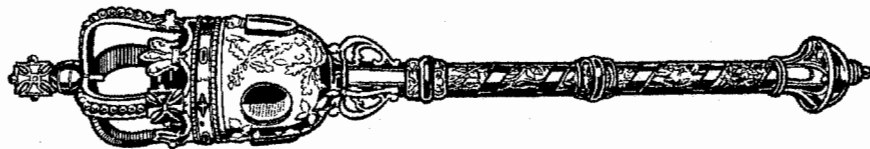


*Report of the
House Appropriations
Subcommittee*

on

Health & Human Resources



House Bill 1400

February 8, 2015

REPORT OF THE SUBCOMMITTEE

on

HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

The Health and Human Resources Subcommittee is pleased to put before you a series of recommendations which build on our efforts last Session to provide critical services to individuals with serious mental illness and who need substance abuse treatment, and to strengthen the health safety net. To support this effort, the Subcommittee is recommending the appropriation of \$256.5 million in total funds over this biennium.

The centerpiece to the Subcommittee's proposal is to provide \$184.8 million in total funds for much needed prescription medicines, behavioral health services and substance abuse treatment to 29,200 individuals with serious mental illness and substance use disorder who have incomes at or below 80 percent of the federal poverty level. In addition, the Subcommittee recommends \$6.1 million to build on proven community behavioral health services, which we have funded over the past several years. Our recommendations will provide funding for:

- 2 additional PACT teams,
- 5 additional therapeutic drop-off centers, and
- Expansion of children's psychiatry and crisis services.

In terms of the health safety net, the Subcommittee is recommending \$65.5 million to:

- Double our financial commitment to Free Clinics and Community Health Centers, providing \$5.5 million to serve 12,400 additional uninsured patients,
- Enroll 35,000 children in our children's health insurance programs,

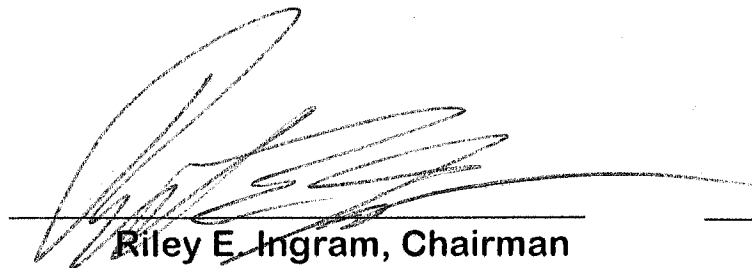
- Provide comprehensive dental services to 45,000 low-income pregnant women enrolled in the Medicaid and FAMIS Moms programs,
- Provide the option for low-income state employees to enroll their children in the FAMIS program (which is estimated to serve 5,000 children),
- Expand grants for community medication assistance coordinators and other small safety net programs, and
- Expand early intervention services to infants and toddlers experiencing developmental delays.

We were also mindful of the impact of some of the proposed budget reductions that hit some of our vital community programs that serve our disabled citizens. Therefore, the Subcommittee is recommending restoring funding for brain injury services, long-term employment support services, and Centers for Independent Living. We are also recommending funding to meet the need for vocational rehabilitation services. These services help individuals with disabilities get ready for, find, and keep jobs by providing training, placement, and job-coaching services along with workplace accommodations.

We also heard many of the comments from the members on both sides of the aisle who did not like the 7-fold increase in the fee for restaurant inspections and the impact it would have on our small businessmen. Therefore, we are recommending \$3.7 million to restore funding and rollback the inspection fee to \$40.00.

Mr. Chairman, I want to thank you and the members of this Committee for the continued support for our efforts in addressing the critical health and human service needs of the Commonwealth's most vulnerable citizens. While we are limited in our ability to address all the needs before us, I think you will agree that we have a thoughtful package of services to address our safety net for individuals with serious mental illness, children, pregnant women and uninsured Virginians. 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.

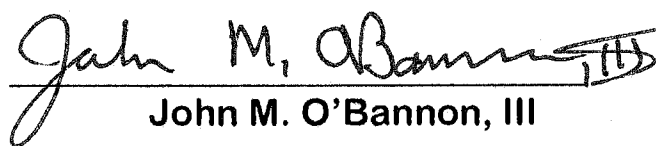
Respectfully Submitted by the House Appropriations Subcommittee
on Health & Human Resources:



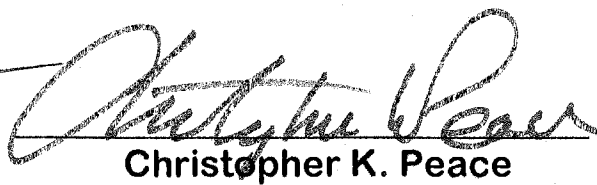
Riley E. Ingram, Chairman



R. Steven Landes



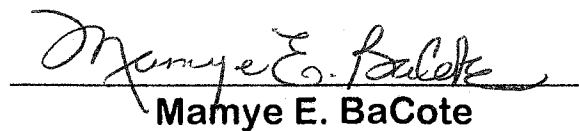
John M. O'Bannon, III



Christopher K. Peace



T. Scott Garrett



Mamye E. BaCote



Mark D. Sickles

Except 4-5.04 #1h

4

301 #11h

HB 1400
Amendment

2014-16 Biennium
GF NGF

FTE

HEALTH AND HUMAN RESOURCES

Secretary of Health And Human Resources

Provider Assessment Study

Language

Workgroup on COPN Process

Language

Comprehensive Services for At-Risk Youth and Families

Restore CSA Funding

7,342,465 0

State Executive Council Workgroup on Educational Costs

Language

Department of Health

TANF for Comprehensive Health Investment Project of Virginia

(1,000,000) 1,000,000

Expand Services at Free Clinics

3,100,000 0

Expand Services at Community Health Centers

2,500,000 0

Add Medication Assistance Grants at the Virginia Health Care Found.

500,000 0

Proton Beam Therapy

500,000 0

Shellfish Sanitation Program

225,000 0

3.00

Add Funds - Health Wagon

126,000 0

All Payer Claims Database Analysis

25,000 0

Eliminate Increase in Restaurant Fees

Language

Department of Medical Assistance Services

Medicaid Forecast Adjustment-Healthy Virginia Spending

(118,801,922) (121,723,810)

FAMIS Forecast Adjustment-Healthy Virginia Spending

(4,012,673) (17,702,550)

Medicaid Forecast Technical Adjustment

(21,839,878) (21,839,878)

Reduce Funding for Medicaid CPU

(1,000,000) (3,000,000)

Eliminate New Slots in Proposed Day Support Waiver Redesign

(1,200,000) (1,200,000)

Behavioral Health & Safety Net Services-SMI, Preg. Women & Children

113,183,544 130,705,543

Adjust Revenues to Virginia Health Care Fund

221,568 (221,568)

Preadmission Screening Contract for Children

200,000 600,000

Hold Harmless Nursing Facility Reimbursement Methodology Change

163,605 163,006

Eliminate Authority for ACA Medicaid Expansion

Language

Report on Commonwealth Coordinated Care Program

Language

Prior Authorization Requirements for Medicaid MCO Contracts

Language

Eliminate Provider Assessment Pilot Program

Language

Report on Deferred Compensation Plan for Medicaid Dentists

Language

Department of Behavioral Health and Developmental Services

Eliminate Rental Subsidies in Proposed Day Support Waiver Redesign

(675,000) 0

Add Two PACT Programs

2,000,000 0

Add Five CIT Therapeutic Assessment Centers

1,600,000 0

Increase Funding for Child Psychiatry and Children's Crisis Response

2,500,000 0

Part C Early Intervention Services

1,000,000 0

Eliminate Language on Licensing Fees

Language

Comprehensive Waiver Redesign

Language

HB 1400 Amendment	2014-16 Biennium GF NGF		FTE
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Include Brain Injury in Waiver Redesign	Language		
Department for Aging and Rehabilitative Services			
Fund Vocational Rehabilitation Program	1,000,000	0	
Restore Funds and Expand Brain Injury Services	750,000	0	
Public Guardianship Program	500,000	0	
Restore Funds for Pharmacy Connect	35,000	0	
Restore Funds for Centers for Independent Living	Language		
Department of Social Services			
Eliminate New Initiative to Expand Foster Care to Age 21	(10,581,962)	(10,102,477)	
Fund Fiscal Impact of HB 1570 Child Day Care Legislation	(2,660,168)	17,224,105	79.00
Defer New Funding for 93 Local Eligibility Workers until FY 2016	(2,085,040)	(3,887,363)	
TANF for Community Action Agencies	0	1,000,000	
Zion Innovative Opportunities Network	0	25,000	
Minimize Duplicate Child Care Inspections by State & Local Agencies	Language		
Capture Balance in Auxiliary Grant Program	Language		
Children's Advocacy Centers Allocation	Language		
Department for the Blind and Vision Impaired			
Radio Reading Services Equipment	21,200	0	
CENTRAL APPROPRIATIONS			
Restore Funds for CSA Data Analytics and Program Evaluation	198,872	0	
Restore Funds to Eliminate Increase in Restaurant Inspection Fees	3,783,241	0	
Restore Funds for Long Term Employment Support Svs. (LTESS)	364,943	0	
Restore Funds for Centers for Independent Living	442,767	0	
Restore Funds for Pharmacy Connect Program	215,000	0	
SPECIAL CONDITIONS AND RESTRICTIONS ON EXPENDITURES			
Eliminate Agency Transfers for Medicaid Expansion	Language		
Prohibitions on Funding for Abortion Services	Language		
TOTAL FOR HEALTH & HUMAN RESOURCES	(21,358,438)	(28,959,992)	82.00

Health and Human Resources

Secretary Of Health And Human
Resources

Language

Language:

Page 238, after line 45, insert:

"C. The Secretary of Health and Human Resources shall undertake an analysis of health care provider assessment options for the existing Medicaid program. The analysis shall consider the following elements in assessing the options: (i) compliance with applicable federal law and regulations; (ii) whether it is designed to operate in a fashion that is mutually beneficial to the Commonwealth and affected health care organizations; (iii) if it addresses health system challenges in preserving access to essential health care services (e.g. trauma programs, obstetrical care) throughout the Commonwealth; and (iv) support of indigent care and graduate medical education costs at private teaching hospitals in the Commonwealth, (v) whether it advances reforms that are consistent with the goals of improved health care access, lower overall costs and better health for Virginians, and (vi) the extent to which it provides equity in the assessment and funding distribution to affected health care organizations. In conducting the analysis, the Secretary's office shall be assisted by the Department of Medical Assistance Services, the Virginia Center for Healthcare Innovation, the Virginia Hospital & Healthcare Association and other potentially affected healthcare provider groups. The Secretary shall report conclusions and findings from the analysis to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015."

Explanation:

(This amendment requires the Secretary of Health and Human Resources to conduct an analysis of health care provider assessment options for the existing Medicaid program and report on the conclusions and findings from such analysis to the chairmen of the money committees by November, 2015. A companion amendment in Item 301 eliminates language requiring a pilot program to implement a hospital provider assessment to adjust Medicaid hospital rates.)

Language:

Page 238, after line 45, insert:

"C. The Secretary of Health and Human Resources shall convene a workgroup that shall include health care providers, consumers of health care services, representatives of the business community, and other stakeholders to review the current certificate of public need process and the impact of such process on health care services in the Commonwealth, and the need for changes to the current certificate of public need process. In conducting such review, the work group shall evaluate: (i) the process by which applications for certificates of public need are reviewed, the criteria upon which decisions about issuance of certificates of public need are based, and barriers to issuance of a certificate of public need; (ii) the frequency with which applications for a certificate are approved or denied; (iii) fees charged for review of applications for a certificate of public need and the cost to the Commonwealth of processing applications for a certificate of public need; (iv) applications for and the impact of the current certificate of public need process on establishment of new health care services, including the establishment of new intermediate-level or specialty-level neonatal special care services and open heart surgery services and the addition of new beds or operating rooms at existing medical care facilities; (v) the relationship between the certificate of public need process and the provision of charity care in the Commonwealth and the impact of the certificate of public need process on the provision of charity care in the Commonwealth; (vi) the impact of the certificate of public need process on graduate medical education programs and teaching hospitals in the Commonwealth; (vii) the efficacy of regional health planning agencies, the role of regional health planning agencies in the certificate of public need process, and barriers to the continued role of regional health planning agencies in the certificate of public need process; and (viii) the frequency with which the State Medical Facilities Plan is updated and whether such plan should be updated more frequently. The work group shall develop specific recommendations for changes to the certificate of public need process to address any problems or challenges identified during such review, which shall include recommendations for changes to the process to be introduced during the 2016 Session of the General Assembly and any additional changes that may require further study or review. In conducting its review and developing its recommendations, the work group shall consider data and information about the current certificate of public need process in the Commonwealth, the impact of such process, and any data or information about similar processes in other states. The Secretary shall report on the recommendations

developed by the work group to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees of Finance and Education and Health by December 1, 2015."

Explanation:

(This amendment requires the Secretary of Health and Human Resources to convene a workgroup to examine the need for changes to the current certificate of public need process and to report back on any recommendations to House Committees on Appropriations and Health, Welfare and Institutions, and Senate Committees of Finance and Education and Health by December 1, 2015.)

Health and Human Resources Subcommittee

Item 279 #2h

Health and Human Resources

Comprehensive Services For
At-Risk Youth And Families

Language

Language:

Page 243, after line 12, insert:

"N. The State Executive Council shall convene a workgroup to examine options and make recommendations for funding the educational costs for students whose placement in or admittance to state or privately operated psychiatric or residential treatment facilities for non-educational reasons has been authorized by Medicaid. The workgroup shall include representatives of the Office of Comprehensive Services, the Department of Education, the Department of Medical Assistance Services, the Department of Behavioral Health and Developmental Services, local school divisions, and public and private service providers. The State Executive Council shall report on its recommendations to the chairmen of the House Appropriations and Senate Finance Committee by December 1, 2015."

Explanation:

(This amendment requires the State Executive Council to convene a workgroup and make recommendations concerning how to meet the education costs for students who have been admitted to or placed in psychiatric or residential treatment facilities as authorized by the Medicaid program. Currently, education costs are borne by the facilities rather than the local school divisions or the state. These costs are not eligible for Medicaid reimbursement.)

Health and Human Resources Subcommittee

Item 301 #6h

Health and Human Resources**FY 14-15****FY 15-16**Department Of Medical Assistance
Services

\$14,944,222

\$15,988,267

\$98,239,322

\$114,717,276

GF

NGF

Language:

Page 257, line 32, strike "\$8,136,734,114" and insert "\$8,167,666,603".

Page 257, line 32, strike "\$8,515,698,638" and insert "\$8,728,655,236".

Page 281, after line 10, insert:

"OOOO.1. The Department of Medical Assistance Services shall amend the Medicaid demonstration project (Project Number 11-W-00297/3) to modify eligibility and benefits provided through the project to individuals with serious mental illness to be effective July 1, 2015. Income eligibility shall be modified to limit services to seriously mentally ill adults with effective household incomes up to 80 percent of the federal poverty level (FPL). Benefits shall be modified to provide the following services: (i) outpatient pharmacy, (ii) outpatient psychiatric treatment, (iii) mental health case management, (iv) psychosocial rehabilitation assessment and psychosocial rehabilitation services, (v) mental health crisis intervention, (vi) mental health crisis stabilization, (vii) therapeutic or diagnostic injection, (viii) behavioral telemedicine, (ix) outpatient substance abuse treatment services, and (x) intensive outpatient substance abuse treatment services. Care coordination, Recovery Navigation (peer supports), crisis line and prior authorization for services shall be provided through the agency's Behavioral Health Services Administrator. The department shall have authority to implement necessary changes upon federal approval and prior to the completion of any regulatory process undertaking in order to effect such changes.

2. The Department of Medical Assistance Services is authorized to amend the State Plan under Title XIX of the Social Security Act to plan to add coverage for comprehensive dental services to pregnant women receiving services under the Medicaid program to include: (i) diagnostic, (ii) preventive, (iii) restorative, (iv) endodontics, (v) periodontics, (vi) prosthodontics both removable and fixed, (vii) oral surgery, and (viii) adjunctive general services.

3. The Department of Medical Assistance Services shall amend the FAMIS MOMS and FAMIS Select demonstration waiver (No. 21 - W -00058/3) for FAMIS MOMS enrollees to add coverage for dental services to align with pregnant women's coverage under Medicaid.

4. The Department of Medical Assistance Services is authorized to amend the State Plan under Title XXI of the Social Security Act to plan to allow enrollment for dependent children of state employees who are otherwise eligible for coverage.

5. The department shall have authority to implement necessary changes upon federal

approval and prior to the completion of any regulatory process undertaking in order to effect such changes."

Explanation:

(This amendment adds \$14.9 million from the general fund and \$16.0 million from nongeneral funds the first year and \$98.2 million from the general fund and \$114.7 million from nongeneral funds the second year to (i) provide prescription medicines and a robust set of behavioral health services to 29,200 adults with serious mental illness with incomes at or below 80 percent of the federal poverty, (ii) provide comprehensive dental care for an estimated 45,000 pregnant women in the Medicaid and FAMIS MOMS programs, (iii) provide additional funding to enroll an estimated 35,000 additional children in the Medicaid and FAMIS children's health insurance programs, and (iv) extend FAMIS eligibility to children of low-income state employees who would otherwise be eligible for the program. Language is added to specifically authorize these changes to the Medicaid and FAMIS programs. Language contains requirements for the Department of Medical Assistance Services (DMAS) to amend its demonstration project to modify eligibility and benefits provided in the demonstration project for individuals with serious mental illness. The eligibility income level for this population would be consistent with eligibility income requirements for aged, blind and disabled individuals currently served in the Medicaid program. Benefits will be limited to prescription medicines and specific set of behavioral health and substance abuse treatment services. Language authorizes the department to amend its FAMIS MOMS and FAMIS Select demonstration waiver to add comprehensive dental coverage for FAMIS MOMS and extend FAMIS coverage to children of low-income state employees who would otherwise be eligible for the program. Finally, language provides the department with the authority to implement the necessary changes prior to the completion of the regulatory process.)

Health and Human Resources Subcommittee

Item 301 #7h

Health and Human Resources	FY 14-15	FY 15-16	
Department Of Medical Assistance	\$0	\$200,000	GF
Services	\$0	\$600,000	NGF

Language:

Page 257, line 32, strike "\$8,515,698,638" and insert "\$8,516,498,638".

Page 281, after line 10, insert:

"OOOO.1. Notwithstanding § 32.1-330 of the Code of Virginia, the Department of

Medical Assistance Services shall improve the preadmission screening process for individuals who will be eligible for long-term care services, as defined in the state plan for medical assistance. The community-based screening team shall consist of a licensed health care professional and a social worker who are employees or contractors of the Department of Health or the local department of social services, or other assessors contracted by the Department. The Department shall not contract with any entity for whom there exists a conflict of interest. For community-based screening for children, the screening shall be performed by an individual or entity with whom the Department has entered into a contract for the performance of such screenings.

2. The Department shall track and monitor all requests for screenings and report on those screenings that have not been completed within 30 days of an individual's request for screening. The screening teams and contracted entities shall use the reimbursement and tracking mechanisms established by the Department.

3. The Department shall report on the progress of meeting the requirements for completion of preadmission screenings within 30 days of an individual's request for screening, the implementation of the contract for screening children, and make recommendations for changes to improve the process to the Chairmen of the House Appropriations and Senate Finance Committees.

4. The Board of Medical Assistance Services shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment. The Department may implement any changes necessary to implement the provisions of this act upon its passage and prior to the promulgation of regulations necessary to implement the provisions of this act."

Explanation:

(This amendment adds \$200,000 from the general fund and \$600,000 from federal matching Medicaid funds in the second year for the Department of Medical Assistance Services to implement a contract for preadmission screening for children in need of long-term care services to ensure screenings are completed within Code required timeframes. Language also requires the agency to track and monitor all requests for screenings and report on those not completed within statutory timeframes. The department is required to report on the timeliness of such screenings as well as the implementation of the contract for children's preadmission screenings. Funding to modifies existing authority in the Code of Virginia for preadmission screening for individuals eligible for Medicaid community or institutional Medicaid long-term care. Language requires the Department of Medical Assistance Services to contract with public or private entities for these screenings. Finally, language is added to provide the agency with emergency

regulatory authority to implement the contract in fiscal year 2016 prior to the completion of the regulatory process.)

Health and Human Resources Subcommittee

Item 301 #8h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 281, after line 10, insert:

"OOOO. The Department of Medical Assistance Services (DMAS) shall provide quarterly reports beginning on July 1, 2015, to the Chairmen of the House Appropriations and Senate Finance Committees on the implementation of the Commonwealth Coordinated Care program, including information on program enrollment; the ability of Medicare and Medicaid Managed Care Plans to ensure a robust provider network, resolution of provider concerns regarding the cost and technical difficulties in participating in the program, and quality of care; and progress in resolving issues related to federal Medicare requirements which impede the efficient and effective delivery of care."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to report quarterly on the implementation of the Commonwealth Coordinated Care program, which integrates long-term care services for individuals dually eligible for the Medicare and Medicaid programs.)

Health and Human Resources Subcommittee

Item 301 #9h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 281, after line 10, insert:

"OOOO. The Department of Medical Assistance Services (DMAS) shall amend its July 1, 2016, managed care contracts in order to conform to the requirement pursuant to House Bill 1942 for prior authorization of drug benefits. The Department shall report the necessary amendments to the Chairmen of the House Appropriations and

Senate Finance Committees by December 1, 2015."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to conform its managed care contracts to the provisions in House Bill 1942, which simplifies, streamlines and applies consistency to the prior authorization process used drug benefits that is required by carriers in health insurance provider contracts.)

Health and Human Resources Subcommittee

Item 301 #11h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 275, unstrike lines 25 through 28.

Page 275, line 52, unstrike "Beginning with development of the fiscal year 2015 budget, t".

Page 275, line 52, after "budget, t", strike "T".

Page 275, line 53, unstrike "reflected in reduced appropriations to".

Page 275, line 53, strike "transferred from".

Page 275, line 55, strike "and the".

Page 275, line 56, strike "Department of Social Services." and unstrike the remainder of the line.

Page 275, unstrike line 57.

Page 276, unstrike lines 1 and 2.

Page 276, line 3, unstrike "the delivery of health care in the Commonwealth."

Page 276, line 10, after "available." strike the remainder of the line.

Page 276, strike line 11.

Page 276, unstrike lines 22 through 26.

Page 276, strike lines 27 through 34.

Explanation:

(This amendment eliminates language which provides authority for the expansion of the Medicaid program to implement coverage to newly eligible individuals with incomes up to 138 percent of the federal poverty level pursuant to the federal Patient Protection and Affordable Care Act (ACA). Language is restored which was eliminated in the introduced budget which prohibits funds to be used to expand Medicaid under the ACA unless included in an appropriation bill adopted by the

General Assembly on or after July 1, 2014. Also, the amendment restores language eliminated in the introduced bill to require the Department of Medical Assistance Services to provide a report to the Medicaid Innovation and Reform Commission on Medicaid reforms required in the Appropriations Act. Finally, language is eliminated which would have allowed any savings attributable to Medicaid expansion which are deposited into the Virginia Health Reform and Innovation to be used as payments to the Rainy Day Fund to help meet mandatory deposit requirements.)

Health and Human Resources Subcommittee

Item 304 #1h

Health and Human Resources

Department Of Medical Assistance
Services

Language

Language:

Page 283, after line 26, insert:

"L. The Department of Medical Assistance Services (DMAS) shall report on the implementation of provisions in Chapter 196, 2014 Acts of Assembly, which authorize the agency to provide payments or transfers to the Virginia Retirement System's deferred compensation plan for dentist or oral and maxillofacial surgeons who are independent contractors providing services for the Medicaid program. The department shall provide a report to the Chairmen of the House Appropriations and Senate Finance Committees on July 1, 2015."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to report on the implementation of Chapter 196, 2014 Acts of Assembly by July 1, 2015, to make payments or transfers to the Virginia Retirement System's deferred compensation plan for dentists participating in the Medicaid program who are independent contractors.)

Health and Human Resources Subcommittee

Item 307 #1h

Health and Human Resources

Department Of Behavioral Health
And Developmental Services

Language

Language:

Page 286, line 45, after "disability.", insert:

"In its Medicaid waiver redesign, the department shall include as stakeholders and eligible participants, individuals with acquired brain injury regardless of age in which the injury was sustained, who have serious physical, cognitive, and/or behavioral health issues who are at risk for institutionalization or who are institutionalized but could live in the community with adequate supports.

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental services to include stakeholders from the acquired brain injury community in their redesign process of the Medicaid waivers for individuals with intellectual and developmental disabilities.)

Health and Human Resources Subcommittee

Item 307 #2h

Health and Human Resources

Department Of Behavioral Health
And Developmental Services

Language

Language:

Page 287, after line 3, insert:

"N. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall report on its plans to redesign the Medicaid comprehensive Intellectual and Developmental Disability waivers prior to the submission of a request to the Centers for Medicare and Medicaid to amend the waivers. In developing the report, the department shall include plans for the list of services to be included in each waiver, service limitations, provider qualifications, and proposed licensing regulatory changes, proposed changes to the rate structure for services and the cost to implement such changes. In addition, the department shall include data on the individuals currently served in the waivers including data on the Supports Intensity Scale assessments and the level of service intensity needed to meet the needs of individuals currently on the waiver and those expected to transition to the waiver from state training centers. The Department shall complete its work and submit the report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance

Services, to report on its plans to redesign the Medicaid comprehensive Intellectual and Developmental Disability waivers prior to a submission of a request to the Centers for Medicare and Medicaid to amend the waivers. The report is required to be submitted by November 1, 2015.)

Health and Human Resources Subcommittee

Item 338 #1h

Health and Human Resources

Department Of Social Services

Language

Language:

Page 306, after line 29, insert:

"F. The Director, Department of Planning and Budget, shall, on or before June 30, 2013, unallot \$400,000 from the general fund in this item, which reflects unused balances in the auxiliary grants program."

Explanation:

(This amendment captures \$400,000 in balances from the general fund in fiscal year 2015 which reflects a projected balance in the auxiliary grants program.)

Health and Human Resources Subcommittee

Item 341 #1h

Health and Human Resources

Department Of Social Services

Language

Language:

Page 310, strike lines 38 through 47 and insert:

"department shall allocate four percent to Children's Advocacy Centers of Virginia (CACVA), the recognized chapter of National Children's Alliance for Virginia's child advocacy centers, for the purpose of assisting and supporting the development, continuation and sustainability of community-coordinated, child-focused services delivered by children's advocacy centers. Of the remaining 96 percent (i) 65 percent shall be distributed to a baseline allocation determined by the accreditation status of the child advocacy center; (a) developing and associate centers 100 percent of base; (b) accredited centers 150 percent of base; and (c) accredited centers with satellite facilities 175 percent of base; and (ii) 35 percent shall be allocated according to established criteria to include: (a) 25 percent determined by the rate of child abuse per 1000; (b) 25 percent determined by child population; and (c) 50 percent determined by the number of counties and independent cities serviced."

Explanation:

(This amendment alters the funding methodology used to distribute funds to child advocacy centers (CACs) which has become outdated due to a substantial growth in CACs and a shift in the number of CACs from associate membership to accredited membership. The proposed change anticipates continued growth of satellite centers which are not supported by the current formula. The proposed formula (i) provides incentives for National Children's Advocacy Accreditation; (ii) eliminates pitting one CAC against another; (iii) eliminates subjective criteria; and (iv) provides fairness in distribution.)

Health and Human Resources Subcommittee

Item 342 #1h

Health and Human Resources

Department Of Social Services

Language

Language:

Page 312, after line 17, insert:

"E. The Department of Social Services shall work with localities that currently inspect child day care centers and family day homes to minimize duplication and overlap of inspections pursuant to the implementation of House Bill 1570, passed during the 2015 Regular Session."

Explanation:

(This amendment requires DSS to work with localities to minimize duplicate inspections of child day care centers and family day homes who will require licensure and monitoring pursuant to the provisions of House Bill 1570 passed during the 2015 Regular Session. Several localities inspect family day homes that may currently be unlicensed but which may be subject to state monitoring and inspections upon passage of the legislation.)

Health and Human Resources Subcommittee

Item 4-1.03 #1h

Appropriations

Appropriation Transfers

Language

Language:

Page 523, strike lines 17 thorough 20.

Explanation:

(This amendment eliminates language contained in the introduced budget allowing for the transfer of appropriations from the Departments of Behavioral Health and Development Services, Corrections, and Health to the Department of Medical Assistance Services which would be offset by federal reimbursement for services provided to individuals who would be eligible for Medicaid if eligibility were expanded pursuant to the federal Patient Protection and Affordable Care Act. Since this expansion has not been authorized, this language is unnecessary.)

Health and Human Resources Subcommittee

Item 4-5.04 #1h

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 547, line 10, after "j. MEDICAL SERVICES:", insert "1."

Page 547, line 11, strike "or state statute" and insert:

"However, nothing herein shall prevent a physician from providing medical assistance to preserve the life of a pregnant woman provided that every possible measure shall be taken to preserve the life of the unborn child of the pregnant woman."

Page 547, after line 11, 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 clarifies existing language in the budget which does not allow for expenditures from general or nongeneral funds sources for abortion services, related to medical assistance to preserve the life of the pregnant woman, provided that every possible measure is taken to preserve the life of the unborn child. It also adds language 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.)
