5,766,265

0

(1,841,440) (1,841,440)

(777,748) 777,748

(5,448,415)

5,448,415

1,368,471 1,368,471

(9,346,238)

0

(3,140,668)

0

(4,000,000)

(4,000,000)

1.00

(500,000)

(2,100,000)

230,000

0

35,288,923

36,295,989

9,350,040

0

3,414,500

3,414,500

471,420

471,420

Language

Language

Language

Language

Language

Language

Language

Language

Language

Language

Language

Department of Behavioral Health and Developmental Services

Use DBHDS Trust Fund to Offset DOJ Costs

HB 1232 Acute Psych. Bed Registry

Expand Funding for Crisis Intervention Assessment Center

Add Program for Assertive Community Treatment Team

HB 293 Add TDO Beds in State Facilities

Add Security Staff for Commonwealth Ctr. for Children & Adol.

Modify Language Guiding System Transformation

DBHDS to Monitor Use of State Hospital Beds

Report on Community Services Boards Operations & Funding

Carryforward Funds for NoVA Capacity Development

Continued Operation of Hiram Davis Medical Centers

(5,400,000)

0

233,586

0

1.00

2,700,000

0

1,900,000

0

8,141,326

0

703,213

0

Language

Language

Language

Language

Language

Health & Human Resources Amendments**HB 29**
FY 2014
GF NGF**HB 30: 2014-2016 Biennium**
General Nongeneral
Fund Fund FTE**Department for Aging and Rehabilitative Services**

Add Funds for Public Guardian & Conservator Program

632,252

0

Department of Social Services

DSS Capture Savings from Eligibility Modernization Project

(1,400,000) 5,771,198

Eliminate New Initiative-Expand Foster Care/Adoptions Ages 19-

(4,938,071)

(8,382,412)

Adjust Foster Care Rate Increase for Inflation

(1,220,706)

0

Savings from State Negotiated Adoption Assistance Agreements

(700,660)

0

Update Auxiliary Grant Expenditures

(1,000,000)

0

Redistribute Funds for Kindergarten Readiness Assessments

0

0

TANF Funding for Healthy Families

(700,000)

2,100,000

Funding for Youth for Tomorrow

(400,000)

0

Increase Funding for Domestic Violence Services

2,200,000

2,669,000

Increase Capacity for PERK Kits Evaluations in DFS

Public Safety

Zion Innovative Opportunities Network

0

50,000

Move Local DSS Operations Appropriation to Proper Service Area

Language

TANF Balance

Language

Authority to Employ Staff to Support Local DSS

Language

University of Virginia Medical Center

Transfer UVA Hospital Funds for Medicaid Supplemental Payments

Language

Eastern Virginia Medical School

Medicaid Supplemental Payments to Physicians Affiliated with EVMS

Language

Part 3: Miscellaneous

Correct Line of Credit for DBHDS

Language

Part 4: Goods and Services

No Funds for Planned Parenthood, Inc. or Affiliates

Language

Continue Regulation of Abortion Clinics

Language

Conform Abortion Coverage to Federal Law

Language

Total-Health & Human Services**(\$8,416,982) \$11,842,242****\$37,527,664****\$37,166,912****2.00**

Amendments to House Bill 29, as Introduced

Health and Human Resources Subcommittee

Item 307 #1h

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Medical Assistance	\$0	(\$1,841,440)	GF
Services	\$0	(\$1,841,440)	NGF

Language:

Page 138, line 11, strike "\$8,002,553,539" and insert "\$7,998,870,659".

Explanation:

(This amendment adjusts the Medicaid forecast by \$1.8 million from the general fund and \$1.8 million from federal matching Medicaid funds to capture unspent funds that were provided in fiscal year 2014 for a congregate care rate increase. The rate increase was provided to meet the complex medical or behavioral needs of individuals currently residing in an institution and unable to transition to the community due to the need for services that cannot be provided within the maximum allowable rate, or individuals whose exceptional needs present imminent risk of institutionalization and for whom enhanced waiver services are needed beyond that provided through the existing maximum rates. The federal Centers for Medicare and Medicaid (CMS) have not yet approved the rate increase and it is anticipated that approval will not be granted in time to implement the rate increase in fiscal year 2014. Funding is included in House Bill 30 to implement the rate increase in fiscal year 2015.)

Health and Human Resources Subcommittee

Item 307 #2h

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Medical Assistance	\$0	(\$5,766,265)	GF
Services	\$0	\$5,766,265	NGF

Language:

Explanation:

(This amendment reduces general fund support for Medicaid by \$5.8 million and replaces it with nongeneral funds from a federal bonus payment received for enrolling children in Medicaid. This bonus was authorized by the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, and is based on the change in children's enrollment in Medicaid. This amendment reflects actual general

Amendments to House Bill 29, as Introduced

fund savings, based on the amount received from the federal government.)

Health and Human Resources Subcommittee

Item 307 #3h

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Behavioral Health	\$0	(\$777,748)	GF
And Developmental Services	\$0	\$777,748	NGF

Language:

Page 139, line 12, strike "\$461,105,474" and insert "\$461,883,222".

Explanation:

(This amendment reduces the general fund appropriation for Medicaid by \$777,748 in fiscal year 2014 and increases a like amount of nongeneral funds, reflecting increased revenues to the Virginia Health Care Fund (VHCF). Because revenues to the fund have historically been used as the state share of Medicaid, additional revenue results in an equal amount of general fund savings. Current estimates of Virginia's share of the tobacco Master Settlement Agreement indicate that Virginia will receive slightly more revenue than was assumed in the introduced budget. This additional revenue, which is deposited into the Virginia Health Care Fund, allows for a reduction in general fund appropriations for the state's share of Medicaid funding.)

Health and Human Resources Subcommittee

Item 307 #4h

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Behavioral Health	\$0	\$1,368,471	GF
And Developmental Services	\$0	\$1,368,470	NGF

Language:

Page 138, line 11, strike "\$8,002,553,539" and insert "\$8,005,290,480".

Explanation:

(This amendment provides an additional \$1.4 million the second year from the general fund and an equal amount of federal matching funds for the Medicaid program. The Medicaid forecast completed in November 2013 overestimated the savings to Medicaid indigent care payments in fiscal year 2014 due to provisions related to the availability of subsidized private health insurance offered through a Health Benefits Exchange included in the federal Patient Protection and Affordable

Amendments to House Bill 29, as Introduced

Care Act (PPACA). Individuals with incomes between 100 and 200 percent of the federal poverty level are now eligible to purchase subsidized health insurance available through the federal Health Benefits Exchange. Recent refined estimates of the indigent care population served by the teaching hospitals who would be eligible to purchase health insurance through the exchange have resulted in adjustments to the original assumptions.)

Health and Human Resources Subcommittee

Item 338.10 #1h

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Social Services	\$0	(\$5,771,198)	GF
	\$0	\$5,771,198	NGF

Language:

Page 172, after line 50, insert:

"Department of Social Services (765)

338.	Financial Assistance for Local Social Services Staff (46000)	\$375,068,444	\$377,679,017
	Eligibility Determination Local Staff and Operations (46003)	\$198,293,667	\$201,793,667
	Social Worker Local Staff and Operations (46006)	\$176,774,777	\$175,885,350
Fund			
Sources:	General	\$115,234,376	\$115,254,321 \$109,483,123
	Dedicated Special Revenue	\$3,000,000	\$3,000,000
	Federal Trust	\$256,834,068	\$259,424,696 \$265,195,894

Authority: Title 63.2, Chapters 1 through 7 and 9 through 16, Code of Virginia; P.L. 104-193, Titles IV A, XIX, and XXI, Social Security Act, Federal Code, as amended.

A. The amounts in this item shall be expended under regulations of the Board of Social Services to reimburse county and city welfare/social services boards pursuant to § 63.2-401, Code of Virginia, and subject to the same percentage limitations for other administrative services performed by county and city public welfare/social services boards and superintendents of public welfare/social services pursuant to other provisions of the Code of Virginia, as amended.

B. Pursuant to the provisions of §§ 63.2-403, 63.2-406, 63.2-407, 63.2-408, and 63.2-615 Code of Virginia, all moneys deducted from funds otherwise payable out of the state treasury to the counties and cities pursuant to the provisions of § 63.2-408, Code of Virginia, shall be credited to the applicable general fund account.

C. Included in this appropriation are funds to reimburse local social service agencies for eligibility workers who interview applicants to determine qualification for public assistance benefits which include but are not limited to: Temporary Assistance for Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); and Medicaid.

D. Included in this appropriation are funds to reimburse local social service agencies for social workers who deliver program services which include but are not limited to: child and adult protective services complaint investigations; foster care and adoption services; and adult services.

E. Out of the federal fund appropriation for local social services staff, amounts estimated at \$47,000,000 the first year and \$47,000,000 the second year shall be set aside for allowable local costs which exceed available general fund reimbursement and amounts estimated at \$16,000,000 the first year and \$16,000,000 the second year shall be set aside to reimburse local governments for allowable costs incurred in administering public assistance programs.

F. Out of this appropriation, \$439,338 the first year and \$439,338 the second year from the general fund and \$422,109 the first year and \$422,109 the second year from nongeneral funds is provided to cover the cost of the health insurance credit for retired local social services employees."

Explanation:

(This amendment reduces the general fund by \$5.8 million in fiscal year 2014 and transfers \$4.4 million of this funding in a companion amendment to Item 345 for information technology services for contract costs associated with the development of the new eligibility information system. It increases nongeneral funds by \$5.8 million from enhanced federal Medicaid funds to reflect changes in the Department of Social Services' eligibility determination infrastructure associated with modernizing the information system and revising policies. The department has received federal approval to receive enhanced Medicaid participation in eligibility operations. Together these transactions result in a savings of \$1.4 million to the general fund for eligibility infrastructure changes.)

Amendments to House Bill 29, as Introduced

Health and Human Resources	FY 12-13	FY 13-14	
Department Of Social Services	\$0	\$4,371,198	GF

Language:

Page 178, after line 1, insert:

"Department of Social Services (765)

345.	Administrative and Support Services (49900)	\$116,107,125	\$87,802,609
	General Management and Direction (49901)	\$3,067,632	\$3,222,675
	Information Technology Services (49902)	\$97,212,220	\$68,881,307 \$73,252,505
	Accounting and Budgeting Services (49903)	\$6,916,443	\$6,916,443
	Human Resources Services (49914)	\$2,047,260	\$2,047,260
	Planning and Evaluation Services (49916)	\$1,229,761	\$1,229,761
	Procurement and Distribution Services (49918)	\$3,184,910	\$3,056,264
	Public Information Services (49919)	\$2,151,509	\$2,151,509
	Financial and Operational Audits (49929)	\$297,390	\$297,390
Fund			
Sources: General		\$33,513,756	\$39,507,954 \$43,879,152
Special		\$175,000	\$175,000
Federal Trust		\$82,418,369	\$48,119,655

Authority: Title 63.2, Chapter 1; § 2.2-4000 et seq., Code of Virginia; P.L. 98-502, P.L. 104-156, P.L. 104-193, P.L. 104-327, P.L. 105-33, as amended; P.L. 105-89; P.L. 105-178, Federal Code; Titles IV-A, IV-B, IV-D, IV-E, XIX, XX, XXI of the federal Social Security Act, as amended.

A. The Department of Social Services shall require localities to report all expenditures on designated social services, regardless of reimbursement from state and federal sources. The Department of Social Services is authorized to include eligible costs in its claim for Temporary Assistance for Needy Families Maintenance of Effort requirements.

Amendments to House Bill 29, as Introduced

B. It is the intent of the General Assembly that the Commissioner, Department of Social Services shall work with localities that seek to voluntarily merge and consolidate their respective local departments of social services. No funds appropriated under this act shall be used to require a locality to merge or consolidate local departments of social services.

C. The Commissioner, Department of Social Services, in consultation with relevant state and local agencies, shall develop proposed criteria for assessing funding requests for addressing space needs among local departments of social services, as well as proposed consolidated human services buildings. The criteria shall include but not be limited to compliance with the Americans with Disabilities Act, access to public transportation, life safety issues, condition of current space and related major building systems, impact on service delivery, and other factors as may be appropriate. The department shall use the criteria to prioritize local requests for increased state reimbursement for renovating existing space, relocating or constructing new space. For those jurisdictions that, when applying such criteria, achieve high priority ranking for increased state reimbursement, yet initiate local funding actions to address critical space needs or to consolidate human services, they shall nevertheless retain their ranking on the prioritized list of projects for increased state reimbursement for renovating existing space, relocating or constructing new space. The department shall forward a prioritized list of projects to the Secretary of Health and Human Resources and the Department of Planning and Budget by November 1 of each year for consideration by the Governor in the development of the budget. The department shall also submit a copy of the list of prioritized projects by November 1 of each year, to the Chairmen of the House Appropriations and Senate Finance Committees.

D.1. Out of this appropriation, \$473,844 the first year and \$473,844 the second year from the general fund and \$781,791 the first year and \$781,791 the second year from nongeneral funds shall be provided to support the statewide 2-1-1 Information and Referral System which provides resource and referral information on many of the specialized health and human resource services available in the Commonwealth, including child day care availability and providers in localities throughout the state, and publish consumer-oriented materials for those interested in learning the location of child day care providers.

2. The Department of Social Services shall request that all state and local child-serving agencies within the Commonwealth be included in the Virginia Statewide Information and Referral System as well as any agency or entity that

Amendments to House Bill 29, as Introduced

receives state general fund dollars and provides services to families and youth. The Secretary of Health and Human Resources, the Secretary of Education and Workforce, and the Secretary of Public Safety shall assist in this effort by requesting all affected agencies within their secretariats to submit information to the statewide Information and Referral System and ensure that such information is accurate and updated annually. Agencies shall also notify the Virginia Information and Referral System of any changes in services that may occur throughout the year.

3. The Department of Social Services shall communicate with child-serving agencies within the Commonwealth about the availability of the statewide Information and Referral System. This information shall also be communicated via the Department of Social Services' broadcast system on their agency-wide Intranet so that all local and regional offices can be better informed about the Statewide Information and Referral System. Information on the Statewide Information and Referral System shall also be included within the department's electronic mailings to all local and regional offices at least biannually.

E.1. Out of this appropriation, \$2,000,000 the first year and ~~\$7,500,000~~ \$11,871,198 the second year from the general fund and \$44,500,000 the first year and \$8,200,000 the second year from nongeneral funds shall be provided to modernize eligibility determination systems in the Department of Social Services. If any additional funding is needed, the department shall complete modernization efforts within existing resources.

2. Within 30 days of awarding a contract related to the eligibility project, the Department of Social Services shall provide the Chairmen of House Appropriations and Senate Finance Committees, and Director, Department of Planning and Budget with a copy of the contract including costs.

3. Beginning July 1, 2012, the Department of Social Services shall also provide semi-annual progress reports that must include a current project summary, implementation status, accounting of project expenditures and future milestones. All reports shall be submitted to the Chairmen of House Appropriations and Senate Finance Committees, and Director, Department of Planning and Budget.

F. Out of this appropriation, \$522,286 the second year from the general fund and \$1,924,019 the second year from nongeneral funds shall be provided to supplement management and programmatic support of the agency's eligibility systems modernization effort. In addition, eight positions are added in fiscal year 2013. These resources shall be dedicated to the modernization project until its completion or the end of fiscal year 2017, whichever comes first.

Amendments to House Bill 29, as Introduced

G. On or before June 30, 2013 the Department of Social Services shall deposit to the general fund \$2,371,057 resulting from the identification of a prior period general fund refund.

Explanation:

(This amendment transfers \$4.4 million from the general fund from Item 338, Eligibility Determination Local Staff and Operations (460003) for contract costs associated with the development of a new eligibility determination system. Language is modified in paragraph E.1. to reflect the funding transfer.)

Health and Human Resources Subcommittee

Item 3-2.03 #1h

Working Capital Funds and Lines of Credit

Lines of Credit

Language

Language:

Page 252, line 36, strike "\$20,000,000" and insert "\$30,000,000".

Explanation:

(This amendment corrects an error in the introduced bill regarding the line of credit for the Department of Behavioral Health and Developmental Services. House Bill 29 as introduced was intended to include an adjustment of the current line of credit of \$20 million up to \$30 million. This change inadvertently did not make it in the bill. This amendment increases the line of credit from \$20 million to \$30 million.)

Health and Human Resources Subcommittee

Item 197 #1h

Education: Higher Education

University Of Virginia Medical
Center

Language

Language:

Page 171, after line 29, insert:

"G. In order to provide the state share for Medicaid supplemental payments to Medicaid provider private hospitals in which the University of Virginia (UVA) Medical Center has a non-majority interest, the University of Virginia shall transfer to the Department of Medical Assistance Services (DMAS) public funds that comply with 42 C.F.R. Section 433.51."

Explanation:

(This amendment proposes language that obligates the UVA Medical Center to make the nongeneral fund transfers to DMAS as match for federal Medicaid funds. A companion amendment in Item 301 adds language authorizing DMAS to provide supplemental payments for qualifying private hospital partners of state-owned teaching hospitals.)

Health and Human Resources Subcommittee

Item 243 #2h

Education: Higher Education

Eastern Virginia Medical School

Language

Language:

Page 197, after line 28, insert:

"D. Eastern Virginia Medical School shall transfer funds to the Department of Medical Assistance Services to fully fund the state share for Medicaid supplemental payments to physicians affiliated with Eastern Virginia Medical School. The funds to be transferred must comply with 42 CFR 433.51."

Explanation:

(This amendment adds language to require Eastern Virginia Medical School to transfer funds to provide the state share of Medicaid funding for supplemental Medicaid payments to its physicians. A companion amendment in Item 301 provides authority for the Department of Medical Assistance Services to receive the funds and

Amendments to House Bill 30, as Introduced

use them to match federal Medicaid payments for this purpose.)

Health and Human Resources Subcommittee

Item 278 #1h

Health and Human Resources

FY 14-15

FY 15-16

Secretary Of Health And Human
Resources

\$71,770

\$70,752 GF

Language:

Page 227, line 3, strike "\$672,239" and insert "\$744,009".

Page 227, line 3, strike "\$673,257" and insert "\$744,009".

Explanation:

(This amendment provides \$71,770 the first year and \$70,752 the second year from the general fund for the operations of the Office of the Secretary of Health and Human Resources.)

Health and Human Resources Subcommittee

Item 278 #2h

Health and Human Resources

Secretary Of Health And Human
Resources

Language

Language:

Page 227, after line 45, insert:

"C. The Secretary of Health and Human Resources, in collaboration with the Departments of Health, Medical Assistance Services, Social Services, and Aging and Rehabilitative Services, shall examine the feasibility of partnering with a private population health management service provider to conduct a pilot program to increase patient engagement, improve health care outcomes and lower health care costs for the Commonwealth. Target populations could be individuals served by local health departments, Medicaid or other publicly funded benefit programs. If the program is determined to be feasible and can generate health care cost savings during the 2014-16 biennium, the Secretary may enter into an agreement to operate such a pilot program, provided that the health savings generated from such a program can be used to offset the state cost for the program."

Explanation:

Amendments to House Bill 30, as Introduced

(This amendment directs the Secretary of Health and Human Resources, together with affected agencies, to examine the feasibility of a pilot program to increase patient engagement in their health to improve outcomes and lower health care costs. The Secretary is authorized to enter into an agreement to operate the pilot program if feasible and savings are generated in the 2014-16 biennium to offset the costs of the pilot program.)

Health and Human Resources Subcommittee

Item 279 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Comprehensive Services For	(\$111,014)	(\$111,014)	GF
At-Risk Youth And Families			

Language:

Page 228, line 2, strike "\$270,024,810" and insert "\$269,913,796".

Page 228, line 2, strike "\$267,088,142" and insert "\$266,977,128".

Explanation:

(This amendment reduces the general fund amount provided each year for a foster care rate increase to be consistent with changes in the Consumer Price Index. The introduced budget had provided a 3 percent increase in the rate paid for foster care maintenance. This action will provide for a rate increase of 1.47 percent. Language contained in the Chapter 806, 2013 Virginia Acts of Assembly, authorizes a "reasonable, automatic adjustment for inflation each year be applied to room and board maximum rates paid to foster parents" in the fiscal year following an increase in salary for state employees.)

Health and Human Resources Subcommittee

Item 279 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Comprehensive Services For	\$0	\$2,936,668	GF
At-Risk Youth And Families			

Language:

Page 228, line 2, strike "\$267,088,142" and insert "\$270,024,810".

Explanation:

Amendments to House Bill 30, as Introduced

(This amendment restores \$2.9 million from the general fund in the second year to the Comprehensive Services Act Program which had been reduced in the introduced budget and transferred to the Department of Social Services to expand foster care and adoption subsidies to children ages 19 to 21. Companion amendments in Items 334 and 339 eliminate this new initiative.)

Health and Human Resources Subcommittee

Item 282 #1h

Health and Human Resources

Department For The Deaf And
Hard-Of-Hearing

Language

Language:

Page 233, after line 12, insert:

"D. Pursuant to §51.5-115, Code of Virginia, the Virginia Department for the Deaf and Hard-of-Hearing, with assistance from the Virginia Information Technologies Agencies, shall include in any request for proposal (RFP) for the provision of basic telecommunications relay services a preferential consideration for locating a relay center in an economically distressed area of the Commonwealth. A secondary consideration shall be given to proposals which include an in-state call center. Any preference should not cause the contract price to increase more than cost of the contract in existence during fiscal year 2014."

Explanation:

(This amendment adds language directing the Department for the Deaf and Hard-of-Hearing to include certain preferences in any request for proposal for telecommunications relay services.)

Health and Human Resources Subcommittee

Item 291 #1h

Health and Human Resources

Department Of Health

FY 14-15

\$1,500,000

FY 15-16

\$1,500,000 GF

Language:

Page 239, line 11, strike "\$14,331,833" and insert "\$15,831,833".

Page 239, line 11, strike "\$14,331,833" and insert "\$15,831,833".

Page 240, line 45, strike "\$1,700,000" and "\$1,700,000" and insert:
"\$3,200,000" and "\$3.200.000."

Amendments to House Bill 30, as Introduced

Explanation:

(This amendment adds \$1,500,000 each year from the general fund to provide additional funding to Free Clinics across the Commonwealth to expand services to serve uninsured patients.)

Health and Human Resources Subcommittee

Item 291 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Health	\$1,500,000	\$1,500,000	GF

Language:

Page 239, line 11, strike "\$14,331,833" and insert "\$15,831,833".
Page 239, line 11, strike "\$14,331,833" and insert "\$15,831,833".
Page 240, line 22, strike "\$1,800,000" and insert: "\$3,300,000".

Explanation:

(This amendment adds \$1,500,000 each year from the general fund to provide additional funding to the Community and Migrant Health Centers to expand services to serve uninsured patients.)

Health and Human Resources Subcommittee

Item 291 #3h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Health	\$300,000	\$300,000	GF

Language:

Page 239, line 11, strike "\$14,331,833" and insert "\$14,631,833".
Page 239, line 11, strike "\$14,331,833" and insert "\$14,631,833".
Page 242, line 28, strike the first "\$700,000" and insert "\$1,000,000".
Page 242, line 28, strike the second "\$700,000" and insert "\$1,000,000".
Page 242, line 29, strike "two" and insert "three".
Page 242, line 30, strike "centers serving the Commonwealth and" and insert: "services".
Page 242, line 31, strike "determine which two shall continue to be provided state funds" and insert:
"and determine how best to provide and enhance use of these services as a resource for patients with mental health disorders and for health care providers treating

Amendments to House Bill 30, as Introduced

patients with poison-related suicide attempts, substance abuse, and adverse medication events."

Page 242, line 32, strike "available funding between these two centers. The general fund amounts shall be" and insert:

"the general fund amounts between the three centers".

Page 242, strike line 33.

Explanation:

(This amendment adds \$300,000 each year from the general fund to restore current funding to operate the current three poison control centers serving Virginia operated by the University of Virginia, Virginia Commonwealth University, and the National Capital Poison Center. During the 2013 Session, the General Assembly adopted budget language to continue funding to operate three poison control centers and provided \$1,000,000 in fiscal year 2014 for the three centers. The introduced budget reduces funding to the centers providing \$700,000 each year from the general fund and earmarking this support for two poison control centers instead of three. This amendment would ensure the continued statewide operation of the three poison control services for the Commonwealth. Language is modified to reflect these changes and to have the State Health Commissioner work with the centers to determine how to provide and enhance the use of these services as a resource for individuals with behavioral health disorders.)

Health and Human Resources Subcommittee

Item 291 #4h

Health and Human Resources

FY 14-15

FY 15-16

Department Of Health

(\$200,000)

(\$200,000) GF

\$600,000

\$600,000 NGF

Language:

Page 239, line 11, strike "\$14,331,833" and insert "\$14,731,833".

Page 239, line 11, strike "\$14,331,833" and insert "\$14,731,833".

Page 239, line 16, strike the first "\$1,382,946" and insert "\$1,182,946".

Page 239, line 16, strike the second "\$1,382,946" and insert "\$1,182,946".

Page 239, line 17, strike the first "\$400,000" and insert "\$1,000,000".

Page 239, line 17, strike the second "\$400,000" and insert "\$1,000,000".

Explanation:

(This amendment reduces \$200,000 from the general fund each year and adds \$600,000 each year from the federal Temporary Assistance to Needy Families block

Amendments to House Bill 30, as Introduced

grant the second year for the Comprehensive Health Improvement Program (CHIP) of Virginia. CHIP of Virginia is a statewide network of local public/private partnerships which provides services to low-income, pregnant women, and young children in 27 localities. Services provided through these partnerships have demonstrated improved birth outcomes, child health, school readiness, and parental work capability.)

Health and Human Resources Subcommittee

Item 291 #5h

Health and Human Resources

Department Of Health

Language

Language:

Page 241, line 11, after the period, insert:

"GMEC is a program of the University of Virginia's College at Wise."

Explanation:

(This language amendment clarifies that the Graduate Medical Education Consortium operated in Southwest Virginia is a program at the University of Virginia-Wise. This language amendment is needed to ensure that funding included in the current appropriations act is provided to the program.)

Health and Human Resources Subcommittee

Item 295 #1h

Health and Human Resources

Department Of Health

Language

Language:

Page 243, line 36, strike "3.1-530.1 through 3.1-530.9, 3.1-562.1 through 3.1-562.10" and insert:

"3.2-5206 through 3.2-5216".

Explanation:

(This amendment corrects outdated references to the Code of Virginia related to the agency's statutory authority. This amendment is a technical change.)

Health and Human Resources Subcommittee

Item 297 #1h

Health and Human Resources

Amendments to House Bill 30, as Introduced

Department Of Health Professions

Language

Language:

Page 244, after line 18, insert:

"The Department of Health Professions is authorized to use dedicated special revenue from physician license fees to provide training necessary for members of the Board of Medicine to fulfill their statutory and regulatory responsibilities."

Explanation:

(This amendment authorizes the use of physician licensure fees to provide training for members of the Board of Medicine in order to carry out their statutory and regulatory responsibilities.)

Health and Human Resources Subcommittee

Item 298 #1h

Health and Human Resources

FY 14-15

FY 15-16

Department Of Medical Assistance
Services

(\$1,418,880)

(\$1,721,788) GF

Language:

Page 244, line 27, strike "\$12,291,117" and insert "\$10,872,237".

Page 244, line 27, strike "\$14,289,674" and insert "\$12,567,886".

Explanation:

(This amendment captures funding provided in the introduced budget to fund proposed legislation requiring a minimum 24-hour period for a temporary detention order (TDO) and extending the current 48-hour maximum TDO to 72 hours for adults with mental illness. This proposed legislation was not passed. A companion amendment in Item 312 redirects this funding to state mental health treatment centers to provide services for individuals subject to TDOs pursuant to the passage of House Bill 293.)

Health and Human Resources Subcommittee

Item 298 #2h

Health and Human Resources

FY 14-15

FY 15-16

Department Of Medical Assistance
Services

\$115,000

\$115,000 GF

Language:

Amendments to House Bill 30, as Introduced

Page 244, line 27, strike "\$12,291,117" and insert "\$12,406,117".

Page 244, line 27, strike "\$14,289,674" and insert "\$14,404,674".

Explanation:

(This amendment provides \$115,000 from the general fund each year to the Department of Medical Assistance Services for the involuntary mental commitment fund to implement the provisions of House Bill 478, which provides a second two-hour extension of the time during which a person may be held pursuant to an emergency custody order.)

Health and Human Resources Subcommittee

Item 301 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	(\$311,066)	(\$5,137,349)	GF
Services	\$311,066	\$5,137,349	NGF

Language:

Page 246, line 39, strike "\$371,235,653" and insert "\$371,546,719".

Page 246, line 40, strike "\$359,191,638" and insert "\$364,328,987".

Explanation:

(This amendment reduces the general fund appropriation for Medicaid by \$311,066 the first year and \$5.1 million the second year and increases a like amount of nongeneral funds each year, reflecting increased revenues to the Virginia Health Care Fund (VHCF). Because revenues to the fund have historically been used as the state share of Medicaid, additional revenue results in an equal amount of general fund savings. Current estimates of Virginia's share of the tobacco Master Settlement Agreement and cigarette tax collections indicate that Virginia will receive slightly more revenue than was assumed in the introduced budget. This additional revenue, which is deposited into the Virginia Health Care Fund, allows for a reduction in general fund appropriations for the state's share of Medicaid funding.)

Health and Human Resources Subcommittee

Item 301 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	(\$4,503,329)	(\$4,842,909)	GF
Services			

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,491,220,943".

Page 245, line 42, strike "\$8,761,183,102" and insert "\$8,756,340,193".

Explanation:

(This amendment recognizes savings of \$4.5 million the first year and \$4.8 million the second year from the general fund for the Medicaid program. The Medicaid forecast completed in November 2013 underestimated the savings to Medicaid indigent care payments in the 2014-16 biennium due to provisions related to the availability of subsidized private health insurance offered through a Health Benefits Exchange included in the federal Patient Protection and Affordable Care Act (PPACA). Individuals with incomes between 100 and 200 percent of the federal poverty level are now eligible to purchase subsidized health insurance available through the federal Health Benefits Exchange. Recently revised estimates of the the number of those who would be eligible to purchase health insurance through the exchange result in these additional program savings.)

Health and Human Resources Subcommittee

Item 301 #3h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	(\$1,000,000)	(\$3,000,000)	GF
Services	(\$1,000,000)	(\$3,000,000)	NGF
	1.00	1.00	FTE

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,493,724,272".

Page 245, line 42, strike "\$8,761,183,102" and insert "\$8,755,183,102".

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services shall implement procedures to identify and capture assets from required payouts by companies issuing pre-need funeral and burial contracts in which the planned cost of the funeral arrangements for a decedent who was receiving Medicaid-financed services was less than the actual cost."

Explanation:

(This amendment captures savings to the general fund and federal matching Medicaid funds from increased program integrity efforts by the Department of Medical Assistance Services to require companies issuing pre-need funeral and burial contracts to (i) determine if the deceased received Medicaid benefits prior to

Amendments to House Bill 30, as Introduced

paying out an excess amount above the cost of funeral arrangements for the decedent and (ii) remit the excess amount to the Commonwealth as required by state law. An additional position is provided to assist with these efforts.)

Health and Human Resources Subcommittee

Item 301 #4h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	\$16,864,215	\$18,424,708	GF
Services	\$17,871,281	\$18,424,708	NGF

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,530,459,768".

Page 245, line 42, strike "\$8,761,183,102" and insert "\$8,798,032,518".

Page 257, strike lines 38 through 44.

Explanation:

(This amendment removes language included in the introduced budget that eliminated an inflation adjustment of 2.5 percent in fiscal year 2015 for inpatient hospital services. The 2013 Medicaid Forecast included an inflation adjustment of 2.5 percent each year for Medicaid-funded inpatient hospital services but the introduced budget removed funding for the inflation adjustment in the first year. Funding in the second year reflects the impact on hospital payments from the fiscal year 2015 inflationary increase adjusted for estimated utilization changes.)

Health and Human Resources Subcommittee

Item 301 #5h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	\$9,350,040	\$0	GF
Services			

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,505,074,312".

Explanation:

(This amendment restores funding of \$9.4 million the first year that was eliminated in the introduced budget for the state teaching hospitals. The 2013 Medicaid forecast included prior year inflation adjustments for inpatient operating costs and graduate medical education at the state teaching hospitals, but the

Amendments to House Bill 30, as Introduced

introduced budget removed funding for the inflation adjustment in the fiscal year 2015.)

Health and Human Resources Subcommittee

Item 301 #6h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	\$1,707,250	\$1,707,250	GF
Services	\$1,707,250	\$1,707,250	NGF

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,499,138,772".

Page 245, line 42, strike "\$8,761,183,102" and insert "\$8,764,597,602".

Page 257, line 45, after "DDD." insert "1."

Page 257, line 46, strike "340" and insert "390".

Page 257, after line 47, insert:

"2. Implementation of 50 new home- and community-based intellectual disability waiver slots for individuals, effective July 1, 2014, shall be contingent upon the use of a coordinated care model to provide all-inclusive services to individuals receiving Medicaid acute medical and home- and community-based waiver services.

3. The Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services, shall report on efforts to implement paragraph DDD.2. to the Chairmen of the House Appropriations and Senate Finance Committees by September 1, 2014."

Explanation:

(This amendment provides funding to add 50 new Medicaid home- and community-based waiver slots over the 2014-16 biennium for individuals with intellectual disability (ID). Implementation of the 50 new community based waiver slots are contingent upon the use of a coordinated care model to deliver Medicaid acute medical and home- and community-based waiver services. The Departments of Medical Assistance Services and Behavioral Health and Developmental Services are required to report back on the implementation of this requirement by September 1, 2014.)

Health and Human Resources Subcommittee

Item 301 #7h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	\$235,710	\$235,710	GF
Services	\$235,710	\$235,710	NGF

Language:

Page 245, line 42, strike "\$8,495,724,272" and insert "\$8,496,195,692".

Page 245, line 42, strike "\$8,761,183,102" and insert "\$8,761,654,522".

Page 257, line 48, after "EEE." insert "1."

Page 257, line 49, strike "25" and insert "40".

Page 257, after line 51, insert:

"2. Implementation of 15 new Individual and Family Developmental Disabilities Support waiver slots effective July 1, 2014, shall be contingent upon the use of a coordinated care model to provide all-inclusive services to individuals receiving Medicaid acute medical and home- and community-based waiver services.

3. The Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services, shall report on efforts to implement paragraph DDD.2. to the Chairmen of the House Appropriations and Senate Finance Committees by September 1, 2014."

Explanation:

(This amendment provides funding to phase-in 15 Medicaid home and community-based waiver slots over the 2014-16 biennium for individuals with developmental disabilities to reduce the current waiting list of individuals. This funding supports an addition to the 50 new slots that are expected to be added in the 2014-16 biennium required pursuant to the U.S. Department of Justice Settlement Agreement. Implementation of the new 15 community based waiver slots are contingent upon the use of a coordinated care model to deliver Medicaid acute medical and home- and community-based waiver services. The Departments of Medical Assistance Services and Behavioral Health and Developmental Services are required to report back on the implementation of this requirement by September 1, 2014.)

Health and Human Resources Subcommittee

Item 301 #8h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department shall, in cooperation with the Department of Behavioral Health and Developmental Services and in collaboration with stakeholders such as

the ARC of Virginia, the Virginia Network of Private Providers, the Virginia Association of Community Services Boards, the Virginia Association of Health Plans, the Virginia Hospital and Healthcare Association and others, develop and implement improved care coordination models for individuals with Intellectual Disabilities (ID) and Developmental Disabilities (DD), including those individuals who receive services through the ID and DD Waivers and in public and private Intermediate Care Facilities. Improved care coordination models may include the voluntary Commonwealth Coordinated Care Program, health homes, PACE Programs, or other models that better manage medical, behavioral and long-term services and supports. Development of these managed models of care shall be in collaboration with ID and DD Waiver studies and reforms underway, however, implementation shall begin no later than July 1, 2016."

Explanation:

(This amendment adds language to direct the Department of Medical Assistance Services to work with the Department of Behavioral Health and Development and stakeholders to develop and implement improved care coordination models for individuals with receiving publicly funded ID and DD services in community and institutional settings no later than July 1, 2016.)

Health and Human Resources Subcommittee

Item 301 #9h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services shall promulgate regulations to make Medicaid supplemental payments to Medicaid physician providers with a medical school located in Eastern Virginia that is a political subdivision of the Commonwealth. The amount of the supplemental payment shall be based on the difference between the average commercial rate approved by the Centers for Medicare and Medicaid Services (CMS) and the payments otherwise made to physicians. Funding for the state share for the Medicaid payments are authorized in Item 245. The Department shall have the authority to implement these reimbursement changes consistent with the effective date in the State Plan Amendment approved by CMS and prior to completion of any regulatory process in order to effect such changes."

Explanation:

(This amendment provides DMAS with the authority to make supplemental Medicaid payments to physicians of Eastern Virginia Medical School. The state share of the Medicaid payments will be made by EVMS.)

Health and Human Resources Subcommittee

Item 301 #10h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 258, strike lines 45 through 50, and insert:

"KKK. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to convert the current cost-based payment methodology for nursing facility operating rates in 12 VAC 30-90-41 to a price-based methodology effective July 1, 2014. The new price-based payment methodology shall be implemented in a budget neutral manner.

1. The department shall calculate prospective operating rates for direct and indirect costs in the following manner.

a. The department shall calculate the cost per day in the base year for direct and indirect operating costs for each nursing facility. The department shall use existing definitions of direct and indirect costs.

b. The initial base year for calculating the cost per day is cost reports ending in calendar year 2011. The department shall rebase prices in fiscal year 2018 and every three years thereafter using the most recent reliable calendar year cost settled cost reports for freestanding nursing facilities that have been completed as of September 1.

c. Each nursing facility's direct cost per day shall be neutralized by dividing the direct cost per day by the raw Medicaid facility case mix that corresponds to the base year by facility.

d. Costs per day shall be inflated to the midpoint of the fiscal year rate period using the moving average Virginia Nursing Home inflation index for the 4th quarter of each year (the midpoint of the fiscal year). Costs in the 2011 base year shall be inflated from the midpoint of the cost report year to the midpoint of fiscal year 2012 by prorating fiscal year 2012 inflation and annual inflation after that. Annual inflation adjustments shall be based on the last available report prior to the beginning of the fiscal year and corrected for any revisions to prior year inflation.

Amendments to House Bill 30, as Introduced

e. Prices will be established for the following peer groups using a combination of Medicare wage regions and Medicaid rural and bed size modifications based on similar costs.

1. Direct Peer groups

- Northern Virginia MSA
- Other MSAs
- Northern Rural
- Southern Rural

2. Indirect Peer Groups

- Northern Virginia MSA
- Rest of State – Greater than 60 Beds
 - Other MSAs
 - Northern Rural
 - Southern Rural
- Rest of State – 60 Beds or Less

f. The price for each peer group shall be based on the following adjustment factors :

1. Direct-105 percent of the peer group day-weighted median neutralized and inflated cost per day for freestanding nursing facilities.

2. Indirect-100.7 percent of the peer group day-weighted median inflated cost per day for freestanding nursing facilities.

g. Facilities with costs projected to the rate year below 95 percent of the price shall have an adjusted price equal to the price minus the difference between their cost and 95 percent of the unadjusted price. Adjusted prices will be established at each rebasing. New facilities after the base year shall not have an adjusted price until the next rebasing. The “spending floor” limits the potential gain of low cost facilities, thereby making it possible to implement higher adjustment factors for other facilities at less cost.

h. Individual claim payment for direct costs shall be based on each resident’s Resource Utilization Group (RUG) during the service period times the facility direct price (similar to Medicare).

i. Resource Utilization Group is a resident classification system that groups nursing facility residents according to resource utilization and assigns weights related to the resource utilization for each classification. The department shall use RUGs to determine facility case mix for cost neutralization in determining the direct costs used in setting the price and for adjusting the claim payments for residents. The department may elect to transition from the RUG-III 34 Medicaid grouper to the RUG-IV 48 grouper in the following manner.

1. The department shall neutralize direct costs per day in the base year using the most current RUG grouper applicable to the base year.

Amendments to House Bill 30, as Introduced

2. The department shall utilize RUG-III 34 groups and weights in fiscal year 2015 for claim payments.
 3. Beginning in fiscal year 2016, the department may elect to implement RUG-IV 48 Medicaid groups and weights for claim payments.
 4. RUG-IV 48 weights used for claim payments will be normalized to RUG-III 34 weights as long as base year costs are neutralized by the RUG-III 34 grouper. In that the weights are not the same under RUG IV as under RUG III, normalization will insure that total payments in direct using the RUGs IV 48 weights will be the same as total payments in direct using the RUGs-III 34 grouper.
 - j. The department shall transition to the price-based methodology over a period of four years blending the price-based rate described here with the cost-based rate based on current law with the following adjustments. The facility cost-based operating rates shall be the direct and indirect rates for fiscal year 2015 based on facility case mix neutral rates modeled after the law that would have been in effect in fiscal year 2015 absent this amendment and using base year data from calendar year 2011 inflated to the rate year. Based on a four-year transition, the rate will be based on the following blend:
 1. Fiscal year 2015 - 25 percent of the price-based rate and 75 percent of the cost-based rate.
 2. Fiscal year 2016 - 50 percent of the price-based rate and 50 percent of the cost-based rate.
 3. Fiscal year 2017 - 75 percent of the price-based rate and 25 percent of the cost-based rate.
 4. Fiscal year 2018 - 100 percent of the price-based (fully implemented)During the first transition year for the period July 1, 2014 through October 31, 2014, DMAS shall case mix adjust each direct cost component of the rates using the average facility case mix from the two most recent finalized quarters (September and December 2013) instead of adjusting this component claim by claim. Cost-based rates to be used in the transition for facilities without cost data in the base year but placed in service prior to July 1, 2013 shall be determined based on the most recently settled cost data. If there is no settled cost report at the beginning of a fiscal year, then 100 percent of the price-based rate shall be used for that fiscal year. Facilities placed in service after June 30, 2013 shall be paid 100 percent of the price-based rate.
-
2. Prospective capital rates shall be calculated in the following manner.
 - a. Fair rental value per diem rates for the fiscal year shall be calculated for all freestanding nursing facilities based on the prior calendar year information aged to the fiscal year and using RS Means factors and rental rates corresponding to the

Amendments to House Bill 30, as Introduced

fiscal year. There will be no separate calculation for beds subject to and not subject to transition.

b. The department shall develop a procedure for mid-year fair rental value per diem rate changes for nursing facilities that put into service a major renovation or new beds. A major renovation shall be defined as an increase in capital of \$3,000 per bed. The nursing facility shall submit complete pro forma documentation at least 60 days prior to the effective date and the new rate shall be effective at the beginning of the month following the end of the 60 days. The provider shall submit final documentation within 60 days of the new rate effective date and the department shall review final documentation and modify the rate if necessary effective 90 days after the implementation of the new rate. No mid-year rate changes shall be made for an effective date after April 30 of the fiscal year.

c. The rental rate shall be 8.75 percent in fiscal year 2015, 8.5 percent in fiscal year 2016, 8.25 percent in fiscal year 2017 and 8.0 percent in fiscal year 2018 and future years.

d. These FRV changes shall also apply to specialized care facilities.

e. The capital per diem rate for hospital-based nursing facilities shall be the last settled capital per diem.

3. Prospective NATCEP rates shall be the Medicaid per diem rate in the base year inflated to the rate year based on inflation used in the operating rate calculations.

4. A prospective rate for criminal records checks shall be the per diem rate in the base year.

5. The department shall have the authority to implement these payment changes effective July 1, 2014 and prior to completion of any regulatory process in order to effect such changes.

Explanation:

(This budget-neutral language amendment requires the Department of Medical Assistance Services to implement a fully prospective, price-based payment methodology for nursing facility services effective July 1, 2014. The new methodology, which grew out of budget language adopted by the 2013 General Assembly, is designed to facilitate the transition of individuals receiving nursing home services to managed care under the dual demonstration project.)

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services shall establish a work group of representatives of providers of home- and community-based care services to continue improvements in the audit process and procedures for home- and community-based utilization and review audits. The Department of Medical Assistance Services shall report any revisions to the methodology for home- and community-based utilization and review audits, including progress made in addressing provider concerns and solutions to improve the process for providers while ensuring program integrity. In addition, the report shall include documentation of the past year's audits, a summary of the number of audits to which retractions were assessed and the total amount, the number of appeals received, and the results of appeals. The report shall be provided to the Chairmen of the House Appropriations and Senate Finance Committees by December 1 of each year."

Explanation:

(This amendment adds language directing the agency to establish an ongoing work group to continue improving the home- and community-based utilization and review audit process in order to reduce the number of retractions that are subsequently overturned on appeal.)

Health and Human Resources Subcommittee

Item 301 #12h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services shall provide all Medicaid Fee-for-Service, Managed Medicaid and Physician Administered (J-Code) pharmacy claim level detail data related to the total drug utilization within the Medicaid Drug Rebate Program to appropriate entities requesting the data. The department may request a reasonable payment from the requesting entity for providing such data. Medicaid shall require that the requested pharmacy claim level data set will be used

solely for drug rebate validation services for participating drug manufacturers, including drug use trend review. The requester shall not attempt to use the pharmacy claim level data set to track or link an individual's data, determine real or likely identities, gain information about an individual or contact an individual."

Explanation:

(This language amendment requires the Department of Medical Assistance Services to provide Medicaid Fee-for-Service, Managed Medicaid and Physician Administered (J-Code) pharmacy claim level detail data related to the total drug utilization within the Medicaid Drug Rebate Program to appropriate entities requesting the data. The department may request a reasonable payment from the requesting entity for providing such data and require that the requested pharmacy claim level data set will be used solely for drug rebate validation services for participating drug manufacturers, including drug use trend review.)

Health and Human Resources Subcommittee

Item 301 #13h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 262, line 51, strike "Eligible DSH days for out of".

Page 262, strike lines 52 through 54.

Page 263, after line 1, insert:

- e) Final Type Two DSH eligible days will be calculated by:
 - a. Calculating total non-Medicaid days for DSH qualifying hospitals.
 - b. A utilization percentage will be calculated by dividing the hospital's non-Medicaid days by the total of Type Two hospital qualifying DSH non-Medicaid days.
 - c. The final DSH eligible days will be determined by multiplying the eligible Medicaid DSH days times one minus the utilization factor calculated in paragraph b)".

Page 263, line 2, strike "e)" and insert "f)".

Explanation:

(This amendment makes technical adjustments to language included in the introduced budget related to Medicaid disproportionate share hospital (DSH) payments. The proposed language amendment is designed to a) ensure that only out-of-state hospitals who provide a significant volume of care to Virginia Medicaid

recipients qualify for DSH payments and b) include a low-volume adjustment to recognize the special challenges smaller, rural hospitals face in managing Medicaid and indigent care shortfalls.)

Health and Human Resources Subcommittee

Item 301 #14h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. There is hereby appropriated sum sufficient nongeneral funds for the Department of Medical Assistance Services to pay the state share of supplemental payments for qualifying private hospital partners of Type One hospitals (consisting of state-owned teaching hospitals) as provided in the State Plan for Medical Assistance Services. Qualifying private hospitals shall consist of any hospital currently enrolled as a Virginia Medicaid provider and owned or operated by a private entity in which a Type One hospital has a nonmajority interest. The supplemental payments shall be based upon the reimbursement methodology established for such payments in Attachments 4.19-A and 4.19-B of the State Plan for Medical Assistance Services. The Department of Medical Assistance Services shall enter into a transfer agreement with any Type One hospital whose private hospital partner qualifies for such supplemental payments, under which the Type One hospital shall provide the state share in order to match federal Medicaid funds for the supplemental payments to the private hospital partner. The Department shall have the authority to implement this reimbursement change effective upon passage of this act for all payment periods approved in the State Plan, and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment adds language authorizing the Department of Medical Assistance Services (DMAS) to allow for Medicaid supplemental payments for qualifying private hospital partners of state-owned teaching hospitals. The state's share of the supplemental payments shall be provided by the state-owned teaching hospital to draw down matching federal Medicaid funds. The University of Virginia Medical Center has a partnership agreement with Culpeper Regional Hospital. The agreement includes collaborative efforts in the areas of medical care, medical residences, patient access, capital, and a joint business plan. A plan approved by the

federal government allows the University of Virginia (UVA) Medical Center to provide nongeneral funds to the federal Centers for Medicare and Medicaid (CMS) through the Department of Medical Assistance Services (DMAS) that will be matched with federal Medicaid funds and provided to Culpeper Regional Hospital. The funds will be used to enhance payment for the treatment of Medicaid patients. The UVA Medical Center has committed to provide the matching funds and would like to remove financial barriers to transferring low-acuity Medicaid patients who live in the Culpeper County area to the Culpeper Regional Hospital, which in many cases is the most appropriate provider setting. A companion amendment in Item 197 provides language to effectuate the transfer of funds from UVA to DMAS for this purpose.)

Health and Human Resources Subcommittee

Item 301 #15h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services shall assess and report on the impact of the requirement that requires nurses providing private duty nursing services to individuals receiving services through the Technology Assisted Waiver program to have six months of work experience in order to be reimbursed through the Medicaid program. The assessment shall examine access to qualified nurses by individuals eligible for waiver services, and hiring, turnover, and retention of nurses providing private duty nursing services through the waiver. The department shall provide a report on its findings by November 1, 2014, to the Chairmen of the House Appropriations and Senate Finance Committees."

Explanation:

(This amendment requires the Department of Medical Assistance Services to examine and report on the impact of requirements for six months of nursing experience for those providing private duty nursing services to individuals on the Technology Assisted Waiver program.)

Health and Human Resources Subcommittee

Item 301 #16h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 264, after line 26, insert:

"FFFF. The Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services shall report on outcomes of the Virginia Independent Clinical Assessment Program (VICAP) in ensuring (i) appropriate access and utilization of Medicaid-funded therapeutic day treatment services, intensive in-home services, mental health support services, and residential treatment (Levels A & B) for youth; (ii) cost effective use of Medicaid funds for services; and (iii) fair and equitable referrals to appropriate service providers. The Department shall also report on regional variations in the VICAP, the availability of outcome data for children served through the program, and outcome data collected on children served through the program. The report shall be provided to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2014."

Explanation:

(This amendment requires the Department of Medical Assistance Services, in cooperation with the Department of Behavioral Health and Developmental Services, to report on the Virginia Independent Clinical Assessment Program.)

Health and Human Resources Subcommittee

Item 301 #17h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 266, line 14, after "abuse." insert:

"In addition, the Department shall report on data mining efforts and efforts to filter Medicaid claims and electronic payments through a payment processing network in order to prevent Medicaid payment fraud."

Page 266, line 16, strike "2015" and insert "2014".

Explanation:

(This amendment directs the Department of Medical Assistance Services to include additional information its report on efforts to validate and provide meaningful reliable data on the Medicaid program to prevent Medicaid fraud, waste

Amendments to House Bill 30, as Introduced

and abuse. It also modifies language in the introduced budget to require a report on these efforts by September 1, 2014 instead of 2015.)

Health and Human Resources Subcommittee

Item 304 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	(\$250,000)	(\$250,000)	GF
Services	(\$1,050,000)	(\$1,050,000)	NGF

Language:

Page 265, line 4, strike "\$143,673,278" and insert "\$142,373,278".

Page 265, line 4, strike "\$144,263,040" and insert "\$142,963,040".

Page 266, strike lines 24 through 33.

Page 266, line 34, strike "K" and insert "J".

Explanation:

(This amendment delays implementation of the Virginia Medicaid program's participation in the Commonwealth's Health Information Exchange (ConnectVirginia) by reducing funding of \$250,000 from the general fund and \$250,000 from federal matching Medicaid funds. Currently, efforts are underway to implement participation of the Virginia Department of Health's health information and records in ConnectVirginia. Until that effort is complete and successful, Medicaid implementation will be delayed.)

Health and Human Resources Subcommittee

Item 304 #2h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 266, line 34, after "K." insert "1."

Page 266, line 35, strike the second "for".

Page 266, strike line 36 and insert:

"to undertake research and create a statewide hospital collaborative to establish and share best practices to (i) lower measures of patient harm such as hospital acquired infections, medication errors, slips, falls, pressure ulcers and unexpected deaths, (ii) prevent overutilization of services, (iii) minimize defects in care delivery, (iv) minimize defects in care transitions, (v) reduce excessive administrative costs, and

Amendments to House Bill 30, as Introduced

(vi) prevent fraud and abuse. The Center shall partner with the state teaching hospitals, the Department of Medical Assistance Services and the Virginia Hospital and Healthcare Association, and to determine data collection needs, data sharing processes and mechanisms, such as the use of a clinical outcomes registry and telemedicine to share best practices and interventions, and to develop a statewide hospital learning collaborative comprised of the state's teaching hospitals, hospital systems and community hospitals. The Center will report back on these efforts and participation by hospitals to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2014.

2. The Department of Medical Assistance Services shall withhold fiscal year 2016 Medicaid inflation adjustments to hospital operating costs in Item 301 for any hospital that chooses not to participate in the collaborative."

Explanation:

(This amendment adds language directing that the \$100,000 from the general fund each year contained in the introduced budget for the Virginia Center for Health Innovation be used to undertake research and create a statewide hospital collaborative to establish and share best practices to curb the increase in health care costs in six areas in which delivery system waste has been identified, including harm to patients (hospital acquired infections, medication errors, slips, falls, pressure ulcers and unexpected deaths), overutilization of services, defects in care delivery, defects in care transitions, excess administrative costs, and fraud and abuse. Language requires the Center to report on these efforts by November 1, 2014. Language also conditions the receipt of a Medicaid inflation adjustment to hospital operating payments in fiscal year 2016 on participation in the collaborative.)

Health and Human Resources Subcommittee

Item 306 #1h

Health and Human Resources

Department Of Behavioral Health
And Developmental Services

Language

Language:

Page 267, line 16, after "services", insert:
"from both public and private providers".

Explanation:

(This amendment modifies language guiding system transformation by the Department of Behavioral Health and Developmental Services to include providing

Amendments to House Bill 30, as Introduced

for a suitable array and adequate quantity of community-based services from both public and private providers.)

Health and Human Resources Subcommittee

Item 307 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Behavioral Health	\$111,715	\$121,871	GF
And Developmental Services	1.00	1.00	FTE

Language:

Page 267, line 46, strike "\$71,541,230" and insert "\$71,652,945".

Page 267, line 46, strike "\$72,181,716" and insert "\$72,303,587".

Explanation:

(This amendment provides \$111,715 the first year and \$121,871 the second year from the general fund and one position for the Department of Behavioral Health and Developmental Services to implement the provisions of House Bill 1232. The bill directs the Department of Behavioral Health and Developmental Services to establish an acute psychiatric bed registry that will provide real-time information on the availability of beds in public and private psychiatric facilities and residential crisis stabilization units for individuals who meet the criteria for temporary detention.)

Health and Human Resources Subcommittee

Item 307 #3h

Health and Human Resources

Department Of Behavioral Health
And Developmental Services

Language

Language:

Page 269, after line 48, insert:

"The Department of Behavioral Health and Developmental Services shall monitor the use of state hospital beds by community services boards and the behavioral health authority for individuals under temporary detention orders, identify patterns of excessive use, and work with community services boards or the behavioral health authority that use excessive state hospital bed days to implement strategies to reduce that use. The Department shall report its findings from these efforts to the Chairmen of the House Appropriations and Senate Finance Committees annually by December

15."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services to monitor and report on usage of state hospital beds by community services boards and the behavioral health authority and to work with the organizations with excessive utilization to reduce that use.)

Health and Human Resources Subcommittee

Item 308 #1h

Health and Human Resources

FY 14-15

FY 15-16

Grants To Localities

(\$5,400,000)

\$0 GF

Language:

Page 270, line 5, strike "\$353,662,156" and insert "\$348,262,156".

Explanation:

(This amendment reduces \$5.4 million from the general fund the first year in the Behavioral Health and Developmental Services to reflect use of the funds from the Behavioral and Developmental Services Trust Fund to offset the costs of providing services to individuals pursuant to the U.S. Department of Justice (DOJ) Settlement Agreement. The introduced budget provides an additional \$82.1 million in fiscal year 2015 and \$103.9 million in fiscal year 2016 from the general fund to support the Commonwealth's commitment to provide necessary Medicaid waiver intellectual and developmental disability waiver slots, individual and family support services, crisis stabilization services, quality review, and other developmental disability services pursuant to the DOJ Settlement Agreement. The trust fund is estimated to receive \$5.4 million in fiscal year 2015 from the sale of surplus state property located at Southeastern Virginia Training Center.)

Health and Human Resources Subcommittee

Item 308 #2h

Health and Human Resources

Grants To Localities

Language

Language:

Page 272, after line 48, insert:

"CC. The Department of Behavioral Health and Developmental Services shall conduct a review of community services boards and behavioral health authority operations and funding to improve access to services, quality of services and outcomes for individuals in need of services. The review shall describe and analyze the operations and funding of community services boards and behavioral health authority and, where appropriate, make recommendations for improvement in the following areas: (i) responsiveness to individuals receiving services and their families; (ii) relationships with local governments, state facilities, departments of social services, school divisions, health departments, local hospitals and other private providers; (iii) effectiveness, including state hospital readmissions, state hospital bed utilization, engagement and retention of individuals in services and other outcome measures, addressing unmet need for services, proportion of individuals with serious disabilities served, and length of time between requests for and receipt of services; (iv) implementation of preadmission and discharge planning responsibilities; (v) provision of emergency and case management services; (vi) practices related to the purchase of local psychiatric inpatient services; (vii) implementation of crisis stabilization programs and drop-off centers, including acceptance of individuals under emergency custody orders and temporary detention orders; (viii) allocation and use of funds provided for discharge assistance for individuals residing in state hospitals who have been determined clinically ready for discharge; (ix) consistent availability of public safety net services across Virginia; (x) provision of services to children and older adults; (xi) acting as the single point of entry into publicly funded mental health, developmental and substance abuse services; and (xii) stewardship of public funds. As part of the review, the Department shall develop service access standards for emergency, outpatient and case management services in order to reduce or eliminate waiting lists for or long delays in receiving these services.

In conducting this review, the Department shall seek input from and participation by community services boards and behavioral health authority, individuals receiving services and their family members, other affected state agencies, local governments, private providers and other stakeholders. The Department shall present an interim report of the review to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2014 and a final report of its review by December 1, 2015.

Explanation:

(This amendment adds language requiring the Department of Behavioral Health and Developmental Services to conduct a comprehensive review of community

Amendments to House Bill 30, as Introduced

services boards/behavioral health authority operations and funding to improve access to services, quality of services and outcomes for individuals in need of services. Language requires the Department to review and make recommendations to improve 12 areas of concern. Further, language requires an interim and final report on this review to be provided to the Chairmen of the House Appropriations and Senate Finance Committees.)

Health and Human Resources Subcommittee

Item 308 #3h

Health and Human Resources	FY 14-15	FY 15-16	
Grants To Localities	\$1,200,000	\$1,500,000	GF

Language:

Page 270, line 5, strike "\$353,662,156" and insert "\$354,862,156".

Page 270, line 5, strike "\$361,349,536" and insert "\$362,849,536".

Page 272, line 19, strike "\$3,300,000" and insert "\$4,500,000".

Page 272, line 19, strike "\$5,100,000" and insert "6,600,000".

Explanation:

(This amendment adds \$1.2 million the first year and \$1.5 million the second year from the general fund to add four additional crisis intervention drop-off centers in fiscal year 2015 and an additional drop-off center in fiscal year 2016. With funding included in the introduced budget, a total of 17 new drop-off centers will be added over the biennium.)

Health and Human Resources Subcommittee

Item 308 #4h

Health and Human Resources	FY 14-15	FY 15-16	
Grants To Localities	\$950,000	\$950,000	GF

Language:

Page 270, line 5, strike "\$353,662,156" and insert "\$354,612,156".

Page 270, line 5, strike "\$361,349,536" and insert "\$362,299,536".

Page 272, line 37, strike "\$950,000" and insert "\$1,900,000".

Page 272, line 37, strike "\$1,900,000" and insert "\$2,850,000".

Explanation:

(This amendment adds \$950,000 each year from the general fund for one additional Programs of Assertive Community Treatment (PACT). This amount

brings the total new funding to \$1.9 million in fiscal year 2015 and \$2.9 million in fiscal year 2016 for a total of three new PACT teams in the 2014-16 biennium. This will bring the total number of PACT teams statewide to 19. PACT is an evidence-based program yielding excellent outcomes in Virginia. A PACT program is a self-contained interdisciplinary team of at least 10 full-time equivalent clinical staff, including a full- or part-time psychiatrist who provides intensive service to individuals with severe and persistent mental illness and at high risk for hospitalization, emergency room intervention, arrest, and displacement from housing due to their need for intensive outreach and treatment. PACT service recipients typically have severe symptoms and impairments not effectively remedied by other available treatments or who, because of reasons related to their mental illness, resist or avoid involvement with mental health services.)

Health and Human Resources Subcommittee

Item 308 #5h

Health and Human Resources

Grants To Localities

Language

Language:

Page 272, line 46, after "BB.", insert: "1."

Page 272, after line 48, insert:

"2. Any balances in this item up to \$2,750,000 as of June 30, 2015, shall be carried over to fiscal year 2016 and shall be used to provide support for service providers who apply for assistance with one-time expenses for staff training, short-term specialized staff support for a specific need, physical plant modifications not funded by Medicaid to meet the specialized need of an individual supported, staff support for individuals who have an extended hospital stay, and other one-time specialized supports not funded by other sources that may assist with transition of an individual from a training center or may assist in maintaining a successful community placement."

Explanation:

(This amendment adds language directing the use of fiscal year 2015 balances in this item up to \$2,750,000 for the continued use of one-time expenditures associated with transitioning individuals from Northern Virginia Training Center into community settings.)

Health and Human Resources Subcommittee

Item 310 #1h

Amendments to House Bill 30, as Introduced

Health and Human Resources	FY 14-15	FY 15-16	
Mental Health Treatment Centers	\$336,320	\$366,893	GF

Language:

Page 273, line 9, strike "\$13,231,039" and insert "\$13,567,359".

Page 273, line 9, strike "\$13,231,039" and insert "\$13,597,932".

Explanation:

(This amendment adds \$336,320 the first year and \$366,893 the second year from the general fund to hire security personnel at the Commonwealth Center for Children and Adolescents (CCCA). Western State Hospital (WSH) and the CCCA have shared a campus and numerous support and ancillary services, including security and telecommunications and network services. WSH has a new facility, which opened October 2013. The new campus is no longer located adjacent to the CCCA and is several miles away, consequently the security staff at WSH will no longer be located close enough for appropriate emergency response.)

Health and Human Resources Subcommittee

Item 312 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Mental Health Treatment Centers	\$4,070,663	\$4,070,663	GF

Language:

Page 273, line 20, strike "\$205,422,650" and insert "\$209,493,313".

Page 273, line 20, strike "\$207,239,648" and insert "\$211,310,311".

Explanation:

(This amendment provides \$4.1 million from the general fund each year for the Department of Behavioral Health and Developmental Services to implement the provisions of House Bill 293 which provides that if a facility of temporary detention cannot be identified prior to the expiration of an emergency custody order and any extension thereof, the individual shall be detained in a state mental health facility unless the state facility or an employee or designee of the community services board is able to identify an alternative facility that is able and willing to provide temporary detention. Funding shall be used to expand state mental health treatment center capacity in the following manner: (i) 10 beds at Southwestern Virginia Mental Health Institute, (ii) 10 beds at Northern Virginia Mental Health Institute, and (iii) 10

beds at Hiram Davis Medical Center to be used for individuals subject to temporary detention with medical needs.)

Health and Human Resources Subcommittee

Item 314 #1h

Health and Human Resources

Mental Health Treatment Centers

Language

Language:

Page 274, after line 50, insert:

"3. Any review and report on the configuration of services provided at the Commonwealth's mental health hospitals shall provide for the continued operation of Hiram Davis Medical Center as a resource for individuals who require additional rehabilitation upon leaving an acute care setting when the specialized supports needed are not available in their community and shall include the option of direct admission to the Center using the same criteria used for like nonstate operated facilities."

Explanation:

(This amendment adds language requiring the continued operation of Hiram Davis Medical Center for individuals leaving acute care settings under certain circumstances and directs the option to admit individuals directly to the center using the same criteria as similar nonstate operated facilities.)

Health and Human Resources Subcommittee

Item 326 #1h

Health and Human Resources

FY 14-15

FY 15-16

Department For Aging And
Rehabilitative Services

\$316,126

\$316,126 GF

Language:

Page 278, line 45, strike "\$33,094,089" and insert "\$33,410,215".

Page 278, line 45, strike "\$33,094,089" and insert "\$33,410,215".

Explanation:

(This amendment adds \$316,126 each year from the general fund for the Virginia Public Guardian and Conservator Program, which provides funding to local programs to provide a critical buffer for incapacitated persons from neglect, abuse,

Amendments to House Bill 30, as Introduced

and exploitation and maximizes the quality of life for vulnerable persons. This will provide a total of \$415,899 each year for these services when added to funding of \$99,773 each year contained in the introduced budget. Unmet demand for public guardian services is estimated to be 1,200. There has been no new funding allocated for these services since fiscal year 2008 and funding was reduced for these programs by \$52,500 in fiscal year 2010. This additional funding will help stabilize services in existing programs and allow the programs to serve additional individuals.)

Health and Human Resources Subcommittee

Item 334 #1h

Health and Human Resources

FY 14-15

FY 15-16

Department Of Social Services

(\$100,000)

\$0 GF

Language:

Page 282, line 33, strike "\$36,724,854" and insert "\$36,624,854".

Page 283, strike lines 42 through 56.

Page 284, strike lines 1 through 3.

Explanation:

(This amendment eliminates language and funding of \$100,000 the first year from the general fund for the Department of Social Services to contract with a private entity to develop a plan to expand foster care and adoption assistance to children between the ages of 19 and 21 that was contained in the introduced budget. Companion amendments in Item 339 eliminate funding to implement this expansion in fiscal year 2016 and restore funding in Item 289 to the Comprehensive Services Act program which was reduced in the introduced budget as part of this initiative.)

Health and Human Resources Subcommittee

Item 335 #3h

Health and Human Resources

Department Of Social Services

Language

Language:

Page 284, line 27, strike "\$22,099,426" and insert "\$19,089,926".

Page 284, line 27, strike "12,813,621" and insert "\$6,794,621".

Explanation:

(This amendment adjusts the balance in the federal Temporary Assistance to

Amendments to House Bill 30, as Introduced

Needy Families Block grant to reflect spending actions contained in Items 291, 338, and 341. At the end of fiscal year 2016, there is estimated to be a balance of almost \$6.8 million in the TANF block grant.)

Health and Human Resources Subcommittee

Item 336 #1h

Health and Human Resources

Department Of Social Services

Language

Language:

Page 286, strike lines 3 and 4.

Page 286, line 5, strike "\$385,791,524" and insert "\$406,948,879".

Page 286, line 5, strike "\$386,177,481" and insert "\$407,755,740".

Explanation:

(This technical amendment moves appropriation between services areas within a program and will have no impact on agency operations or services. The Department of Social Services currently expends all local department of social services appropriation from a single service area (46010), thereby creating a single pool for local dollars. The introduced budget attempted to consolidate all appropriation from the two separate service areas (46003 and 46006) into the new one so that the Appropriation Act would reflect agency operations. However, a portion of the local funding (\$21.6 million) left in service area 46003 was not moved into the single pool (46010). This is necessary so the budget remains transparent and the total support for eligibility operations does not look understated.)

Health and Human Resources Subcommittee

Item 338 #1h

Health and Human Resources

Department Of Social Services

FY 14-15

(\$500,000)

FY 15-16

(\$500,000) GF

Language:

Page 287, line 25, strike "\$37,961,169" and insert "\$37,461,169".

Page 287, line 25, strike "\$37,961,169" and insert "\$37,461,169".

Explanation:

(This amendment reduces the general fund by \$500,000 each year to reflect savings in the auxiliary grant program based on the latest spending projections for

the 2014-16 biennium.)

Health and Human Resources Subcommittee

Item 338 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	\$1,100,000	\$1,100,000	GF
	\$1,334,500	\$1,334,500	NGF

Language:

Page 287, line 25, strike "\$37,961,169" and insert "\$40,395,669".

Page 287, line 25, strike "\$37,961,169" and insert "\$40,395,669".

Page 288, after line 18, insert:

"F.1. Out of this appropriation \$1,100,000 the first year and \$1,100,000 the second year from the general fund and \$1,334,500 the first year and \$1,334,500 the second year from federal Temporary Assistance to Needy Families (TANF) funds shall be provided as a grant to local domestic violence programs. Funds shall be used for (i) the purchase of crisis and core services for victims of domestic violence including emergency shelter, emergency transportation and other crisis services, (ii) children's advocate coordinators to assist in the provision of shelter-based services, counseling and prevention programs for children and youth, and (iii) community advocacy and prevention coordinators to provide a basic level of services for each program .

2. The Department, in collaboration with the state sexual and domestic violence coalition, shall (i) establish policies, guidelines and procedures for the administration, monitoring and dissemination of funds provided in paragraph F.1. and (ii) report on the allocation of all grant funds provided in this item to local domestic violence programs and the impact of the funding on service delivery including crisis and core services, children's services, and community advocacy and prevention services,. The Department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2014."

Explanation:

(This amendment provides \$1.1 million from the general fund and \$1.3 million from federal Temporary Assistance to Needy Families (TANF) funds to expand services for victims of domestic violence. Funds will be used for the purchase of crises and core services, children's advocate coordinators to expand children's services, and community advocacy and prevent coordinators to assist with legal and financial advocacy on behalf of victims of domestic violence, community education and participation in Domestic Violence Coordinating Councils, Sexual Assault

Amendments to House Bill 30, as Introduced

Response Teams and Fatality Review teams. Language requires the Department of Social Services to work with the state sexual and domestic violence coalition on the allocation of grant funds and to report on the use of such funds.)

Health and Human Resources Subcommittee

Item 339 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	(\$610,353)	(\$610,353)	GF

Language:

Page 288, line 19, strike "\$182,433,897" and insert "\$181,823,544".

Page 288, line 19, strike "\$195,310,751" and insert "\$194,700,398".

Explanation:

(This amendment reduces the general fund amount provided each year for a foster care rate increase to be consistent with changes in the Consumer Price Index. The introduced budget had provided a three percent increase in the rate paid for foster care maintenance. This action will provide for a rate increase of 1.47 percent. Language contained in the Chapter 806, 2013 Virginia Acts of Assembly, authorizes a "reasonable, automatic adjustment for inflation each year be applied to room and board maximum rates paid to foster parents" in the fiscal year following an increase in salary for state employees.)

Health and Human Resources Subcommittee

Item 339 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	(\$358,246)	(\$342,414)	GF

Language:

Page 288, line 19, strike "\$182,433,897" and insert "\$182,075,651".

Page 288, line 19, strike "\$195,310,751" and insert "\$194,968,337".

Explanation:

(This amendment reduces \$358,246 the first year and \$342,414 the second year from the general fund to capture estimated savings from changes contained in the introduced budget to require the Department of Social Services to negotiate all adoption assistance agreements with adoptive parents on behalf of local departments

Amendments to House Bill 30, as Introduced

of social services. The introduced budget provided five additional positions in the central office to conduct these negotiations.)

Health and Human Resources Subcommittee

Item 339 #3h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	\$0	(\$4,838,071)	GF
	\$0	(\$8,382,412)	NGF

Language:

Page 288, line 19, strike "\$195,310,751" and insert "\$182,090,268".

Explanation:

(This amendment eliminates \$4.8 million from the general fund and \$8.4 million from nongeneral funds the second year for the Department of Social Services to expand foster care and adoption assistance to children between the ages of 19 and 21 that was contained in the introduced budget. Companion amendments in Item 334 eliminate the planning funds and language to implement this expansion and restore funding in Item 289 to the Comprehensive Services Act program which was reduced in the introduced budget as part of this initiative.)

Health and Human Resources Subcommittee

Item 341 #1h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	\$25,000	\$25,000	NGF

Language:

Page 289, line 49, strike "\$25,800,789" and insert "\$25,825,789".

Page 289, line 49, strike "\$25,550,789" and insert "\$25,575,789".

Page 292, after line 17, insert:

"Out of this appropriation, \$25,000 the first year and \$25,000 the second year from the federal Temporary Assistance to Needy Families block grant shall be provided to Zion Innovative Opportunities Network."

Explanation:

(This amendment provides \$25,000 each year from the federal Temporary Assistance to Needy Families block grant funds to the Zion Innovative Opportunities Network to operate a job development program for at-risk youth.)

Amendments to House Bill 30, as Introduced

Health and Human Resources Subcommittee

Item 341 #2h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	(\$350,000)	(\$350,000)	GF
	\$1,050,000	\$1,050,000	NGF

Language:

- Page 289, line 49, strike "\$25,800,789" and insert "\$26,500,789".
- Page 289, line 49, strike "\$25,550,789" and insert "\$26,250,789".
- Page 290, line 32, strike the first "\$951,896" and insert "\$601,896".
- Page 290, line 32, strike the second "\$951,896" and insert "\$601,896".
- Page 290, line 33, strike the first "\$2,833,605" and insert "\$3,883,605".
- Page 290, line 33, strike the second "\$2,833,605" and insert "\$3,883,605".

Explanation:

(This amendment reduces \$350,000 from the general fund each year and adds \$1,050,000 each year from the federal Temporary Assistance to Needy Families block grant the second year for Healthy Families Virginia. Healthy Families Virginia is the largest evidence-based, early childhood, home-visiting delivery model as defined by the federal Department of Health and Human Services. This public-private partnership contracts with the Department of Social Services to deliver preventive services for at-risk families for children prenatally to age five.)

Health and Human Resources Subcommittee

Item 341 #3h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	(\$200,000)	(\$200,000)	GF

Language:

- Page 289, line 49, strike "\$25,800,789" and insert "\$25,600,789".
- Page 289, line 49, strike "\$25,550,789" and insert "\$25,350,789".
- Page 291, strike lines 23 through 35.
- Page 291, line 36, strike "J" and insert "I".
- Page 291, line 45, strike "K" and insert "J".
- Page 292, line 8, strike "L" and insert "K".

Explanation:

(This amendment eliminates language and funding of \$200,000 from the general fund each year for Youth for Tomorrow. The 2013 General Assembly provided

Amendments to House Bill 30, as Introduced

one-time funding of \$100,000 for a pilot project to provide comprehensive residential, education and counseling services to at-risk adolescents and youth in Prince William County. The pilot project is currently underway and a report on the success of the pilot will not be completed until October 2014. The introduced budget provided ongoing funding of \$200,000 each year despite the incomplete nature of the pilot project.)

Health and Human Resources Subcommittee

Item 341 #4h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Social Services	(\$1,000,000)	\$1,000,000	GF

Language:

Page 289, line 49, strike "\$25,800,789" and insert "\$24,800,789".

Page 289, line 49, strike "\$25,550,789" and insert "\$26,550,789".

Page 292, line 1, strike "\$1,000,000 the first year and \$1,000,000" and insert "2,000,000".

Explanation:

(This amendment transfer \$1.0 million from the general fund the first year into the second year for the Virginia Early Childhood Foundation to implement kindergarten readiness assessment findings included in the Elevate Early Education's January 1, 2015 report. The introduced budget provided \$1.0 million each year from the general fund, however, the pilot program to test the assessment instrument will not be completed until midway through the 2014-15 school year. Implementation of an assessment instrument would not begin until the findings are complete and preparations are beginning for the 2015-16 school year in fiscal year 2016.)

Health and Human Resources Subcommittee

Item 343 #1h

Health and Human Resources
Department Of Social Services

Language

Language:

Page 294, after line 18, insert:

"G. Notwithstanding the provisions of §§ 63.2-325 and 63.2-503 of the Code of Virginia, the Department may employ such staff, including contract staff, as determined necessary by the Commissioner to support local departments of social services when staffing and operational issues arise that create delays or backlogs in

Amendments to House Bill 30, as Introduced

application/renewal processing or for any other purpose as identified by the Commissioner to carry out the provisions of Title 63.2."

Explanation:

(This amendment adds language to provide authority to the Department of Social Services to employ staff to support local departments of social services under certain circumstances.)

Health and Human Resources Subcommittee

Item 4-5.04 #1h

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 481, line 26, after "MEDICAL SERVICES:", INSERT "1."

Page 481, after line 27, insert:

"2. No expenditures from the general, special, or other nongeneral fund sources may be made out of any appropriation by the General Assembly to the Planned Parenthood Federation of America, Inc. or any subsidiary or affiliate thereof."

Explanation:

(This amendment is self-explanatory.)

Health and Human Resources Subcommittee

Item 4-5.04 #2h

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 481, line 26, after "j. MEDICAL SERVICES:", insert "1."

Page 481, after line 27, insert:

"2. No funding in this budget or any matching funds may be provided to implement any Executive order, Executive directive, guidance opinion or other direction from the Office of the Governor to suspend the regulations surrounding the operation of abortion clinics."

Explanation:

(This amendment is self-explanatory.)

Health and Human Resources Subcommittee

Item 4-5.04 #3h

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 481, line 26, after "j. MEDICAL SERVICES:", insert "1."

Page 481, line 27, after "federal law" strike "or state statute"

Page 481, after line 27, insert:

"2. No expenditures from general or nongeneral fund sources may be made out of any appropriation by the General Assembly for providing abortion services pursuant to §32.1-92.2 of the Code of Virginia."

Explanation:

(This amendment modifies language included in the introduced budget to prohibit state funding of abortions done because of the fetus' physical deformity or mental deficiency. Adopting this provision would conform Virginia's Medicaid funding of abortions to the federal Hyde policy, under which Medicaid abortions are funded only when the life of the mother is in danger and in cases of rape and incest.)
