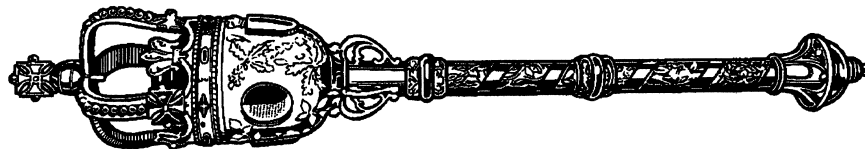


*Report of the
House Appropriations
Subcommittee*

on

Health & Human Resources



*House Bill 29
&
House Bill 30*

February 16, 2020

REPORT OF THE SUBCOMMITTEE

on

HEALTH & HUMAN RESOURCES

Mr. Chairman and Members of the Committee:

I am happy to stand before you today with the report of the Health and Human Resources Subcommittee. I believe we have a great budget that addresses the critical needs of our most vulnerable citizens. Our actions ensure that individuals have access to needed health care and disability services. They also support individuals providing care and services to those in need. We are also recommending the adoption of budget actions to address long-standing health inequities. All told, the Subcommittee is recommending the appropriation of almost \$1.2 billion in additional general fund spending over this biennium, which is about \$40 million more than the introduced budget.

The Subcommittee is recommending almost \$200 million in funds to ensure continued access to needed health care and disability services. While the Governor provided 1,135 additional Medicaid Developmental Disability Waiver slots, he did not adequately address community capacity. That capacity depends on an adequate array of service providers who can assist individuals in realizing their full potential. The Subcommittee is recommending more than \$125 million in rate increases to maintain and build community capacity.

House Bill 395, which increases the minimum wage will result in the addition of another \$130.1 million to increase Medicaid rates for personal care providers, who we rely on to provide community-based care in our Medicaid waiver programs. Finally, we are recommending \$67.3 million over the biennium to support critical health care providers that care for our frail elderly and others.

We are also recommending funding for a number of successful anti-poverty initiatives using federal Temporary Assistance to Needy Families or TANF funding. One of the Subcommittee's most significant recommendations is to increase the TANF standard of need used to determine eligibility. This standard has not been changed since the federal government adopted welfare reform in the mid 90s. Consequently, in today's dollars, families have to be significantly poorer in order to qualify for assistance than they were 24 years ago. We believe this will help low-income families meet their basic needs and

enable them to take advantage of our employment and training programs so they can move toward self-sufficiency.

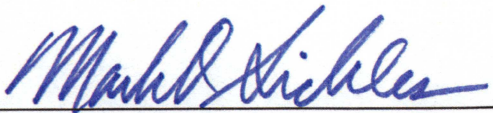
Despite our past efforts to divert and discharge individuals from our state hospitals, census pressure continues, as fewer private sector beds are available for individuals subject to a temporary detention order (TDO). We heard testimony that the state hospitals are consistently operating at close to 100 percent of capacity. The budget contains funding to incentivize private hospitals to care for more individuals subject to a TDO. Secondly, instead of continuing to build more “temporary” state bed capacity, the Subcommittee is recommending that the state use that funding to develop creative community solutions to serve these individuals.

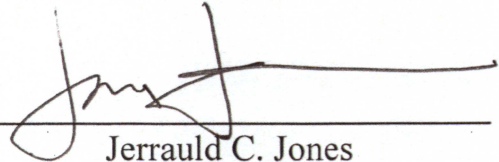
To further these efforts, this budget provides much needed investments to build community capacity by including more than \$56 million over the biennium to continue the implementation of STEP-VA outpatient services, veterans services, mobile crisis teams and peer support services. It also provides more than \$55 million for discharge assistance plans to transition individuals from state mental health hospitals, permanent supportive housing and expanding options for acute inpatient care for children.

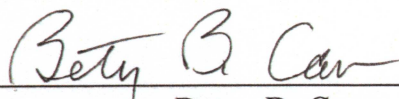
Finally, the Subcommittee is recommending the adoption of several budget items to address health inequities, including efforts to decrease maternal and infant mortality through better use of non-traditional providers, such as doulas and midwives. And, we are recommending the adoption of \$12.8 million for home visiting services and \$3.2 million to extend health coverage for new mothers.

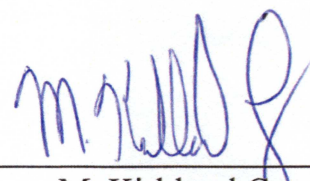
Mr. Chairman, I want to take a moment to thank the members of the Subcommittee for their commitment to working on health and human services issues. The issues we face require difficult choices, which affect the lives of Virginia’s most vulnerable citizens. Mr. Chairman, I also want to thank you and the members of this Committee for your support of our efforts. I will now 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:


Mark D. Sickles, Chair


Jerrauld C. Jones


Betsy B. Carr

 **/**
M. Kirkland Cox


Paul E. Krizek

 **
C. Matthew Fariss


C.E. Hayes, Jr.

 **/**
Emily M. Brewer

* I OBJECT TO ITEM 302 #1h.

** I OBJECT TO ITEM 4-5.04 IN THE BUDGET
RELATED TO MEDICAL SERVICES EXPENDITURES
FOR ABORTIONS.

Health & Human Resources Amendments

**HB 29
FY 2020**

GF

NGF

HB 29

Secretary of Health and Human Resources

Workgroup on a Medicaid Doula Benefit

Language

Department of Health

Supplant GF with Agency Indirect Cost Recoveries

(\$1,775,701)

Department of Medical Assistance Services

Account for Final CCC Plus Contract Rates

(\$3,435,651)

(\$3,435,651)

Adjustment to Medicaid Expenditures

(\$2,500,000)

Department of Behavioral Health and Developmental Services

Sale of Southwestern Virginia Training Center

Language

Capture Savings from Construction Delay at Western State Hospital

(\$2,889,261)

Department of Social Services

Foster Care and Adoption Subsidy Payments

(\$565,544)

(\$446,059)

Adjust Language to Reflect Appropriation for Healthy Families America

Language

Language

Reduce Funding for IT Systems Development

(\$264,375)

(\$323,125)

State Corporation Commission

Amend Language Implementing State Health Benefit Exchange

Language

HB 29 Total for HHR Agencies

(\$11,430,532)

(\$4,204,835)

Health & Human Resources Amendments

HB 30 2020-22	
General Fund	Nongeneral Funds

HB 30 2020-22 Total FTE
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HB 30

Supreme Court

Transfer Drug Court Substance Use Disorder Funding to DBHDS	(\$300,000)		
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Secretary of Health and Human Resources

Workgroup on a Medicaid Doula Benefit	Language		
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Children's Services Act

HB 933 Kinship Guardianship Assistance Program	\$7,676		
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Department of Health

Nursing Preceptor Incentive Program	\$1,000,000		
Fiscal Impact of HB 1090 Immunization of School Children	\$1,884,162	\$268,884	
Supplant Funding for Opioid Reversal Drugs	(\$3,200,022)	\$3,200,022	
HB 879 Revisions to the COPN Program	\$654,246		6.00
Eliminate New Funding for Quit Now Program	(\$6,298,176)		
Restore Language Governing Fees and LARCS	Language		
Establish Community Health Worker Pilot	(\$289,168)		
Capture Excess TANF Funding for LARCS		(\$6,000,000)	
Poison Control Centers	\$3,000,000		
Correctly Identify CHIP of Roanoke and Embedded Dollar Amounts	Language		
HB 799 Child Day Care Programs Lead Testing	\$195,950		
Emergency Department Care Coordination Program		\$1,930,556	
Delay Implementation of Electronic Health Records	(\$15,842,331)		

Department of Health Professions

Remove Outdated Language	Language		
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Department of Medical Assistance Services

HB 395 Minimum Wage Impact on Personal/Respite/Companion Care	\$63,565,240	\$66,502,092	
Personal/Respite/Companion Care NoVA Rate Increase	\$13,943,747	\$14,151,439	
Increase DD Waiver Provider Rates Using Updated Data	\$43,432,298	\$43,432,298	
Increase Rates for Skilled and Private Duty Nursing Services	\$5,234,126	\$5,234,126	
Modify Medicaid Nursing Facility Reimbursement	\$13,779,329	\$13,779,327	
Medicaid MCO Reimbursement for Durable Medical Equipment	\$698,155	\$870,733	
Modify Nursing Facility Operating Rates at Four Facilities	\$1,487,550	\$1,487,550	
Modify Capital Reimbursement for Certain Nursing Facilities	\$239,910	\$239,910	
Increase Payment Rate by 9.5% for Nursing Homes with Special Populations	\$1,000,000	\$1,000,000	
Increase Rates for Psychiatric Residential Treatment Facilities	\$15,624,904	\$15,624,904	
Increase Medicaid Rates for Anesthesiologists	\$500,000	\$500,000	
HB 1291 Medicaid MCO Contracts with Pharmacy Benefits Managers	(\$8,405,145)	(\$13,873,521)	
DMAS Advisory Panel on Behavioral Health Redesign	Language		
Advisory Group on Respite/Personal Assistance Services	Language		
Medicaid Coverage of Innovative Drugs & Emerging Technologies	Language		
Analysis of Modifications to Medicaid MCO Contracts	Language		
Medicaid Supplemental Payments to Private Hospitals	Language		
Medicaid Workgroup on Avoidable ER Utilization	Language		
Medicaid Value-based Payments	Language		
Medicaid Peer Recovery Services	Language		
Chesapeake Regional Hospital Medicaid DSH Supplement	Language	\$24,000,000	
Add Representative to Pharmacy Liaison Committee	Language		
Modify MCOs Regulations for Midwife Coverage	Language		
Medicaid Special Earnings for Individuals with Disabilities	Language		
Medicaid Payments for EVMS	Language		
Capture Savings From Suspension of ACA Health Insurance Fee	(\$30,565,272)	(\$30,565,272)	
Reflect Updated Estimates of Tobacco and Nicotine Vapor Product Revenue	(\$8,310,000)	\$8,310,000	

Health & Human Resources Amendments

HB 30

2020-22

**General
Fund**

**Nongeneral
Funds**

HB 30

2020-22

**Total
FTE**

HB 30

Account for Final CCC Plus Contract Rates (\$18,099,638) (\$18,099,638)

Increase Appropriation for Nursing Home Civil Money Penalties \$1,630,000

Medicaid Expenditure Reporting Requirements Language

Department of Behavioral Health and Developmental Services

Sale of SWVTC Property

Move Substance Use Disorder Funding for Drug Courts \$300,000

Jewish Foundation for Group Homes Transitioning Youth Program \$125,214

Report on Federal Opioid Funding Language

Children's Acute Inpatient Care Language

Capture Savings at Western State Hospital from Bed Delay (\$1,662,389)

Limit Temporary Beds at Catawba Hospital & Provide Community Alternatives Language

Department for Aging and Rehabilitative Services

Jewish Social Services Agency \$100,000

Department of Social Services

HB 566 Food Stamps & TANF Drug-related Felonies \$308,628 \$449,064

Increase TANF Standard of Need by 18% \$800,000 \$24,000,000

Transfer TANF Funds from Health Department \$6,000,000

Local DSS Salaries Adjustments (\$6,885,318) (\$6,966,914)

Phase-in Funding for Local DSS Prevention Programs (\$18,682,995) (\$5,957,447)

HB 1015 Virginia Sexual & Domestic Violence Prevention Fund \$2,413,633

HB 1176 Information on Sexual Assault Nurse Examiners' Place of Practice \$218,790

Emergency Approval Process for Kinship Caregivers \$150,000

HB 933 Kinship Guardianship Assistance Program (\$7,676)

Use Family First Transition Act Funding (\$6,878,733) \$6,878,733

Adjust Language to Reflect First Year Appropriation for Virginia Fosters Language

Plan to Prevent Child Abuse & Neglect Language

HB 1209 Office of New Americans \$656,468

Adjust Language to Reflect Appropriation for Healthy Families America Language

Community Action Agencies \$3,000,000

Community Employment and Training Programs \$6,000,000

Virginia Alliance for Boys and Girls Clubs \$1,000,000

Reduce Funding for IT Systems Development (\$2,992,500) (\$3,657,500)

Central Office Cost Allocation of Expenses (\$3,055,524) \$3,055,524

HB 30 Total for HHR Agencies \$40,145,139 \$167,424,870

Central Accounts

Adjust Funding for Reinsurance Program (\$109,500,000)

State Corporation Commission

Amend Language Implementing State Health Benefit Exchange Language

TANF Budget	Introduced Budget			HAC Recommendation		
	HB 29 FY 2020	HB 30 FY 2021	HB 30 FY 2022	HB 29 FY 2020	HB 30 FY 2021	HB 30 FY 2022
TANF Program (Mandated Services)						
Income Benefits (including forecast)	\$21,163,680	\$21,163,680	\$21,163,680	\$21,163,680	\$21,163,680	\$21,163,680
Increase TANF Standard of Need by 18%					\$12,000,000	\$12,000,000
Increase benefits by five percent	-	\$3,337,206	\$3,337,206	-	\$3,337,206	\$3,337,206
Expand TANF eligibility (drug felonies)	\$49,296	\$98,592	\$98,592	\$49,296	\$98,592	\$98,592
Eliminate family cap	-	\$667,934	\$667,934	-	\$667,934	\$667,934
VIEW Employment Services	\$13,612,144	\$13,612,144	\$13,612,144	\$13,612,144	\$13,612,144	\$13,612,144
VIEW Child Care Services (including forecast)	\$2,119,005	\$2,659,033	\$2,659,033	\$2,119,005	\$2,659,033	\$2,659,033
Caseload Reserve	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
TANF State/Local Operations	\$53,725,733	\$53,725,733	\$53,725,733	\$53,725,733	\$53,725,733	\$53,725,733
Increase local minimums/compression	-	\$2,285,611	\$2,285,611	-	\$1,414,747	\$1,414,747
NGF match for local staff salary increases	\$1,622,707	\$1,770,228	\$1,770,228	\$1,622,707	\$1,770,228	\$1,770,228
Mandated Services Subtotal	\$94,292,565	\$101,320,161	\$101,320,161	\$94,292,565	\$112,449,297	\$112,449,297
Expanded Services (Discretionary Activities)						
Healthy Families/Health Start (492 DSS)	\$8,617,679	\$8,617,679	\$8,617,679	\$8,617,679	\$8,617,679	\$8,617,679
Community Action Agencies	\$6,250,000	\$6,250,000	\$6,250,000	\$6,250,000	\$7,750,000	\$7,750,000
Domestic Violence Grants	\$3,846,792	\$3,846,792	\$3,846,792	\$3,846,792	\$3,846,792	\$3,846,792
EITC Grants	\$185,725	\$185,725	\$185,725	\$185,725	\$185,725	\$185,725
Comprehensive Health Investment Project	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000
Boys and Girls Clubs	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$2,000,000	\$2,000,000
Resource Mothers	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Child advocacy centers (CACs)	\$1,136,500	\$1,136,500	\$1,136,500	\$1,136,500	\$1,136,500	\$1,136,500
Northern Virginia Family Services (NVFS)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Virginia Early Childhood Foundation (VECF)	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Long Acting Reversible Contraceptives (LARC) (at VDH)	\$5,245,316	\$2,000,000	\$2,000,000	\$5,245,316	\$2,000,000	\$2,000,000
Early Impact Virginia (home visiting)	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000
Visions of Truth	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Grants for Community Employment & Training	\$10,500,000	\$10,500,000	\$10,500,000	\$10,500,000	\$13,500,000	\$13,500,000
Laurel Center	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
FACETS	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Two-Generation/Whole Family Pilot	\$1,125,000	\$1,125,000	\$1,125,000	\$1,125,000	\$1,125,000	\$1,125,000
VIEW name change (one-time funding)	\$150,000	-	-	\$150,000	-	-
Federation of Virginia Food Banks (one-time funding)	\$3,000,000	\$3,000,000	-	\$3,000,000	\$3,000,000	-
Summer feeding program pilot	\$2,720,349	\$7,773,299	\$5,052,950	\$2,720,349	\$7,773,299	\$5,052,950
Transit passes	-	\$1,000,000	\$1,000,000	-	\$1,000,000	\$1,000,000
United Community	-	\$700,000	\$700,000	-	\$700,000	\$700,000
Increase in relative support payments	-	\$8,457,600	\$8,457,600	-	\$8,457,600	\$8,457,600
Emergency and diversionary assistance	-	\$139,935	\$139,935	-	\$139,935	\$139,935
Expanded Services Subtotal	\$51,202,361	\$63,157,530	\$57,437,181	\$51,202,361	\$68,157,530	\$62,437,181

TANF Budget	Introduced Budget			HAC Recommendation		
	HB 29 FY 2020	HB 30 FY 2021	HB 30 FY 2022	HB 29 FY 2020	HB 30 FY 2021	HB 30 FY 2022
Other Spending (Cost Avoidance)						
At-Risk Child Care	\$12,857,212	\$12,857,212	\$12,857,212	\$12,857,212	\$12,857,212	\$12,857,212
Head Start Wraparound	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Local Staff Support	\$6,405,502	\$6,405,502	\$6,405,502	\$6,405,502	\$6,405,502	\$6,405,502
Comprehensive Services Act Transfer	\$9,419,998	\$9,419,998	\$9,419,998	\$9,419,998	\$9,419,998	\$9,419,998
Other Spending Subtotal	\$31,182,712	\$31,182,712	\$31,182,712	\$31,182,712	\$31,182,712	\$31,182,712
Total TANF Budget	\$176,677,638	\$195,660,403	\$189,940,054	\$176,677,638	\$211,789,539	\$206,069,190
Annual Grant	\$157,762,831	\$157,762,831	\$157,762,831	\$157,762,831	\$157,762,831	\$157,762,831
Prior Year Balance	\$151,404,869	\$132,490,062	\$94,592,490	\$151,404,869	\$132,490,062	\$78,463,354
Annual Balance/(Shortfall)	\$132,490,062	\$94,592,490	\$62,415,267	\$132,490,062	\$78,463,354	\$30,156,995

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 96, strike lines 19 through 29 and insert:

"G. The Secretary of Health and Human Resources shall convene a workgroup to review and make recommendations regarding a community doula benefit for pregnant and postpartum women covered by Medicaid. The workgroup shall include representatives from the Department of Medical Assistance Services, the Virginia Department of Health, and the Department of Health Professions, as well as representatives from community doula practitioners and any other relevant stakeholders. The workgroup shall examine and report on (i) federal requirements and permissibility associated with providing a Medicaid community doula benefit and existing models for state implementation; (ii) a recommended approach for ensuring minimum qualifications and training among community doula practitioners; (iii) recommended reimbursement rates and types of community doula services to be covered; and (iv) estimated costs and potential savings to the state over the next six years. The workgroup's recommendations shall address certification, workforce assessment, appropriate data and reporting needs, contracting considerations, and project implementation planning. As part of its review, the workgroup shall conduct a rate study to determine appropriate reimbursement rates for certified doula services for pregnant persons, and shall report its rate study findings to the Chairs of the Senate Education and Health and House Welfare and Institutions Committees by September 1, 2020. The workgroup shall report interim-findings and progress to the Governor and to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 31, 2020. The workgroup shall issue completed findings and recommendations to the Governor and to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by June 30, 2021.

Explanation:

(This amendment replaces language in the introduced budget which creates a workgroup in the Office of the Secretary of Health and Human Resources to review and make recommendations related to creating a community doula benefit for pregnant women in Medicaid. The revised language adds more specificity to the issues the workgroup will review, including a rate study which shall be reported to legislative committees by September 1, 2020, an interim report by December 31, 2020 and completed findings and recommendations by June 30, 2021.)

Committee Approved Amendments to House Bill 29, as Introduced

Department of Health	\$0	(\$1,775,701)	GF
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Language:

Page 102, line 1, strike "\$24,428,665" and insert "\$22,652,964".

Page 102, line 1, strike "Not set out.", and insert:

"Administrative and Support Services (49900)	\$24,339,399	\$28,540,899
	\$24,292,399	\$24,428,665
General Management and Direction (49901)	\$9,322,919	\$11,722,919
		\$9,947,218
Information Technology Services (49902)	\$8,187,609	\$9,989,109
	\$8,140,609	\$5,790,609
Accounting and Budgeting Services (49903)	\$3,267,953	\$3,267,953
Human Resources Services (49914)	\$2,113,124	\$2,113,124
Procurement and Distribution Services (49918)	\$1,447,794	\$1,447,794
		\$1,534,060
Fund Sources:		General
\$15,670,199	\$19,871,699	Special
\$15,623,199	\$15,759,465	
	\$13,983,764	
\$3,973,821	\$3,973,821	Federal Trust

Authority: §§ 3.2-5206 through 3.2-5216, 32.1-11.3 through 32.1-23, 35.1-1 through 35.1-7, and 35.1-9 through 35.1-28, Code of Virginia.

A. The State Comptroller is hereby authorized to provide a line of credit of up to \$200,000 to the Department of Health to cover the actual costs of expanding the availability of vital records through the Department of Motor Vehicles, to be repaid from administrative processing fees provided under Code of Virginia, § [32.1-273](#) until such time as the line of credit is repaid.

B. Out of this appropriation, \$150,000 the first year and \$150,000 the second year from the general fund shall be provided for agency costs related to onboarding to ConnectVirginia, transition costs to convert the agency's node on ConnectVirginia to the state agency node, and provide support to other state agencies in their onboarding efforts.

C. The Virginia Department of Health is authorized to develop a plan to allocate a reduction of \$150,000 the first year and \$150,000 the second year from the general fund across programs within the department to reflect administrative savings. The Department of Planning and Budget is authorized to make the necessary budget execution adjustments to transfer the funds between programs to implement the plan.

D.1. Out of this appropriation, \$370,000 from the general fund and \$3,330,000 from nongeneral funds is provided for the Virginia Department of Health to implement the requirements of

Committee Approved Amendments to House Bill 29, as Introduced

House Bill 2209 and Senate Bill 1561 (2017 Session). The department shall contract or amend an existing contract with a non-profit entity as necessary in order to do so. The department shall require its contractor to establish a separate and distinct Emergency Department Care Coordination Advisory Council (ED Council) to whom responsibility for implementing this program shall be delegated under the department's supervision. The contractor may utilize an existing governance, legal and trust framework in order to fulfill the requirements of House Bill 2209 and Senate Bill 1561 and to expedite the implementation of the program.

2. The ED Council, under the department's governance and direction shall: (i) specify the necessary functionalities to meet the needs of all key stakeholders; (ii) develop and oversee a competitive selection process for a vendor or vendors that will provide a single, statewide technology solution to fulfill the required functionalities and advance the goals of the initiative; and (iii) select and oversee the implementation of successful information technologies, with implementation no later than June 30, 2018. The ED Council shall include three representatives from the Commonwealth appointed by the Secretary, including the department, the Department of Medical Assistance Services, and the Department of Health Professions; three representatives from hospitals and health systems, nominated by the Virginia Hospital and Healthcare Association; three health plan representatives, nominated by the Virginia Association of Health Plans; and six physician representatives, nominated by the Medical Society of Virginia with representation from the Virginia College of Emergency Physicians, the Virginia Academy of Family Physicians and the Virginia Chapter, American Academy of Pediatrics.

3. The department shall coordinate with the Department of Medical Assistance Services to seek federal Health Information Technology for Economic and Clinical Health (HITECH) Act matching funds. The department shall coordinate with the Department of Medical Assistance Services to seek any additional eligible federal matching funds supporting provider electronic health record implementation and integration in order to implement the program. The department may use up to \$100,000 for administrative costs.

4. The implementation of this initiative is contingent upon the receipt of federal HITECH Act funds, and neither the department nor its contractor shall be obligated to implement the program without HITECH Act matching funds. The appropriation in this paragraph is contingent upon the receipt of federal HITECH Act funds.

5. Effective July 1, 2017 or upon program implementation, all hospitals operating emergency departments in the Commonwealth and all Medicaid Managed Care contracted health plans shall participate in the program. Effective June 30, 2018, all hospital operating emergency departments in the Commonwealth, all Medicaid Managed Care contracted health plans, the State Employee Health Plan, all Medicare plans operating in the Commonwealth, and all commercial plans operating in the Commonwealth, excluding ERISA plans, shall participate in the program. The department, in coordination with the Department of Medical Assistance Services, shall determine the amount of federal funds available to support program operations in the second year. Accordingly, the department, in coordination with the Department of Medical Assistance Services and the ED Council, shall recommend, by December 15, 2017, a funding structure for program operations in fiscal year 2019 that apportions program costs across the

Committee Approved Amendments to House Bill 29, as Introduced

Commonwealth, participating hospitals, and participating health plans.

6. The department, in coordination with the ED Council, shall report annually beginning November 1, 2017 to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and the Senate Finance Committees on progress, including, but not limited to: (i) the participation rate of hospitals and health systems, physicians and subscribing health plans; (ii) strategies for sustaining the program and methods to continue to improve care coordination; and (iii) the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume Emergency Department utilizers and avoiding duplication of prescriptions, imaging, testing or other health care services.

E. The Virginia Department of Health shall assess the feasibility of developing a home visiting Pay for Success pilot program. The department shall develop a workgroup comprised of Virginia home visiting organizations and early childhood education organizations in examining this issue. The department shall determine if the recent provisions of the federal Bipartisan Budget Act of 2018 allow for the department to access federal funding to develop a pilot Pay for Success program for home visiting. The department shall report on the feasibility analysis, the availability of federal funding and the steps necessary to proceed with a pilot program, if feasible, to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2018.

F. The Virginia Department of Health shall modify the Emergency Room Care Coordination Program to track individuals who present in the emergency room under an Emergency Custody Order (ECO). The program shall identify the legal disposition of individuals being evaluated for psychiatric hospitalization as Temporary Detention Order at the hospital, Temporary Detention Order at another Hospital, Voluntary Admission at the Hospital, or Voluntary Admission at Other Hospital, or released to the community. The department shall report the data monthly on its website by hospital and provide an annual report to the General Assembly for each fiscal year, no later than September 1, after the the end of the fiscal year.

G. Out of the amounts in this Item, the department shall use \$1,775,701 from indirect cost recoveries the second year to supplant general fund amounts for General Management and Direction."

Explanation:

(This amendment sets out Item 297 which was not set out in the introduced budget. It reduces the general fund by \$1.8 million the second year and supplants it with funds from agency indirect cost recoveries. The only language added to this Item is paragraph G., which provides direction to the agency regarding this change.)

Item 303 #1h

Health and Human Resources

FY18-19

FY19-20

Committee Approved Amendments to House Bill 29, as Introduced

Department of Medical Assistance	\$0	(\$3,435,651)	GF
Services	\$0	(\$3,435,651)	NGF

Language:

Page 103, line 5, strike "\$14,347,029,162" and insert "\$14,340,157,860".

Page 103, line 12, strike "\$9,359,035,588" and insert "\$9,352,164,286".

Explanation:

(This amendment accounts for the Department of Medical Assistance Services adopting lower managed care rates for the Commonwealth Coordinated Care (CCC) Plus program (effective January 1, 2020) than those assumed in the November 1, 2019 official Medicaid forecast.)

Item 303 #2h

Health and Human Resources

FY18-19

FY19-20

Department of Medical Assistance	\$0	(\$2,500,000)	GF
Services	\$0	(\$2,500,000)	NGF

Language:

Page 103, line 5, strike "\$14,347,029,162" and insert "\$14,342,029,162".

Explanation:

(This amendment reduces the general fund by \$2.5 million the second year and a like amount of matching federal Medicaid funds to reflect Medicaid expenditure projections for the remainder of fiscal year 2020.)

Item 310 #1h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 140, after line 22, insert:

"HH. Notwithstanding the provisions of Acts of Assembly Chapter 610 of the 2019 Session or any other provision of law, the Department of General Services is hereby authorized to sell, pursuant to § 2.2-1156, certain real property in Carroll County outside the town of Hillsville on which the former Southwestern Virginia Training Center was situated, subject to the following conditions: (1) the sale price shall be, at a minimum, an amount sufficient to fully cover any debt or other financial obligations currently on the property; (2) the purchaser shall be responsible for all transactional expenses associated with the transfer of the property; and (3) the sale shall be made to a health care company that agrees to use the property for the provision

Committee Approved Amendments to House Bill 29, as Introduced

of health care services for a minimum of five years established through a deed restriction."

Explanation:

(This amendment adds language authorizing the Department of General Services to sell property on which the former Southwestern Virginia Training Center was situated under certain circumstances.)

	Item 317 #1h		
Health and Human Resources	FY18-19	FY19-20	
Mental Health Treatment Centers	\$0	(\$2,889,261)	GF

Language:

Page 146, line 49, strike "\$106,915,227" and insert "\$104,025,966".

Explanation:

(This amendment captures savings of \$1.7 million to the general fund in fiscal year 2020 at Western State Hospital for reduced costs due to the delay in the construction of two 28-bed units. The new beds will not be complete until late spring of 2021.)

	Item 344 #1h		
Health and Human Resources	FY18-19	FY19-20	
Department of Social Services	\$0	(\$565,544)	GF
	\$0	(\$446,059)	NGF

Language:

Page 156, line 50, strike "\$244,038,538" and insert "\$243,026,935".

Explanation:

(This amendment reduces funding for foster care and adoption subsidy payments which were inadvertently included in the introduced budget in fiscal year 2020 as a cost of living adjustment. The budget requires that these rates be increased in the year following a salary increase provided for state employees. State employees were given a pay raise effective July 1, 2019 paycheck. House Bill 30 provides a cost of living adjustment for these subsidy payments in fiscal year 2021 to reflect the 2020 increase for state employee compensation.)

	Item 346 #1h		
Health and Human Resources			

Committee Approved Amendments to House Bill 29, as Introduced

Department of Social Services

Language

Language:

Page 161, line 6, after "and" strike "\$9,035,501" and insert "\$8,617,679".

Explanation:

(This amendment adjusts language to reflect the appropriated nongeneral fund amounts for the Healthy Families America home visiting model.)

Item 348 #1h

Health and Human Resources

FY18-19

FY19-20

Department of Social Services

\$0

(\$264,375)

GF

\$0

(\$323,125)

NGF

Language:

Page 163, line 43, strike "\$122,904,570" and insert "\$122,317,070".

Explanation:

(This amendment reduces funding in the Department of Social Services to begin replacing the Virginia case management system (VA-CMS) and other legacy systems with a modular enterprise platform solution. The VA-CMS was developed beginning in fiscal year 2013 after the 2012 General Assembly authorized funds to modernize the agency's eligibility processing information system for benefit programs.)

Item 481 #1h

Independent Agencies

State Corporation Commission

Language

Language:

Page 211, strike lines 16 through 18 and insert:

"B. 1. The State Corporation Commission may use a portion of any unused funds appropriated for plan management functions in the second year to fund the initial start-up costs of the State Health Benefit Exchange.

2. Notwithstanding the provisions of § 4-3.02 of this act, the Secretary of Finance may authorize either a working capital advance or an interest-free treasury loan in an amount not to exceed \$40,000,000 for the State Corporation Commission to fund start-up costs and other costs associated with the implementation of a State Health Benefit Exchange. The Secretary of Finance may extend the repayment plan for any such working capital advance or interest-free

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treasury loan for a period longer than twelve months.

3. The State Corporation Commission may use a portion of the user fees collected from health insurance carriers participating in the State Health Benefit Exchange to repay the working capital advance or interest-free treasury loan authorized in B.2."

Explanation:

(This amendment revises language included in the introduced budget concerning the transition from a Federal Health Benefit Exchange to a State Health Benefit exchange. The revised language authorizes a working capital advance, or treasury loan, of up to \$40.0 million to be repayed from retaining a portion of the user fees collected from health insurers who participate in the state exchange.)

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Item 39 #2h

Judicial Department

FY20-21

FY21-22

Supreme Court

(\$150,000)

(\$150,000) GF

Language:

Page 30, line 1, strike "\$34,457,750" and insert "\$34,307,750".

Page 30, line 1, strike "\$34,457,750" and insert "\$34,307,750".

Page 31, strike lines 10 through 23.

Page 31, line 24, strike "5" and insert "4".

Page 31, strike lines 29 through 36.

Explanation:

(This amendment eliminates language and transfers \$150,000 each year from the general fund to the Department of Behavioral Health and Developmental Services for substance use disorder treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens used in conjunction with drug treatment court programs. A companion amendment in Item 320 provides for this transfer.)

Item 291 #1h

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 274, after line 38, insert:

"E. The Secretary of Health and Human Resources shall convene a workgroup to review and make recommendations regarding a community doula benefit for pregnant and postpartum women covered by Medicaid. The workgroup shall include representatives from the Department of Medical Assistance Services, the Virginia Department of Health, and the Department of Health Professions, as well as representatives from community doula practitioners and any other relevant stakeholders. The workgroup shall examine and report on (i) federal requirements and permissibility associated with providing a Medicaid community doula benefit and existing models for state implementation; (ii) a recommended approach for ensuring minimum qualifications and training among community doula practitioners; (iii) recommended reimbursement rates and types of community doula services to be covered; and (iv) estimated costs and potential savings to the state over the next six years. The workgroup's recommendations shall address certification, workforce assessment, appropriate data and reporting needs, contracting considerations, and project implementation planning. As part of its review, the workgroup shall conduct a rate study to determine appropriate reimbursement rates for certified doula services for pregnant persons, and shall report its rate study findings to the Chairmen of the Senate Education and Health and House Welfare and Institutions

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Committees by September 1, 2020. The workgroup shall report interim-findings and progress to the Governor and to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees by December 31, 2020. The workgroup shall issue completed findings and recommendations to the Governor and to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by June 30, 2021."

Explanation:

(This amendment adds language carrying forward a workgroup to be established in FY 2020 to review and make recommendation regarding a community doula benefit for pregnant and postpartum women covered by Medicaid. The work group will be convened by the Secretary of Health and Human Resources and shall conduct a rate study due by September 1, 2020 and report interim findings by December 31, 2020. A report on findings and recommendations is due the the Governor and Chairs of the House Appropriations and Senate Finance and Appropriations Committees by June 30, 2021.)

Item 292 #1h

Health and Human Resources

FY20-21

FY21-22

Children's Services Act

\$3,838

\$3,838

GF

Language:

Page 274, line 44, strike "\$371,422,589" and insert "\$371,426,427".

Page 274, line 44, strike "\$379,196,228" and insert "\$379,200,066".

Explanation:

(This amendment provides funding in the Office of Children's Services for the fiscal impact of House Bill 933, which expands eligibility for the Kinship Guardianship Assistance program by allowing payments to be made to fictive kin who receive custody of a child of whom they had been the foster parent. This funding is transferred from the Department of Social Services because the Office of Children's Services is a reimbursement-based agency and does not have the ability to absorb the costs within its existing appropriation.)

Item 295 #3h

Health and Human Resources

FY20-21

FY21-22

Department of Health

\$500,000

\$500,000

GF

Language:

Page 280, line 22, strike "\$885,000" and insert "\$1,385,000".

Page 280, line 22, strike "\$885,000" and insert "\$1,385,000".

Page 281, after line 3, insert:

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"C. Out of this appropriation, \$500,000 from the first year and \$500,000 from the second year from the general fund shall be provided to the Virginia Department of Health to establish a Nursing Preceptor Incentive Program. The department shall collaborate with the State Council of Higher Education for Virginia, the Virginia Nurses Association, the Virginia Healthcare & Hospital Association, and other relevant stakeholders on an advanced practice nursing student preceptor grant program. The program shall offer a \$1,000 incentive for any Virginia licensed physician, physician's assistant, or advanced practice registered nurse (APRN) who, in conjunction with a licensed and accredited Virginia public or private not-for-profit school of nursing, provides a clinical education rotation of 250 hours, and which is certified as having been completed by the school. The amount of the incentive may be adjusted based on the actual number of hours completed during the clinical education rotation. The program shall seek to reduce the shortage of APRN clinical education opportunities and establish new preceptor rotations for advanced practice nursing students, especially in high demand fields such as psychiatry. The department shall report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2020 on the progress of establishing the Nursing Preceptor Incentive Program."

Explanation:

(This amendment provides \$500,000 from the first year and \$500,000 from the second year from the general fund to the Virginia Department of Health to establish a Nursing Preceptor Incentive Program. The department would report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2020 on the progress of establishing the Nursing Preceptor Incentive Program.)

Item 299 #1h			
Health and Human Resources	FY20-21	FY21-22	
Department of Health	\$934,921	\$949,241	GF
	\$134,442	\$134,442	NGF

Language:

Page 282, line 25, strike "\$108,831,659" and insert "\$109,901,022".

Page 282, line 25, strike "\$108,831,659" and insert "\$109,915,342".

Explanation:

(This amendment adds funding each year to reflect the fiscal impact of House Bill 1090, which provides that the Board of Health's regulations shall be consistent with the Recommended Immunization Schedule for Children and Adolescents Aged 18 years or Younger published by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices in the Morbidity and Mortality Weekly Report, with the exception of the seasonal influenza

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vaccine.)

Item 299 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Health

(\$1,600,011)
\$1,600,011

(\$1,600,011) GF
\$1,600,011 NGF

Language:

Explanation:

(This amendment supplants general fund amounts of \$1.6 million each year for opioid reversal drugs provided to the Health Department with an equal amount of nongeneral funds from the State Opioid Response Grant that Virginia is expected to receive over the next biennium.)

Item 300 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Health

\$327,123
3.00

\$327,123 GF
3.00 FTE

Language:

Page 283, line 24, strike "\$19,638,255" and insert "\$19,965,378".

Page 283, line 24, strike "\$19,638,255" and insert "\$19,965,378".

Explanation:

(This amendment provides \$327,123 from the general fund each year and three full-time positions for the fiscal impact of implementing requirements of House Bill 879, which revises the Medical Facilities Certificate of Public Need Program.)

Item 301 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Health

(\$3,149,088)

(\$3,149,088) GF

Language:

Page 284, line 12, strike "\$170,087,860" and insert "\$166,938,772".

Page 284, line 12, strike "\$170,087,860" and insert "\$166,938,772".

Explanation:

(This amendment eliminates \$3.1 million from the general fund each year for the Health

Department's quit-line program known as Quit Now Virginia.)

Item 302 #1h

Health and Human Resources

Department of Health

Language

Language:

Page 285, after line 38, insert:

“Authority: §§ 32.1-11 through 32.1-12, 32.1-31, 32.1-163 through 32.1-176, 32.1-198 through 32.1-211, 32.1-246, and 35.1-1 through 35.1-26, Code of Virginia; Title V of the U.S. Social Security Act; and Title X of the U.S. Public Health Service Act.

A.1. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$425.00, for a construction permit for on-site sewage systems designed for less than 1,000 gallons per day, and alternative discharging systems not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

2. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$350.00, for the certification letter for less than 1,000 gallons per day not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

3. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$225.00, for a construction permit for an onsite sewage system designed for less than 1,000 gallons per day when the application is supported with certified work from a licensed onsite soil evaluator.

4. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$320.00, for the certification letter for less than 1,000 gallons per day supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

5. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$300.00, for a construction permit for a private well.

6. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$1,400.00, for a construction permit or certification letter designed for more than 1,000 gallons per day.

7. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$425.00, for a permit to repair an onsite sewage system or an alternative discharging system designed for less than 1,000 gallons per day

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not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator. This fee shall be waived for persons with income below 200 percent of the federal poverty guidelines as established by the United States Department of Health and Human Services when the application is for a pit privy or for a repair of a failing onsite or alternative discharging sewage system.

8. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$225.00, for a permit to repair or voluntarily upgrade an onsite sewage system or alternative discharging system designed for less than 1,000 gallons per day supported with certified work from an onsite soil evaluator or a professional engineer. This fee shall be waived for persons with income below 200 percent of the federal poverty guidelines as established by the United States Department of Health and Human Services when the application is for a pit privy or for a repair of a failing onsite or alternative discharging sewage system.

9. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$150.00, to provide written authorizations pursuant to § 32.1-165 not supported with certified work from a qualified professional.

10. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$100.00, to provide written authorizations pursuant to § 32.1-165 supported with certified work from a qualified professional.

11. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$1,400.00, for a permit to repair or voluntarily upgrade an onsite sewage system designed for more than 1,000 gallons per day.

12. A. The State Health Commissioner shall appoint two manufacturers to the Advisory Committee on Sewage Handling and Disposal, representing one system installer and the Association of Onsite Soil Engineers.

B. The State Health Commissioner is authorized to develop, in consultation with the regulated entities, a hotel, campground, and summer camp plan and specification review fee, not to exceed \$40.00, a restaurant plan and specification review fee, not to exceed \$40.00, an annual hotel, campground, and summer camp permit renewal fee, not to exceed \$40.00, and an annual restaurant permit renewal fee, not to exceed \$40.00 to be collected from all establishments, except K-12 public schools, that are subject to inspection by the Department of Health pursuant to §§ 35.1-13, 35.1-14, 35.1-16, and 35.1-17, Code of Virginia. However, any such establishment that is subject to any health permit fee, application fee, inspection fee, risk assessment fee or similar fee imposed by any locality as of January 1, 2002, shall be subject to this annual permit renewal fee only to the extent that the Department of Health fee and the locally imposed fee, when combined, do not exceed the fee amount listed in this paragraph. This fee structure shall be subject to the approval of the Secretary of Health and Human Resources.

C. Pursuant to the Department of Health's Policy Implementation Manual (#07-01), individuals who participate in a local festival, fair, or other community event where food is sold, shall be

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exempt from the annual temporary food establishment permit fee of \$40.00 provided the event is held only one time each calendar year and the event takes place within the locality where the individual resides.

D. The State Health Commissioner shall work with public and private dental providers to develop options for delivering dental services in underserved areas, including the use of public-private partnerships in the development and staffing of facilities, the use of dental hygiene and dental students to expand services and enhance learning experiences, and the availability of reimbursement mechanisms and other public and private resources to expand services.

E.1. Out of this appropriation, \$2,000,000 the first year and \$2,000,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be provided for the purpose of extending the two-year pilot program to expand access to long acting reversible contraceptives (LARC). The Virginia Department of Health shall establish and manage memorandums of understanding with qualified health care providers who will provide access to LARCs to patients whose income is below 250% of the federal poverty level, the Title X family planning program income eligibility requirement. Providers shall be reimbursed for the insertion and removal of LARCs at Medicaid rates. As part of the pilot program, the department, in cooperation with the Department of Medical Assistance Services and stakeholders, shall develop a plan to improve awareness and utilization of the Plan First program and include outreach efforts to refer women who have a diagnosis of substance use disorder and who seek family planning services to the Plan First program or participating providers in the pilot program.

2. The Virginia Department of Health shall develop metrics to measure the effectiveness of the extended pilot project such as impacts on birth spacing, decreases in maternal and infant mortality rates, reduction in abortions and unplanned pregnancies, and improved birth outcomes. The department shall submit a progress report to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, Secretary of Health and Human Resources, and the Director, Department of Planning and Budget, that describes the program, metrics used to measure results, results to date, actual program expenditures, and projected expenditures by July 1, 2021, with a final report on June 30, 2022.”

Explanation:

(This amendment corrects an omission of language that outlines certain existing fees charged by the Department of Health. It also extends the pilot project relating to Long Acting Reversible Contraceptive devices. Adding this language is necessary in order to ensure current fees and policies are continued.)

Item 302 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Health

(\$289,168)

\$0 GF

Committee Approved Amendments to House Bill 30, as Introduced

Language:

Page 285, line 18, strike "\$289,713,047" and insert "\$289,423,879".

Page 285, after line 38, insert:

"F. Out of this appropriation, \$289,168 the second year from the general fund shall be used to support four restricted positions as part of a two-year pilot program in four local health districts to increase their capacity to improve health outcomes. The department shall evaluate the pilot program and make an interim report to the House Appropriations and Senate Finance and Appropriations Committees by June 30, 2022."

Explanation:

(This amendment reduces funding contained in the introduced budget by \$289,169 the first year from the general fund to delay implementation of a pilot program using certified community health workers in four local health districts to improve health outcomes. House Bill 688 requires the Board of Health to adopt regulations setting forth requirements for certified community health workers, effective July 1, 2020. This delay will allow time for the regulations to be implemented so that certified community health workers can be hired for the pilot project beginning July 1, 2021. Language sets out the funding provided for the pilot program beginning in fiscal year 2022. Language also requires the agency to evaluate the pilot program and provide an interim report at the end of the biennium.)

Item 302 #3h

Health and Human Resources

FY20-21

FY21-22

Department of Health

(\$3,000,000)

(\$3,000,000) NGF

Language:

Page 285, line 18, strike "\$289,713,047" and insert "\$286,713,047".

Page 285, line 18, strike "\$291,021,732" and insert "\$288,021,732".

Explanation:

(This amendment reduces \$3.0 million in the nongeneral fund from excess federal Temporary Assistance to Needy Families (TANF) funding in this item. These funds should have been adjusted in the base budget calculation for the agency, but were inadvertently left in this item.)

Item 303 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Health

\$1,500,000

\$1,500,000 GF

Language:

Committee Approved Amendments to House Bill 30, as Introduced

Page 285, line 40, strike "\$25,839,583" and insert "\$27,339,583".
Page 285, line 40, strike "\$25,839,583" and insert "\$27,339,583".
Page 289, line 19, after "Q." insert "1."
Page 289, line 19, strike "\$1,000,000" and "\$1,000,000" and insert:
"\$2,500,000" and "\$2,500,000".

Explanation:

(This amendment increases funding by \$1.5 million from the general fund each year for three poison control centers.)

Item 303 #2h

Health and Human Resources

Department of Health

Language

Language:

Page 286, line 7, strike "the Families".
Page 286, line 8, strike "Forward of Roanoke" and insert:
"CHIP of Roanoke".
Page 288, line 49, strike "\$272,313" and insert "\$1,272,313".
Page 288, line 53, strike "\$25,000" and insert "\$1,025,000".
Page 289, line 41, strike "\$5,000,000" and "\$5,000,000" and insert:
"\$3,000,000" and "\$3,000,000".
Page 289, line 47, after "appropriation," insert:
"\$600,000 from the general fund the first year and".

Explanation:

(This amendment corrects an erroneous reference to Families Forward of Roanoke, annualizes certain ongoing appropriations, and adjusts embedded language relating to the appropriation for Hampton University Proton Therapy Foundation to match funding provided.)

Item 307 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Health

\$0

\$195,950 GF

Language:

Page 290, line 32, strike "\$25,221,038" and insert "\$25,416,988".

Explanation:

Committee Approved Amendments to House Bill 30, as Introduced

(This amendment adds \$195,950 from the general fund the second year for the implementation of House Bill 799 which requires licensed child day programs and certain other programs that serve preschool-age children to develop and implement a plan to test potable water from sources identified by the U.S. Environmental Protection Agency as high priority. The bill requires the plan and the results of each such test to be submitted to and reviewed by the Commissioner of Social Services and the Department of Health's Office of Drinking Water. Funding in fiscal year 2021 will provide for the development of a database to compile and track plans and results for child day care programs.)

Item 307 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Health

\$1,930,556

\$0 NGF

Language:

Page 290, line 32, strike "\$26,023,121" and insert "\$27,953,677".

Page 291, line 7, strike "962,500" and insert "2,893,056".

Page 291, line 10, after "program." Of the nongeneral fund amount, \$193,056 the first year shall be provided from agency indirect cost recoveries to match available federal matching funds."

Page 291, strike lines 17 through 22 and insert:

"3. The department shall coordinate with the Department of Medical Assistance Services and apply for federal matching funds, such as the Health Information Technology for Economic and Clinical Health (HITECH) Act, Medicaid Management Information Systems (MMIS) and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) or other relevant federal and nongeneral fund sources to: (i) continue the operation and maintenance of the Emergency Department Care Coordination (EDCC) Program; and (ii) in consultation with the EDCC clinical consensus committee, adopt additional functionalities to continue to better care for patients who are high utilizers of the Commonwealth's emergency departments. The department, in coordination with DMAS, shall provide an interim report on the status of funding, including issues related to sustainability; and administration and operations of the EDCC program to the Chairs of House Appropriations and Senate Finance and Appropriations Committees by August 1, 2020."

Explanation:

(This amendment provides an additional \$1.9 from the nongeneral fund the first year to support the Emergency Department Care Coordination program. Of this amount \$193,056 shall be provided from indirect cost recoveries in the Department of Health.)

Item 307 #3h

Committee Approved Amendments to House Bill 30, as Introduced

Health and Human Resources

FY20-21

FY21-22

Department of Health

(\$7,011,531)

(\$8,830,800) GF

Language:

Page 290, line 32, strike "\$26,023,121" and insert "\$19,011,590".

Page 290, line 32, strike "\$25,221,038" and insert "\$16,390,238".

Explanation:

(This amendment reduces \$7.0 million from the general fund the first year and \$8.8 million from the general fund the second year in the Health Department for the development of an electronic health records system. This action delays the development to allow more time for the agency to complete its assessment of its business processes and for the completion of the cost analysis for determining the funding needed for the system to meet the identified business processes of the agency.)

Item 309 #1h

Health and Human Resources

Department of Health Professions

Language

Language:

Page 292, strike lines 29 through 43.

Explanation:

(This amendment deletes language reflecting requirements that have already been fulfilled by the agency.)

Item 313 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$500,000
\$500,000

\$500,000 GF
\$500,000 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,940,731,997".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,039,007,934".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2021, the department shall amend the State Plan for Medical Assistance to increase the direct operating rate under the nursing facility price based reimbursement methodology by 9.5 percent for nursing facilities where at least 80 percent of the

Committee Approved Amendments to House Bill 30, as Introduced

resident population have one or more of the following diagnoses: quadriplegia, traumatic brain injury, multiple sclerosis, paraplegia, or cerebral palsy. In addition, a qualifying facility must have at least 90 percent Medicaid utilization and a case mix index of 1.15 or higher in fiscal year 2014. The department shall have the authority to implement this reimbursement methodology change for rates on or after July 1, 2021, and prior to completion of any regulatory process in order to effect such change."

Explanation:

(This amendment adds funding and language in the second year to change the reimbursement methodology for nursing facilities that provide services to a resident population in which at least 80 percent of the residents have specific chronic and disabling conditions and the facility has at least a 90 percent Medicaid utilization and a case mix index of 1.15 or higher in fiscal year 2021. These conditions tend to occur in a younger population who consequently have a significantly longer stay in a nursing facility than many nursing home residents. Consequently, the costs to serve these individuals is much higher. Currently, only one nursing facility, the Virginia Home, would meet the criteria to qualify for additional funding pursuant to the reimbursement methodology change.)

Item 313 #3h			
Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$21,395,221	\$22,037,077	GF
Services	\$21,395,221	\$22,037,077	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,982,522,439".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,082,082,088".

Page 320, line 50, strike "and".

Page 320, line 51, after "Consultation", insert:

", Group Homes, Sponsored Residential and Group Day Support".

Page 320, line 52, strike "\$3,639,663" and " \$3,748,853" and insert:

"\$25,034,884" and "\$25,785,930".

Page 320, line 53, strike "\$3,639,663" and "\$3,748,853" and insert:

"\$25,034,884" and "\$25,785,930".

Explanation:

(This amendment provides \$21.4 million the first year and \$22.0 million the second year from the general fund and matching federal Medicaid funds each year to increase provider rates for the current Medicaid Developmental Disability Waiver programs for Group Homes, Sponsored Residential and Group Day Support using updated data measures available, including wage

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assumptions, to 100 percent of the rate model benchmark. The introduced budget included funding to increase waiver rates for the following services up to 100 percent of the rate model benchmark: Independent Living Support, Supported Living, In-home Support Services, Group Supported Employment, Workplace Assistance, Community Engagement, Community Coaching and Therapeutic Consultation. These increases will assist providers to recruit and retain qualified staff to meet standards mandated by the requirements of the U.S. Department of Justice Settlement Agreement.)

Item 313 #4h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$5,253,509
\$5,332,473

\$8,690,238 GF
\$8,818,966 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,950,317,979".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,055,517,138".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall increase the average reimbursement rate for personal care, respite and companionship services provided in waiver programs subject to the Northern Virginia rate differential by four percent and effective July 1, 2021 by two percent. The department shall have the authority to implement these changes effective July 1, 2020 and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment provides \$5.3 million the first year and \$8.7 million the second year from the general fund and matching federal Medicaid funds each year to increase provider rates for personal care, respite care and companionship services provided in Medicaid waiver programs and subject to the Northern Virginia rate differential by four percent in fiscal year 2021 and two percent in fiscal year 2022. Rates for these services in the rest of the state will be increased beginning in fiscal year 2021 pursuant to the minimum wage increases mandated in House Bill 395. However, because there is a higher rate paid for these services in Northern Virginia, the rates will not be impacted by changes in the minimum wage until fiscal year 2024.)

Item 313 #5h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

(\$4,115,274)
(\$6,805,641)

(\$4,289,871) GF
(\$7,067,880) NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,928,811,082".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,026,650,183".

Explanation:

(This amendment captures savings to the state's Medicaid program from the passage of House Bill 1291, which prohibits Medicaid managed care organizations (MCOs) from engaging in the conduct of "spread pricing" with the MCOs' contracted pharmacy benefits manager. This prohibition saves \$4.1 million from the general fund and \$6.8 million from nongeneral funds the first year and \$4.3 million from the general fund and \$7.1 million from nongeneral funds the second year in the state's Medicaid program.)

Item 313 #9h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services (DMAS) shall convene an advisory panel of representatives chosen by the Virginia Association of Community Services Boards (VACSB), the Virginia Association of Community-Based Providers (VACBP), the Virginia Coalition of Private Provider Associations (VCOPPA), Caliber, and the Virginia Network of Private Providers (VNPP), who will meet at least bi-monthly with the appropriate staff from DMAS to review and advise on all aspects of the plan for and implementation of the redesign of behavioral health services with a specific focus on ensuring that the systemic plan incorporates development, and maintenance of sustainable business models. Upon advice of the Advisory panel, DMAS will assign staff to review operations at a sample of providers to examine the process for service authorization, the interpretation of the medical necessity criteria, and the claims processing by all Medicaid managed care organizations. DMAS will report their findings from this review to the advisory panel and to the Secretary of Health and Human Resources, and the Chairs of House Appropriations and Senate Finance by November 1, 2020."

Explanation:

(This amendment adds language requiring DMAS to convene an advisory panel of representatives from stakeholder organizations to review and advise on agency efforts to redesign behavioral health services, including specifics of implementation and a review of operational processes that affect sustainable business models. Language requires DMAS to report on its findings from this review by November 1, 2020.)

Item 313 #11h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services (DMAS) shall convene a workgroup of stakeholders to include representatives of Jill's House, SOAR 365, Virginia Sponsored Residential Provider Group, the Virginia Association of Community Services Boards, the Virginia Network of Private Providers and the Department of Behavioral Health and Developmental Services to review the existing and any proposed regulations governing the provision of respite or personal assistance services to determine the barriers to the provision of these services in a center or residential setting other than the individual's home. DMAS shall consider the option of making the reimbursement for center-based respite and personal assistance be based on the Level/Tier as determined by the individual's Supports Intensity Scale score. DMAS shall report on the conclusions of the workgroup to the Chairs of House Appropriations and Senate Finance and Appropriations Committees by December 1, 2020, including whether the department needs emergency regulatory authority to make changes in order to minimize barriers to services and support broader appropriate utilization of the identified services."

Explanation:

(This amendment adds language requiring DMAS to convene a workgroup of stakeholders to review existing and any proposed regulations on the provision of respite or personal assistance services to determine the barriers to the provision of these services in certain settings. Language requires DMAS to report on the conclusions of the workgroup, including the need for emergency regulatory authority to minimize any barriers to services and support broader appropriate utilization of such services.)

Item 313 #12h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall work with Medicaid managed care organizations (MCOs), physicians and pharmacists to determine whether changes should be made to current risk sharing arrangements, reimbursement methods or other mechanisms to assist the program, MCOs and providers respond to the increase in FDA fast-track drugs and emerging-break-through technologies. The department shall report on issues and recommendations to the Joint Subcommittee for Health and Human Resources Oversight by

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September 1, 2020. "

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services (DMAS) to work with Medicaid managed care organizations, physicians and pharmacists to determine whether changes should be made to better respond to the increase in FDA fast-track drugs and emerging-break-through technologies. Language requires the department of report back to the Joint Subcommittee for Health and Human Resources Oversight by September 1, 2020..)

Item 313 #13h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$6,794,541
\$6,794,540

\$6,984,788 GF
\$6,984,787 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,953,321,078".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,051,977,509".

Page 321, after line 18, insert:

"GGGG.1. Effective on and after July 1, 2020, the direct peer group price percentage shall be increased to 109.3 percent and the indirect peer group price percentage shall be increased to 103.3 percent. The department shall have the authority to implement these changes effective July 1, 2020 and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment amendment provides \$6.8 million the first year and \$7.0 million the second year from the general fund and a like amount of matching federal Medicaid funding each year to increase the peer group adjustment factors used in nursing facility reimbursement in order to account for lower cost facilities inappropriately suppressing Medicaid rates for facilities with higher costs. The second year amount assumes inflation at 2.7 percent.)

Item 313 #15h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 296, after line 18, insert:

"4. The department shall conduct an analysis and report on the costs and benefits to amending

the Commonwealth Coordinated Care Plus and Medallion 4.0 contracts to combine any applicable medical loss ratios and underwriting gain provisions to ensure uniformity in the applicability of those provisions to the Joint Subcommittee for Health and Human Resources Oversight. The report shall be completed by November 15, 2020."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to analyze and report on the costs and benefits of amending Medicaid managed care contracts to combine any applicable medical loss ratios and underwriting gain provisions to ensure uniformity in the Medicaid managed care programs. Currently the Department of Medical Assistance Services contracts with the same six managed care organizations for its two managed care programs, the Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0, with separate medical loss ratios and underwriting gain provisions. The department is required to report to the Joint Subcommittee for Health and Human Resources Oversight by November 15, 2020.)

Item 313 #17h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG.1. That the Code of Virginia is amended by adding in Article 1 of Chapter 10 of Title 32.1 a section numbered 32.1-332 as follows:

§ 32.1-332. Medicaid Supplemental Payment Program Fund.

A. The Department of Medical Assistance Services shall accept from any county, city, or town provider assessment funds that have been collected, pursuant to an ordinance, from inpatient hospitals to make Medicaid supplemental payments pursuant to the State Plan for Medical Assistance Services amendments 11-018 and 11-019. The Department of Medical Assistance Services shall pay such funds into the state treasury to be credited to the Medicaid Supplemental Payment Program Fund established in subsection B.

B. There is hereby created in the state treasury a special nonreverting fund to be known as the Medicaid Supplemental Payment Program Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All funds accepted by the Department of Medical Assistance Services from any county, city, or town to make Medicaid supplemental payments pursuant to the State Plan for Medical Assistance Services amendments 11-018 and 11-019 shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Moneys in the Fund shall be used solely for the purpose of

funding the nonfederal share of the Medicaid supplemental payment programs authorized by the State Plan for Medical Assistance Services amendments 11-018 and 11-019. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Director of the Department of Medical Assistance Services.

C. Medicaid supplemental payments authorized under amendments 11-018 and 11-019 are strictly applicable to the period October 25, 2011 through June 30, 2017 and will necessarily be applied against the private hospital upper payment limit for each state fiscal year therein. No Medicaid supplemental payments authorized under amendments 11-018 and 11-019 may apply to any state fiscal year or any related private hospital upper payment limit beginning July 1, 2017.

D. In the event of any federal disallowance action associated with Medicaid supplemental payments paid to qualifying hospitals by the Department of Medical Assistance Services under the authority of amendments 11-018 and 11-019, hospitals in receipt of the Medicaid supplemental payments in dispute or the hospital health system owner shall return to the Department of Medical Assistance Services all federal funds associated with the Medicaid supplemental payments subject to the disallowance action.

E. The authority of a local government to enact an ordinance to impose an assessment shall be governed by the charter of such local government or pursuant to the Uniform Charters Powers Act.

F. The authority of the Department of Medical Assistance Services to appropriate monies under amendments 11-018 and 11-019 shall only be permitted as authorized in the budget."

Explanation:

(This amendment establishes the Medicaid Supplemental Payment Program Fund and requires the Department of Medical Assistance Services (DMAS) to accept and to pay into the fund, from any county, city, or town provider, assessment funds that have been collected, pursuant to an ordinance, from inpatient hospitals authorized to receive Medicaid supplemental payments pursuant to the State Plan for Medical Assistance Services amendments 11-018 and 11-019.)

Item 313 #18h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 313, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall convene a workgroup comprised of Medicaid managed care organizations (MCOs); physicians, including emergency department

and primary care physicians; and hospitals to assess how to prevent inappropriate utilization of emergency department services. The workgroup will examine the role of MCO care coordinators in assisting Medicaid beneficiaries access appropriate care, the availability and use of alternative non-emergency care options, and the effectiveness of past and current mechanisms to improve the use of alternative non-emergent care by Medicaid beneficiaries. The workgroup will also consider other states' efforts to address this issue. The department shall report on the workgroup's progress in identifying strategies to prevent the inappropriate use of emergency department services and and recommendations to the Joint Subcommittee for Health and Human Resources Oversight by November 1, 2020. "

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to convene a workgroup to examine strategies to prevent the overutilization of emergency department services by Medicaid beneficiaries. Language requires the department a provide a progress report and any recommendations by the workgroup to the Joint Subcommittee for Health and Human Resources Oversight by November 1, 2020. ")

Item 313 #19h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall promote the development of innovative payment models to support policies and incentives encouraging the effective and efficient provision of care by providers and health care systems serving Medicaid members. These models shall include provisions for Medicaid Managed Care Organizations to engage in value-based payment arrangements and other forms of financial incentives to encourage appropriate utilization of services and cooperation by health care providers and systems in achieving health care outcome improvement goals as outlined by the Department. Such improvement areas may include, but are not limited to, improvement on designated Performance Withhold Program measures, Clinical Efficiency measures, and other programs put forward by the Department."

Explanation:

(This amendment adds language to direct the Department of Medical Assistance Services to develop innovative payment models for Medicaid managed care organizations to engage in value based payment arrangements and other financial incentives to encourage appropriate use of services and cooperation with health care providers in achieving improvements in health

outcomes.)

Item 313 #20h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall have emergency authority to review and amend regulations governing the practice and requirements for peer recovery services for individuals with mental illness and/or substance use disorder. In reviewing the regulations, the department will convene stakeholders to assess the existing barriers to providing the service and assist in the development of emergency regulations. Stakeholders shall include, but not be limited to, the Virginia Peers Speaking UP for Mental Health Recovery (VOCAL), Substance Abuse Addiction Recovery Alliance (SAARA), Virginia Network of Private Providers (VNPP), Mental Health America-Virginia (MHA-V), Virginia Association of Community Services Boards (VACSB), and National Alliance for Mental Illness-Virginia (NAMI-V)."

Explanation:

(This amendment adds language providing authority for the agency to review and amend regulations related to peer recovery services and convene a stakeholder group to look at barriers to providing the services.)

Item 313 #23h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$12,000,000

\$12,000,000 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,951,731,997".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,050,007,934".

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall amend the State plan for Medical Assistance to implement a supplemental disproportionate share hospital (DSH) payment for Chesapeake Regional Hospital up to its hospital-specific disproportionate share hospital limit (OBRA '93 DSH limit) as determined pursuant to 42 U.S.C. Section 1396r-4. The payment shall be made annually based upon the hospital's disproportionate share limit for the most recent year for which the disproportionate share limit has been calculated subject to the

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availability of DSH funds under the federal allotment of such funds to the department. Prior to submitting the State Plan Amendment, Chesapeake Regional Hospital shall enter into an agreement with the Department to transfer the non-federal share of the supplemental DSH payment. Payment of the supplemental DSH payment is contingent upon receipt of intergovernmental transfer of funds or certified public expenditures from Chesapeake Regional Hospital. In the event that Chesapeake Regional Hospital is ineligible to transfer or certify necessary funds pursuant to federal law, the department may amend the State plan for Medical Assistance to terminate the supplemental DSH payment program. The department shall have the authority to implement these reimbursement changes consistent with effective date(s) approved by the Centers for Medicare and Medicaid Services (CMS). No payments shall be made without CMS approval. In the event, that CMS recoups supplemental DSH hospital funds from the department, Chesapeake Regional shall reimburse such funds to the department."

Explanation:

(This amendment adds language directing the agency to implement a supplemental disproportionate share hospital (DSH) payment for Chesapeake Regional Hospital. The hospital would be responsible to transfer the non-federal share of the funding to the agency in order to draw down the federal matching Medicaid funds.)

Item 313 #24h			
Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$7,812,452	\$7,812,452	GF
Services	\$7,812,452	\$7,812,452	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,955,356,901".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,053,632,838".

Page 302, strike lines 25 and 26.

Page 302, after line 24, insert:

"CC. The Department of Medical Assistance Services shall set the statewide rate ceiling for Virginia-based residential psychiatric facilities to the statewide day-weighted median cost per day based on the psychiatric residential treatment facility cost report date for provider fiscal years ending in state fiscal year 2018. The department shall have the authority to implement these changes effective July 1, 2020 and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment provides \$7.8 million from the general fund each year and a like amount of matching federal Medicaid funds to increase rates for Medicaid reimbursed psychiatric residential treatment facilities based on recent cost report data. Language requires the statewide ceiling be revised to the statewide day-weighted median cost per day. This will result in

increase in the statewide per diem ceiling of about 8.3 percent for most facilities.)

Item 313 #29h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$250,000
\$250,000

\$250,000 GF
\$250,000 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,940,231,997".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,038,507,934".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to increase the practitioner rates for anesthesiology services to reflect the equivalent of 70 percent of the 2018 Medicare rates. The department shall ensure through its contracts with managed care organizations that the rate increase is reflected in their rates to providers. The department shall have the authority to implement these reimbursement changes prior to the completion of the regulatory process."

Explanation:

(This amendment provides \$250,000 from the general fund each year and matching federal Medicaid funds to increase Medicaid reimbursement for anesthesiologists to 70 percent of the equivalent 2018 Medicare rate in the fee for service and managed care programs. The intent of the 2019 General Assembly was to increase Medicaid reimbursement to 70 percent of the equivalent 2018 Medicare fee to physicians who were reimbursed less than 70 percent of Medicare rates. The anesthesiologists qualified for this increase but were inadvertently left out of the budget language. This amendment will correct that and bring them up to 70 percent of the 2018 Medicare rate.)

Item 313 #32h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 298, line 10, after "M." insert "1."

Page 298, after line 20, insert:

"2. The department shall add a representative to the Pharmacy Liaison Committee from the Virginia Community Healthcare Association to represent pharmacy operation and issues at federally qualified health centers in Virginia."

Explanation:

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(This amendment adds language to add a representative from federally qualified health centers on the Pharmacy Liaison Committee in the Department of Medical Assistance Services.)

Item 313 #40h

Health and Human Resources

FY20-21

FY21-22

Department of Medical Assistance
Services

\$15,056,958
\$15,734,714

\$48,508,282 GF
\$50,767,378 NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,970,523,669".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,137,283,594".

Explanation:

(This amendment adds funding in the Department of Medical Assistance Services to cover the fiscal impact of House Bill 395 which increases the minimum wage from its current federally mandated level of \$7.25 per hour to \$10.00 per hour effective July 1, 2020; to \$11.25 per hour effective July 1, 2021; to \$12 per hour effective July 1, 2022; to \$13.00 per hour effective July 1, 2023; to \$14.00 per hour effective July 1, 2024; and to \$15.00 per hour effective July 1, 2025. unless a higher minimum wage is required by the federal Fair Labor Standards Act. The funding would cover the impact on DMAS for mandated community-based personal, respite and companion care services provided to individuals through a number of Medicaid waiver programs, including the Developmental Disability Waiver programs, and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, and has a small second year impact on in-home residential services provided through the Developmental Disability Waiver programs.)

Item 313 #48h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall amend the managed care regulations to specify that all contracts with health plans in a Medicaid managed care delivery model shall reimburse any midwife who performs prenatal, intra-partum, and postpartum care of women, including their newborn infants, as out-of-network providers, if not currently eligible as an in-network provider according to § 54.1-2957, § 54.1-2957.7, § 54.1-2957.8, § 54.1-2957.9, § 54.1-2957.11, § 54.1-2957.12, § 54.1-2957.13, and § 54.1-2957.03, Code of

Virginia."

Explanation:

(This amendment adds language directing the agency to amend managed care regulations to have Medicaid managed care plans reimburse midwifery services as an out-of-network provider if not already eligible as an in-network provider.)

Item 313 #60h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$345,621	\$352,534	GF
Services	\$431,056	\$439,677	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,940,508,674".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,038,800,145".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall require Medicaid managed care organizations to reimburse at no less than 90 percent of the state Medicaid program Durable Medical Equipment fee schedule for the same service or item of durable medical equipment, prosthetics, orthotics, and supplies."

Explanation:

(This amendment adds language requiring Medicaid managed care organizations to reimburse at no less than 90 percent of the state Medicaid fee schedule for reimbursing Durable Medical Equipment.)

Item 313 #61h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$733,303	\$754,247	GF
Services	\$733,303	\$754,247	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,941,198,603".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,039,516,428".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to set the Medicaid price-based operating rates at the applicable Medicaid peer group prices for any nursing facilities that underwent a change in ownership subsequent to December 31, 2017, if the Medicaid cost report of a predecessor

operator being used by the department to rebase Medicaid price-based operating rates effective July 1, 2020, was audited and the operating costs thereon were materially adjusted due to such predecessor not providing documentation of such costs to the department. The department shall have the authority to implement these reimbursement changes prior to the completion of the regulatory process."

Explanation:

(This amendment adds \$733,303 the first year and \$754,247 the second year from the general fund and a like amount of matching federal Medicaid funds to require the Department of Medical Assistance Services to set nursing facility operating rates at the peer group prices for any nursing facility that changed ownership under certain parameters. This language would affect four facilities located in Harrisonburg, Lynchburg, Roanoke and Waynesboro.)

Item 313 #62h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$119,955	\$119,955	GF
Services	\$119,955	\$119,955	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,939,971,907".

Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,038,247,844".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to provide that any nursing facility which thereafter loses its Medicaid capital reimbursement status as hospital-based nursing facility because a replacement hospital was built at a different location and Medicare rules no longer allow the nursing home's cost to be included on the hospital's Medicare cost report shall have its first fair rental value (FRV) capital payment rate set at the maximum FRV rental rate for a new free-standing nursing facility with the date of acquisition for its capital assets being the date the replacement hospital is licensed. The department shall have the authority to implement these reimbursement changes prior to the completion of the regulatory process."

Explanation:

(This amendment adds \$119,995 from the general fund each year and a like amount of matching federal Medicaid funds and language to require the Department of Medical Assistance Services to modify nursing facility capital reimbursement for a nursing facility that lost its status as a hospital-based nursing facility because a replacement hospital was built in a different location and it becomes a free-standing facility.)

Item 313 #64h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall adjust the post eligibility special earnings allowance for individuals in the CCC+, Community Living, Family and Individual Support and Building Independence waivers to incentivize employment for individuals receiving waiver services. DMAS shall lower the number of hours from at least 8 hours but less than 20 hours per week requirement to at least 4 hours but less than 20 hours per week. The Special Earnings Allowance for waiver participants allows a percentage of earned income to be disregarded when calculating an individual's contribution to the cost of their waiver services when earning income. Current requirement is at least 8 hours but less than 20 hours per week for disregard of up to 200 percent of SSI and a disregard of up to 300 percent for individuals that work 20 hours or more per week."

Explanation:

(This amendment adds directing the Department of Medical Assistance Services to make changes to the post eligibility special earnings allowance for individuals in Medicaid waiver programs to incentivize employment.)

Item 313 #67h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 321, after line 18, insert:

"GGGG. The Department of Medical Assistance Services shall conduct an analysis to determine if any additional payment opportunities could be directed to the primary teaching hospital affiliated with a Liaison Committee on Medical Education (LCME) accredited medical school located in Planning District 23 that is a political subdivision of the Commonwealth and an LCME accredited medical school located in Planning District 5 that has a partnership with a public university, based on the department's reimbursement methodology established for such payments. If such opportunity does exist, the department shall work with the entities to determine the framework for implementing such payments, including a reasonable cap on such payments so other qualifying entities are not adversely affected in future years."

Explanation:

(This amendment adds language to require the Department of Medical Assistance Services to determine if any additional Medicaid payment opportunities could be made to a teaching

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hospital affiliated with an accredited medical school in Planning District 23 based on the department's reimbursement methodology established for such payments and to determine the framework for implementing such payments. Language requires a reasonable cap on such payments if determined available, so as not to adversely impact other qualifying entities in future years.)

Item 313 #80h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	\$0	(\$30,565,272)	GF
Services	\$0	(\$30,565,272)	NGF

Language:

Page 294, line 18, strike "\$17,038,007,934" and insert "\$16,976,877,390".

Explanation:

(This amendment eliminates \$30.6 million from the general fund and \$30.6 million in matching federal Medicaid funds the second year contained in the Medicaid forecast that was included to pay the health insurance fee on managed care contracts as required by the federal Patient Protection and Affordable Care Act. The federal Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502, repealed the annual fee on health insurance providers, which applies to calendar years beginning after December 31, 2020 (fee years after the 2020 fee year). This results in a savings in the amount paid by the Department of Medical Assistance Services in fiscal year 2022.)

Item 313 #81h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance	(\$3,180,000)	(\$5,130,000)	GF
Services	\$3,180,000	\$5,130,000	NGF

Language:

Explanation:

(This amendment adjusts Virginia Health Care Fund appropriation to reflect updated estimates of tobacco and nicotine vapor product revenue based on proposed tax increases. Since the Health Care Fund is used as state match for Medicaid, any increase in revenue offsets general fund support for Medicaid costs.)

Item 313 #82h

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Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance Services	(\$8,726,537)	(\$9,373,101)	GF
	(\$8,726,537)	(\$9,373,101)	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,922,278,923".
Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,019,261,732".
Page 294, line 23, strike "\$10,157,221,904" and "\$10,865,029,950" insert:
"\$10,139,768,830" and "\$10,846,283,748".

Explanation:

(This amendment accounts for the Department of Medical Assistance Services adopting lower managed care rates for the Commonwealth Coordinated Care (CCC) Plus program (effective January 1, 2020) than those assumed in the November 1, 2019 official Medicaid forecast.)

Item 313 #83h

Health and Human Resources	FY20-21	FY21-22	
Department of Medical Assistance Services	\$2,578,387	\$2,655,739	GF
	\$2,578,387	\$2,655,739	NGF

Language:

Page 294, line 18, strike "\$15,939,731,997" and insert "\$15,944,888,771".
Page 294, line 18, strike "\$17,038,007,934" and insert "\$17,043,319,412".
Page 294, line 23, strike "\$10,157,221,904" and "\$10,865,029,950" and insert:
"\$10,162,378,678" and "\$10,870,186,724".

Page 321, after line 18, insert:

"GGGG. Effective July 1, 2020, the Department of Medical Assistance Services shall increase rates for skilled and private duty nursing services to the equivalent of 75 percent of rate model benchmarks by increasing rates for Northern Virginia providers by 5.4 percent on average and by increasing rates for providers outside of Northern Virginia by 4.2 percent on average. The department shall have the authority to implement these reimbursement changes prior to the completion of any regulatory process to effect such changes."

Explanation:

(This amendment increases rates for skilled and private duty nursing services to 75 percent of the rate model benchmark.)

Item 317 #2h

Health and Human Resources	FY20-21	FY21-22
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Department of Medical Assistance
Services

\$320,000

\$1,310,000 NGF

Language:

Page 322, line 8, strike "\$276,772,471" and insert "\$277,092,471".

Page 322, line 8, strike "\$274,108,171" and insert "\$275,418,171".

Page 322, line 9, strike "\$259,756,081" and insert "\$261,066,081".

Page 326, line 49, strike "\$1,675,000" and "\$1,675,000" and insert:
"\$1,995,000" and "\$2,985,000".

Page 327, line 17, strike "\$1,000,000" and insert "\$1,320,000".

Page 327, line 18, strike "\$1,000,000" and insert "\$2,310,000".

Explanation:

(This amendment provides authority (language and appropriation) for the agency to spend additional revenue from civil money penalties in order to be in compliance with federal rules.)

Item 317 #4h

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 323, line 25, strike "submit", and insert "prepare".

Page 323, line 26, strike "encounter data by", and insert:
"expenditures by program and".

Page 323, line 26, after "service category", insert:

"through the most recent quarter with three months of runout. The report shall summarize the data by service date for each quarter in the current fiscal year and the previous two fiscal years and update prior quarter expenditures. The department shall publish".

Page 323, line 26, strike "in a format similar to the".

Page 323, line 27, strike:

"report in paragraph B.1. of this Item. This quarterly", and insert: "the".

Page 323, line 27, after "report", insert:

"on the department's website no later than 30 days after the end of each quarter and".

Page 323, line 27, strike "be submitted to", and insert "notify".

Page 323, line 29, after "Finance", insert "and Appropriations".

Page 323, line 29, after "Committees", strike:

"no later than 30 days after the end of each quarter".

Explanation:

(This amendment revises language in the introduced budget related to quarterly reporting on Medicaid managed care data to the Department of Planning and Budget, and the House

Appropriations and Senate Finance and Appropriations Committees. It requires that expenditures be reported by program and service category and the data be summarized by service date for each quarter in the fiscal year and the previous two fiscal years and the report be made available on the Department of Medical Assistance Services website.)

Item 320 #1h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 334, after line 22, insert:

"AA. Notwithstanding the provisions of Acts of Assembly Chapter 610 of the 2019 Session or any other provision of law, the Department of General Services is hereby authorized to sell, pursuant to § 2.2-1156, certain real property in Carroll County outside the town of Hillsville on which the former Southwestern Virginia Training Center was situated, subject to the following conditions: (1) the sale price shall be, at a minimum, an amount sufficient to fully cover any debt or other financial obligations currently on the property; (2) the purchaser shall be responsible for all transactional expenses associated with the transfer of the property; and (3) the sale shall be made to a health care company that agrees to use the property for the provision of health care services for a minimum of five years established through a deed restriction."

Explanation:

(This amendment adds language authorizing the sale of property where the former Southwestern Virginia Training Center was situated under certain circumstances.)

Item 320 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Behavioral Health and
Developmental Services

\$150,000

\$150,000 GF

Language:

Page 330, line 4, strike "\$125,033,700" and insert "\$125,183,700".

Page 330, line 4, strike "\$112,643,261" and insert "\$112,793,261".

Page 334, after line 22, insert:

"AA. Included in this item is \$150,000 the first year and \$150,000 the second year from the general fund to support substance abuse treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with drug treatment court programs. Such treatment may be utilized in approved drug treatment court programs. In allocating such funding, the department shall consider the rate of fatalities within the locality,

whether a drug treatment court program is available and whether such program utilizes medication-assisted treatment. The drug treatment court programs utilizing this funding shall use these resources to support provider fees, counseling and patient monitoring for participants, and medication to participants in which the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the number of participants, the number of drug courts that utilized the funding and the number of treatments administered. Any adult drug treatment court that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report."

Explanation:

(This amendment transfers \$150,000 each year from the general fund from the appropriation of the Supreme Court that supports substance use disorder treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens used in conjunction with drug treatment court programs.)

Item 321 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Behavioral Health and
Developmental Services

\$89,396

\$35,818 GF

Language:

Page 334, line 24, strike "\$41,919,390" and insert "\$42,008,786".

Page 334, line 24, strike "\$46,019,390" and insert "\$46,055,208".

Page 335, after line 34, insert:

"I. Out of this appropriation, \$89,396 the first year and \$35,818 the second year from the general fund shall be provided to the Department of Behavioral Health and Developmental Services to contract with the Jewish Foundation for Group Homes to expand the Transitioning Youth program for individuals with developmental disability who are aging out and exiting the school system in Loudoun County."

Explanation:

(This amendment adds funding and language for the department to contract with the Jewish Foundation for Group Homes to expand the Transitioning Youth program, which is a one-year program that assists young adults with developmental disability in transitioning from school to community living. The program is expanding services into Loudoun County to serve disabled students who are currently not being supported through other programs during this transition period.)

Item 321 #2h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 335 after line 34, insert:

"I. The Department of Behavioral Health and Developmental Services shall post its annual federal State Targeted Response Report and State Opioid Response (SOR) Report on its website no later than December 31 of each year. The reports will describe the amount of any grants received from the Substance Abuse and Mental Health Services Administration as part of any State Opioid Response grant funding, and shall provide information on how the funds are distributed among programs, the number of individuals served if available, and any available outcome-based data specific to treatment engagement and impact on access."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services to post its annual federal State Targeted Response Report and State Opioid Response (SOR) Report on its website no later than December 31 of each year. The report will describe the amount of any grants received from the Substance Abuse and Mental Health Services Administration as part of any State Opioid Response grant funding, and shall provide information on how the funds are distributed among programs, the number of individuals served if available, and any available outcome-based data specific to treatment engagement and impact on access.)

Item 321 #3h

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 335, line 26, strike "If alternative".

Page 335, strike lines 27 through 31.

Explanation:

(This amendment modifies language in the introduced budget related to funding for additional capacity for children's acute inpatient care in the community, who would otherwise be admitted to the Commonwealth Center for Children and Adolescents. It eliminates language authorizing the Department of Behavioral Health and Developmental Services from opening up 20 new beds at an existing state facility if community options are not identified by September 1, 2020.)

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Item 326 #1h

Health and Human Resources

FY20-21

FY21-22

Mental Health Treatment Centers

(\$1,662,389)

\$0 GF

Language:

Page 341, line 19, strike "\$294,924,705" and insert "\$293,262,316".

Explanation:

(This amendment captures savings of \$1.7 million to the general fund the first year at Western State Hospital for reduced costs due to the delay in the construction of two 28-bed units. The new beds will not be complete until late spring of 2021.)

Item 326 #2h

Health and Human Resources

Mental Health Treatment Centers

Language

Language:

Page 341, after line 37, insert:

"D.1. It is the intent of the General Assembly that funding in Items 323 through 328 shall not be used to operate an additional 28 beds above the number of operational beds on June 30, 2020 at Catawba Hospital during the 2020-22 biennium. The Department of Behavioral Health and Developmental Services (DBHDS) may use such funding to pursue alternative in-patient options to include (i) alternative private inpatient settings for individuals who would otherwise be admitted to a DBHDS hospital and (ii) nursing homes or other specialized settings providing appropriate levels of care upon discharge for said individuals. Amounts authorized here in Items 323-328 can be used to support these public-private partnerships, to include contracts with private entities. The department shall notify the Governor and the Chairmen of the House Appropriations and Senate Finance committees prior to signing any contract or entering into such an agreement."

Explanation:

(This amendment adds language prohibiting the Department of Behavioral Health and Developmental Services (DBHDS) to operate an additional 28 beds at Catawba Hospital during the 2020-22 biennium. Language provides the Department with the flexibility to use such funding estimated at \$4.2 million GF the first year and \$5.2 million GF the second year to pursue alternatives to state institutional care through public-private partnerships. The department is required to notify the Governor and the Chairs of the House Appropriations and

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Senate Finance and Appropriations Committees prior to signing any contract or entering into such an agreement.)

Item 340 #1s

Health and Human Resources

FY20-21

FY21-22

Department for Aging and
Rehabilitative Services

\$50,000

\$50,000 GF

Language:

Page 346, line 41, strike "\$36,089,218" and insert "\$36,139,218".

Page 346, line 41, strike "\$36,089,218" and insert "\$36,139,218".

Page 348, line 4, strike "\$100,000" and "\$100,000" and insert:
"\$150,000" and "\$150,000".

Explanation:

(This amendment provides \$50,000 from the general fund each year to increase support for the Jewish Social Services Agency that provides assistance to low-income seniors who have experienced trauma.)

Item 350 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

\$176,267

\$132,361 GF

\$257,236

\$191,828 NGF

Language:

Page 352, line 32, strike "\$283,294,242" and insert "\$283,727,745".

Page 352, line 32, strike "\$140,842,535" and insert "\$141,166,724".

Explanation:

(This amendment provides \$176,267 the first year and \$132,361 the second year from the general fund and \$257,236 the first year and \$191,828 the second year from nongeneral funds for the fiscal impact of House Bill 566 which removes conditions under which a person who has been convicted of a drug-related felony may receive food stamp benefits. Under current law, a person otherwise eligible to receive food stamp benefits shall not be denied food stamp benefits based on a felony conviction of possession of a controlled substance in violation of § 18.2-250, provided that such person is complying with, or has already complied with, all obligations imposed by the criminal court, is actively engaged in or has completed a substance abuse

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treatment program, participates in periodic drug screenings, and fulfills any other obligations as determined by the Department of Social Services. The bill also provides that a person who is otherwise eligible to receive Temporary Assistance to Needy Families (TANF) benefits shall not be denied such assistance solely because he has been convicted of a felony offense of possession of a controlled substance in violation of § 18.2-250. Funding for the TANF impact of this bill was included in the introduced budget, which provided \$49,296 the first year and \$98,592 the second year from TANF funds.)

Item 350 #2h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$400,000	\$400,000	GF
	\$12,000,000	\$12,000,000	NGF

Language:

Page 352, line 32, strike "\$283,294,242" and insert "\$295,694,242".

Page 352, line 32, strike "\$140,842,535" and insert "\$153,242,535".

Explanation:

(This amendment adds \$400,000 each year from the general fund and \$12.0 million from the Temporary Assistance to Needy Families (TANF) block grant to increase the standards of assistance by 18 percent beginning in fiscal year 2021. TANF eligibility is tied to the monthly cash assistance value. In 1985 a three person family in the City of Richmond could be eligible with net income below 48 percent of the federal poverty level. To qualify now, the family's net income must be less than 20 percent of the federal poverty level.)

Item 350 #3h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$3,000,000	\$3,000,000	NGF

Language:

Page 352, line 32, strike "\$283,294,242" and insert "\$286,294,242".

Page 352, line 32, strike "\$140,842,535" and insert "\$143,842,535".

Explanation:

(This amendment appropriates \$3.0 million each year from the nongeneral fund in federal Temporary Assistance to Needy Families block grant funds in the Department of Social Services. These funds were inadvertently left in the base budget in Item 302 of the Health Department.)

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Item 351 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

(\$3,442,659)
(\$3,483,457)

(\$3,442,659) GF
(\$3,483,457) NGF

Language:

Page 355, line 6, strike "\$552,563,526" and insert "\$545,637,410".

Page 355, line 6, strike "\$541,250,983" and insert "\$534,324,867".

Page 356, after line 1, insert:

"I. Out of this appropriation, \$2,150,048 from the general fund and \$2,175,528 from nongeneral funds each year shall be provided for a pay band minimum increase in fiscal year 2021 of 20 percent for the family services positions and a 15 percent increase for benefit program services and self sufficiency services positions and administration positions that are currently below the new minimum threshold.

J. Out of this appropriation, \$3,442,659 from the general fund and \$3,483,457 from nongeneral funds each year shall be provided for a salary adjustment the first year of 1.5 percent for all local department of social services positions to address issues related to salary compression."

Explanation:

(This amendment reduces funding for a 3% across the board salary adjustment for local department of social services (LDSS) contained in the introduced budget. It retains funding of \$3.4 million from the general fund (GF) and \$3.5 million from nongeneral funds (NGF) each year for a 1.5 percent salary adjustment the first year to address salary compression issues. Language sets out funding included to increase minimum salary levels for LDSS family services workers, eligibility workers and a certain administrative positions, as well as the increase to address salary compression. A companion amendment in Central Accounts provides for a salary increase for state supported local staff in FY 2021 and FY 2022.)

Item 351 #2h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

(\$12,455,330)
(\$3,971,631)

(\$6,227,665) GF
(\$1,985,816) NGF

Language:

Page 355, line 6, strike "\$552,563,526" and insert "\$536,136,565".

Page 355, line 6, strike "\$541,250,983" and insert "\$533,037,502".

Explanation:

(This amendment phases-in funding for the development of prevention programs in local

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departments of social services pursuant to the federal Family First Prevention Services Act. This would provide \$12.5 million from the general fund (GF) and \$4.0 million in nongeneral funds (NGF) in fiscal year 2021 and \$3.9 million from the general fund and \$2.0 million from the nongeneral fund in fiscal year 2022 to phase in funding for prevention programs.)

Item 353 #1h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$1,209,398	\$1,204,235	GF

Language:

Page 356, line 42, strike "\$40,660,209" and insert "\$41,869,607".

Page 356, line 42, strike "\$40,660,209" and insert "\$41,864,444".

Explanation:

(This amendment provides \$1.2 million from the general fund each year to support fiscal impact of House Bill 1015, which creates the Virginia Sexual and Domestic Violence Prevention Fund, which shall be administered by the Department of Social Services, in coordination with the Department of Health and the Virginia Sexual and Domestic Violence Action Alliance, and used to develop and support programs that prevent sexual and domestic violence through strategies that (i) promote healthy practices related to relationships, sexuality, and social-emotional development and (ii) counteract the factors associated with the initial perpetration of sexual and domestic violence.)

Item 353 #2h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$129,165	\$89,625	GF

Language:

Page 356, line 42, strike "\$40,660,209" and insert "\$40,789,374".

Page 356, line 42, strike "\$40,660,209" and insert "\$40,749,834".

Explanation:

(This amendment provides \$129,165 the first year and \$89,625 the second year from the general fund each year to support fiscal impact of House Bill 1176, which requires hospitals to report on the number of certified sexual assault nurse examiners employed by the hospital, including the location, street address, and contact information for the location at which each certified sexual assault nurse examiner provides services. The bill also requires the Department of Health to make information on its website regarding the availability of certified sexual assault nurse examiners in the Commonwealth, including the name of each hospital at which a certified

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sexual assault nurse examiner is employed, the location, including street address, of such hospital, and the contact information for such hospital.)

Item 354 #3h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$75,000	\$75,000	GF

Language:

Page 357, line 41, strike "\$272,351,043" and insert "\$272,426,043".

Page 357, line 41, strike "\$268,464,940" and insert "\$268,539,940".

Page 360, after line 36, insert:

"Q. The Department of Social Services shall create an emergency approval process for kinship caregivers and develop foster home certification standards for kinship caregivers using as a guide the Model Family Foster Home Licensing Standards developed by the American Bar Association Center on Children and the Law, the Annie E. Casey Foundation, Generations United, and the National Association for Regulatory Administration. The adopted standards should align, as much as reasonably possible, to the Model Family Foster Home Licensing Standards, and should ensure that children in foster care (i) live in safe and appropriate homes under local department of social services and court oversight; (ii) receive monthly financial assistance and supportive services to help meet their needs; and (iii) can access the permanency options offered by Virginia's Kinship Guardianship Assistance Program."

Explanation:

(This amendment adds \$75,000 each year from the general fund for the Department of Social Services to implement an emergency approval process for kinship caregivers and the development of foster home certification standards for kinship caregivers. Any new approval process created will encompass the same safety standards that non-relative foster homes must comply with when getting approved as a foster home. This will help Virginia align it's foster care approval process to the federal Family First Prevention Services Act legislation that directs states to use prevention dollars and keep children with kin rather than enter non-relative foster care. This is a recommendation of the Commission on Youth.)

Item 354 #4h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	(\$3,838)	(\$3,838)	GF

Language:

Page 357, line 41, strike "\$272,351,043" and insert "\$272,347,205".

Page 357, line 41, strike "\$268,464,940" and insert "\$268,461,102".

Explanation:

(This amendment transfers funding from the Department of Social Services to the Office of the Children's Services Act for costs associated with the implementation of House Bill 933, which expands eligibility for the Kinship Guardianship Assistance program by allowing payments to be made to fictive kin who receive custody of a child of whom they had been the foster parent. The Office of Children's Services is a reimbursement-based agency. DSS has sufficient general fund dollars available for child welfare services to implement the provisions of the legislation.)

Item 354 #5h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

(\$6,878,733)
\$6,878,733

\$0 GF
\$0 NGF

Language:

Page 360, after line 36, insert:

"Q. The Department of Social Services shall offset the up to \$6,878,733 the first year of the general fund cost of implementing the Family First Prevention Services Act with federal Family First Transition Act funding for approved services and activities."

Explanation:

(This amendment supplants \$6.8 million from the general fund the first year in child welfare prevention services and activities to implement the federal Family First Prevention Services Act (FFPSA) with federal Family First Transition Act funding. This Act authorized funding to the states to help offset the costs associated with implementing the FFPSA. These funds can be used between October 1, 2019 through September 30, 2021 and do not require a general fund match.)

Item 354 #6h

Health and Human Resources

Department of Social Services

Language

Language:

Page 360, line 31, after "\$50,000" insert "the first year and \$50,000".

Explanation:

(This amendment adjusts language to reflect the first year nongeneral fund appropriation for Virginia Fosters which was inadvertently omitted in the introduced budget.)

Item 354 #10h

Health and Human Resources

Department of Social Services

Language

Language:

Page 360, after line 36, insert:

"Q. The Commissioner shall establish a 5-year plan for the Commonwealth to prevent child abuse and neglect. In developing this plan, the Department shall collaborate with the Department for Behavioral Health & Developmental Services, Department of Health, Department of Education, Family and Children's Trust and other relevant state agencies and stakeholders. This plan shall be focused on primary prevention, be trauma informed, include a public health framework on abuse prevention, promote positive youth development, and be asset and strength based. The plan shall reference and coordinate with any other state plans or programs that deal with issues related to child abuse prevention such as but not limited to teen pregnancy prevention, youth substance use, school dropout, domestic violence/family violence, and foster care prevention. The Commissioner shall convene a work group to assist with developing this plan. The work group shall include, but not limited to, the following stakeholders: Families Forward Virginia, VOICES for Virginia's Children, and the Virginia Poverty Law Center. The Commissioner shall report its work to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Commission on Youth by July 1, 2021."

Explanation:

(This amendment adds language requiring the Commissioner of Social Services to develop a 5-year plan to prevent child abuse and neglect working with stakeholders. It requires a report to the Governor, the money committees and the Commission on Youth by July 1, 2021.)

Item 355 #1h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

\$350,897

\$305,571 GF

Language:

Page 360, line 38, strike "\$83,257,450" and insert "\$83,608,347".

Page 360, line 38, strike "\$83,257,450" and insert "\$83,563,021".

Explanation:

(This amendment adds \$350,897 the first year and \$305,571 the second year from the general fund for the fiscal impact of House Bill 1209, which establishes the Office of New Americans within the Department of Social Services, as well as an advisory board, to improve the

integration of new Americans throughout the Commonwealth.)

Item 356 #1h

Health and Human Resources

Department of Social Services

Language

Language:

Page 361, line 42, strike "\$9,035,501 the first year and \$9,035,501" and insert:
"\$8,617,679 the first year and \$8,617,679".

Explanation:

(This amendment adjusts language to reflect the appropriated nongeneral fund amounts for the Healthy Families America home visiting model.)

Item 356 #3h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

\$1,500,000

\$1,500,000 NGF

Language:

Page 360, line 47, strike "\$55,357,967" and insert "\$56,857,967".
Page 360, line 47, strike "\$52,357,967" and insert "\$53,857,967".
Page 361, line 25, strike "\$6,250,000" and "\$6,250,000" and insert:
"\$9,250,000" and "\$9,250,000".

Explanation:

(This amendment adds \$1.5 million each year from the federal Temporary Assistance for Needy Families (TANF) block grant for support of Community Action Agencies. Funding will be used for workforce development and job training programs, education, child care and family support services, enhanced financial literacy and credit counseling services, domestic violence services, college access for first-generation college students, homeless services and support for abused and neglected children.)

Item 356 #4h

Health and Human Resources

FY20-21

FY21-22

Department of Social Services

\$3,000,000

\$3,000,000 NGF

Language:

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Page 360, line 47, strike "\$55,357,967" and insert "\$58,357,967".

Page 360, line 47, strike "\$52,357,967" and insert "\$55,357,967".

Page 363, after line 17, insert:

"3. Out of this appropriation, \$3,000,000 the first year and \$3,000,000 the second year from the the Temporary Assistance to Needy Families (TANF) block grant the shall be provided for a third round of competitive grants for community employment and training programs. Out of this amount, \$900,000 each year shall be provided for competitive grants through Employment Services Organizations."

Page 363, line 18, strike "3" and insert "4".

Page 363, line 27, strike "4" and insert "5".

Explanation:

(This amendment adds \$3.0 million each year from the federal Temporary Assistance for Needy Families (TANF) block grant for a third round of grants for community employment and training programs designed to move low-income individuals out of poverty into jobs with the prospect of career path and wage growth. Language requires a set aside amount of \$900,000 each year for competitive grants through Employment Services Organizations.)

Item 356 #6h

Health and Human Resources	FY20-21	FY21-22
Department of Social Services	\$500,000	\$500,000 NGF

Language:

Page 360, line 47, strike "\$55,357,967" and insert "\$55,857,967".

Page 360, line 47, strike "\$52,357,967" and insert "\$52,857,967".

Page 362, line 50, strike "1,500,000" and "1,500,000" and insert:
"2,500,000" and "2,500,000".

Explanation:

(This amendment adds \$500,000 each year from the federal Temporary Assistance for Needy Families (TANF) block grant for support of the Virginia Alliance of Boys and Girls Clubs bringing their total funding to \$2.0 million each year of the biennium. Funding will be used for supporting increased participation in current programs, adding new programs and helping to serve additional TANF eligible youth.)

Item 359 #1h

Health and Human Resources	FY20-21	FY21-22
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Department of Social Services	(\$1,102,500)	(\$1,890,000)	GF
	(\$1,347,500)	(\$2,310,000)	NGF

Language:

Page 366, line 25, strike "\$124,387,724" and insert "\$121,937,724".

Page 366, line 25, strike "\$132,308,732" and insert "\$128,108,732".

Explanation:

(This amendment reduces funding in the Department of Social Services to begin replacing the Virginia case management system (VA-CMS) and other legacy systems with a modular enterprise platform solution. The VA-CMS was developed beginning in fiscal year 2013 after the 2012 General Assembly authorized funds to modernize the agency's eligibility processing information system for benefit programs.)

Item 359 #2h

Health and Human Resources	FY20-21	FY21-22	
Department of Social Services	\$0	(\$3,055,524)	GF
	\$0	\$3,055,524	NGF

Language:

Explanation:

(This amendment supplants \$3.1 million from the general fund the second year with nongeneral funds which the central office allocates between federal grants.)

Item 479 #1h

Central Appropriations	FY20-21	FY21-22	
Central Appropriations	(\$73,000,000)	(\$36,500,000)	GF

Language:

Page 464, line 43, strike "\$184,819,500" and insert "\$111,819,500".

Page 464, line 43, strike "\$177,719,500" and insert "\$141,219,500".

Page 468, line 26, strike "\$73,000,000 the first year and \$73,000,000" and insert: "\$36,500,000".

Explanation:

(This amendment adjusts the funding provided in the introduced budget for a new reinsurance program to align the funding with the projected timing for the implementation of the program.)

Independent Agencies

State Corporation Commission

Language

Language:

Page 472, strike lines 14 through 21 and insert:

"B. 1. Notwithstanding the provisions of § 4-3.02 of this act, the Secretary of Finance may authorize either a working capital advance or an interest-free treasury loan in an amount not to exceed \$40,000,000 for the State Corporation Commission to fund start-up costs and other costs associated with the implementation of a State Health Benefit Exchange. The Secretary of Finance may extend the repayment plan for any such working capital advance or interest-free treasury loan for a period longer than twelve months.

2.The State Corporation Commission may use a portion of the user fees collected from health insurance carriers participating in the State Health Benefit Exchange to repay the working capital advance or interest-free treasury loan authorized in B.1."

Explanation:

(This amendment revises language included in the introduced budget concerning the transition from a Federal Health Benefit Exchange to a State Health Benefit exchange. The revised language authorizes a working capital advance, or treasury loan, of up to \$40.0 million to be repaid from retaining a portion of the user fees collected from health insurers who participate in the state exchange.)
