

## Health and Human Resources

<b>Governor's Proposed Amendments</b>				
(\$ in millions)				
	<b>FY 2021 Proposed</b>		<b>FY 2022 Proposed</b>	
	<u>GF</u>	<u>NGF</u>	<u>GF</u>	<u>NGF</u>
<b>2020-22 Current Budget</b>	<b>\$7,185.7</b>	<b>\$14,996.2</b>	<b>\$7,804.6</b>	<b>\$14,934.0</b>
Ch. 56, 2020 Special Session 1				
Proposed Increases	52.1	444.6	168.1	620.1
Proposed Decreases	<u>(466.0)</u>	<u>(28.5)</u>	<u>(127.8)</u>	<u>(20.7)</u>
\$ Net Change	(413.9)	416.1	40.3	599.4
<b>HB 1800/SB 1100, as Introduced</b>	<b>\$6,771.8</b>	<b>\$15,412.3</b>	<b>\$7,844.9</b>	<b>\$15,533.4</b>
% Change	(5.8%)	2.8%	0.5%	4.0%
FTEs	8,294.65	6,404.12	8,441.65	6,275.12
# Change	0.00	42.00	0.00	18.00

- **Children's Services Act (CSA)**

- ***Caseload and Utilization.*** Proposes to reduce \$2.0 million GF the first year and \$3.1 million GF the second year to reflect a decline in anticipated growth in the CSA program. Chapter 1289 of the 2020 Acts of Assembly, provided \$18.1 million GF in FY 2021 and \$25.8 million GF in FY 2022 to fund anticipated growth in the program. The reduced funding need is due to slower growth in caseload and utilization in most Children's Services Act (CSA) funded services, except for special educational services for children placed in private day educational programs through federally mandated Individualized Education Program plans. The reduction in funding reflects a growth rate of 3.3 percent in FY 2021 and 3.2 percent in FY 2022.
- ***Account for Medicaid replacing Title IV-E as Payer of First Resort.*** Proposes \$2.7 million GF and \$5.0 million NGF in FY 2022 to reflect the costs of shifting CSA eligible children receiving services in psychiatric residential treatment facilities (PRTF) from the federal Title IV-E foster care program to the Medicaid program. A policy decision by the Department of Medical Assistance Services will result in

all PRTF costs being billed to Medicaid rather than any eligible costs expended to Title IV-E. With the shift to CSA as a Medicaid-funded service, localities will pay 46.5 percent of the state share of these costs, which amounts to \$2.7 million in FY 2022. A separate action in the Department of Social Services reflects the reduced Title IV-E costs in that agency.

- ***Shift Expenditures for Congregate Foster Care from Title IV-E to CSA.*** Proposes \$921,296 GF in FY 2022 to support the costs of implementation of the federal Family First Prevention Services Act (FFPSA), which results in costs shifting from federal Title IV-E to the Children's Services Act effective July 1, 2021. The FFPSA requires that federal Title IV-E may only be used to support children in foster care congregate settings, beyond an initial two-week period, if they meet the Qualified Residential Treatment Program (QRTP) standard. Currently, very few congregate providers meet this requirement and this action anticipates that most of the children in congregate settings will no longer be eligible for Title IV-E and therefore will shift to being CSA-funded. A separate action in the Department of Social Services reflects the lower Title IV-E costs.
- ***Provides Funds for Implementation of Private Day Special Education Rate Setting.*** Recommends \$100,000 GF in FY 2022 to contract with a consultant for implementation and administration of a rate setting process for Private Day Special Education services. In the past, these rates have been set through agreed-upon contracts between localities and private schools. Rate setting at the state level is a change that requires additional expertise that currently does not exist in the Office of Children's Services.
- ***Distribute Budget Reductions from Central Appropriations to Agency Budgets.*** Reduces \$50,000 GF each year in the agency's budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session.
- ***Delay Implementation of Private Day Special Education Rate Setting.*** Proposes budget language to delay implementing Private Day Special Education rate setting from July 1, 2021 to July 1, 2022. This delay is a result of the funding delay to complete the rate study, which occurred due to across-the-board budget changes from the revenue impact of the Coronavirus pandemic. The language also maintains the 2 percent limit on annual increases in these rates until statewide rate setting takes effect.

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

- *Account for Increased Cost of Relay Services.* The introduced budget proposes \$332,604 NGF the first year to reflect the increased cost of the Commonwealth’s telecommunications relay service, Virginia Relay. The increase is a result of higher volumes due to the Coronavirus pandemic. The relay service is funded from the Communications Sales and Use Tax.
- *Provide Appropriation for a Services Provider Grant.* Proposes \$41,000 in federal appropriation to account for a two-year \$150,000 annual grant that will be used to establish a training program for Support Service Providers for Deaf and Blind individuals. The pilot program is expected to begin in January 2022 and expend \$75,000 in FY 2022. The agency has \$34,000 of excess federal appropriation currently available; therefore, an additional \$41,000 of federal appropriation is provided in FY 2022 to cover the first two quarters of grant spending.

- **Department of Health**

- *Provides Funding to Support Mass Vaccination Efforts for COVID-19.* Proposes \$30.2 million GF the first year and \$59.1 million GF the second year to support a mass vaccination campaign related to COVID-19. The funding would be used to:
  - Purchase equipment and ancillary supplies, such as vaccine refrigerators, freezers, syringes, alcohol prep pads, etc.;
  - Hire temporary information management staff to support messaging efforts;
  - Support local health districts to establish and operate mass vaccination clinics; and
  - Cover costs for warehousing and shipping ancillary supplies, including medications to the Virginia Distribution Center warehouse.

Subsequent to the introduction of HB 1800/SB 1100, Congress passed legislation that provides states with significant funding to support vaccination efforts, equipment and ancillary supplies, and other related costs.

- *Add Funding for COVID-19 Pandemic Communication Efforts.* The proposed budget includes \$6.5 million GF the first year and \$12.5 million GF the second year to support statewide communication efforts that include: a strategic communications plan; public health awareness campaigns that have specific calls to action designed to reduce the spread of COVID-19; translation of public health information into foreign languages; providing accurate information to inform the public; satellite media tours; target hotspot areas with critical information; address

long-standing pre-existing health inequities in specific demographics; and providing media training to agency subject matter experts. A separate budget action provides \$600,000 GF the first year to target a portion of the strategic communication campaign on Virginians of various socio-economic, geographic, racial and ethnic, language and other unique backgrounds, who have historically faced barriers to health care access.

- ***Update Cooperative Health Budget Funding Formula.*** Proposes \$10.2 million GF the second year to update the locality matching rates for the cooperative health budget (the combined state and local funding that operates local health departments in each locality). The local match rates, which originally reflected a locality’s ability to pay, have not been updated since the 1960s. Updating the formula would result in shifting funding between local health departments, resulting in some losing funds. Almost 20 percent of the proposed funding would be used to prevent any local health department from losing funding.
- ***Increase Support for Disease Surveillance and Investigation.*** The introduced budget includes \$3.1 million and 26 positions the second year to fund additional state epidemiology program managers, health district epidemiologists, and communicable disease nurses to improve disease surveillance, infection prevention and control, and outbreak investigations. The state currently has five epidemiology program managers and 32 health district epidemiologists.
- ***Continue Funding for COVID-19 Data Modeling.*** Adds \$722,472 GF the first year and \$1.4 million GF the second year to continue to fund the University of Virginia (UVA) Biocomplexity Institute’s COVID-19 model that provides epidemiologic analysis and foresight into the course of the pandemic in Virginia, and the RAND Corporation, which is providing broader surveys of COVID-19 modeling, literature and policy reviews, and expertise in critiquing the UVA model. The Virginia Department of Emergency Management has been funding these contracts.
- ***Expand Bandwidth at Local Health Departments.*** Proposes to add \$1.3 million GF and \$711,480 NGF the second year to increase the Internet bandwidth of local health departments to maintain service delivery and customer services operations.
- ***Restore Funds for a Wastewater Infrastructure Manager.*** Proposes to restore \$137,255 GF and one position the second year to fund a wastewater infrastructure manager to oversee a comprehensive assessment of onsite sewage system needs throughout the Commonwealth. The position will also serve as a liaison to promote opportunities for septic system repairs and improvements. Funding in Chapter 1289 of the 2020 Acts of Assembly (HB 30) was unallotted for this purpose

and subsequently eliminated in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).

- ***Provide Appropriation for COVID-19 Response Grant for the Office of Licensure and Certification (OLC).*** Recommends \$59,288 GF and \$474,300 NGF the second year to fund the state match and federal grant award from the Centers for Medicare and Medicaid Services (CMS) for survey and certification activities associated with the increase in workload due to COVID-19. The OLC serves as the licensing office for medical care facilities and the state survey agency for CMS.
- ***Increase Support for Special Olympics Virginia.*** Proposes to add an additional \$10,000 GF the second year for the Special Olympics "Healthy Athlete" Program bringing total support to \$20,000 GF a year.
- ***Distribute Budget Reductions from Central Appropriations to Agency Budgets.*** Reduces \$7.4 million GF the first year and \$6.3 million GF the second year in the agency's budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session I.
- ***Increase Appropriation for Epidemiological and Laboratory Capacity (ELC) Federal Grant.*** Proposes to add \$40.3 million NGF the second year to reflect grant awards from the Centers for Disease Control. During the Coronavirus pandemic the agency has received three separate awards of additional ELC funding, the largest amount being \$213.0 million. This action allows the agency to expend the funding to respond to the COVID-19 emergency.
- ***Increase Appropriation and Modify Language for the Contraceptive Access Initiative.*** The introduced budget includes \$1.0 million NGF from the Temporary Assistance to Needy Families Block grant the second year to increase funding for Long-Acting Reversible Contraceptives (LARCs). Budget language would allow the agency to move funding between the LARC allocation and the non-LARC allocation of funding, as needed.
- ***Transfer of Funding for Naloxone from the Department to Behavioral Health and Developmental Services (DBHDS).*** Proposes to transfer \$1.3 million GF the second year from DBHDS for the purchase of naloxone. This funding is currently expended through a contract with the Virginia Department of Health, which has its own pharmacy to handle the purchase and distribution of naloxone to local health districts and other organizations. This transfer would simplify the process for administering the funding.

- *Eliminate Line of Credit for the Office of Vital Records.* Proposes to eliminate a \$200,000 line of credit that had been provided to the Office of Vital Records to address cash flow issues during development of the initiative by the Department of Motor Vehicles to gain access to records in order to issue them to the public at their offices. The line of credit was never utilized and is no longer necessary.
- *Align Eligibility for the State Pharmacy Assistance Program.* The introduced budget modifies existing language to align the eligibility criteria for the State Pharmacy Assistance Program (SPAP) with the Virginia Medication Assistance Program (VA MAP). Currently SPAP income eligibility limits are specified in the budget language and also limited eligibility for individuals on Medicare to those with Part D coverage. The revised language aligns income eligibility with VA MAP and allows anyone on Medicare to qualify, if they meet all other requirements. The language also reflects the change in the name of the AIDS Drug Assistance Program to VA MAP.
- *Provide Support for the Virginia Partners in Prayer Program.* Recommends language directing the Office of Health Equity to provide support for the Virginia Partners in Prayer Program. Currently, the Office provides in-kind services to support this program, estimated at \$20,000. This language would formalize this support.
- *Move Appropriation Between Agency Programs.* Proposes net-zero transfers between programs and funds to better align agency appropriations with actual spending patterns. This action would result in less administrative budget execution adjustments.

- **Department of Health Professions**

- *Increase Appropriation to Cover Additional Disciplinary Staff and to Convert Temporary Staff to Full-Time.* The introduced budget provides \$655,235 NGF the second year to support the costs of 11 positions to address increases in workload and complexity of disciplinary cases and to reduce dependence on part-time positions. The source of the nongeneral funds is generated from fees charged to regulated health professionals.

- **Department of Medical Assistance Services**

*Forecast Changes*

- *Medicaid Utilization and Inflation.* Proposes a reduction of \$245.3 million GF and an increase of \$334.4 million NGF in FY 2021 and an increase of \$17.9 million GF and \$500.0 million NGF in FY 2022 to fund expected increases in enrollment and medical costs for the current Medicaid program. The first year amount

primarily represents a state savings of \$208.9 million GF resulting from an enhanced federal Medicaid match rate of 6.2 percentage points for the third quarter of FY 2021 in response to the economic impact of the Coronavirus Pandemic (authorized pursuant to the federal Families First Coronavirus Response Act). This enhanced match rate is in effect through each quarter of the declared federal public health emergency. The first two quarters of the state savings were captured in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).

Medicaid spending is expected to increase by 18.2 percent and 7.5 percent, respectively, in FY 2021 and FY 2022, compared to growth rates of 10.4 percent in FY 2021 and 6.5 percent in FY 2022 assumed in last year's forecast. Enrollment growth is estimated at 17.9 percent in FY 2021 and 0.2 percent in FY 2022, compared to 15.6 percent in FY 2020. Spending growth in the program is largely due to enrollment growth resulting from the continuation of coverage requirement to receive enhanced federal funding during the pandemic and increased supplemental payments to hospitals. Lower utilization in fee-for-service and higher managed care pharmacy rebates also help in offsetting higher enrollment costs.

- ***Adjust Appropriation for the Virginia Health Care Fund.*** Proposes to reduce the general fund appropriation by \$53.9 million GF in FY 2021 and \$5.2 million GF in FY 2022 and add a like amount of nongeneral funds each year to reflect changes in revenues to the Virginia Health Care Fund. Revenues from the Fund are used as a portion of the state's match for the Medicaid program; therefore, higher revenues result in a reduction of the general fund appropriation needed to maintain currently-funded Medicaid services. Conversely, lower revenues require additional general fund support. Revenues in the fund are comprised of tobacco taxes, Medicaid recoveries and revenue maximization initiatives, and a portion of the Master Tobacco Settlement Agreement (41.5 percent of tobacco settlement revenues). Changes to the fund include:
  - A cash balance in the fund of \$44.9 million at the end of FY 2020 that is available in FY 2021;
  - An increase of \$18.9 million in FY 2021 and \$19.9 million in FY 2022 in expected other tobacco products tax revenue;
  - An increase of \$2.9 million in FY 2021 and \$294,943 in FY 2022 in expected pharmacy rebates;
  - A decrease of \$7.7 million in FY 2021 and \$9.0 million in FY 2022 from revised projections in tax collections from cigarettes; and

- A decrease of \$5.0 million in FY 2021 and \$6.0 million in FY 2022 in Medicaid recoveries.
- ***Family Access to Medical Insurance Security (FAMIS) Utilization and Inflation.*** Proposes decreases of \$6.7 million GF and \$4.1 million NGF in FY 2021 and \$3.4 million GF and \$4.0 million NGF in FY 2022 to reflect the forecast of expenditures for the FAMIS program. While enrollments have been rising, this growth is more than offset by reduced utilization due to the COVID-19 pandemic, higher pharmacy rebates, and an increase in the federal match rate pursuant to the federal Families First Coronavirus Response Act. The enhanced federal match rate is in effect through the end of the fiscal quarter in which the federal public health emergency expires. The proposed budget reflects the enhanced federal match rate (69.34 percent versus the normal 65 percent) through March 31, 2021. The FAMIS program serves pregnant women and children under the age of 19 in families with income between 133 and 200 percent of poverty.
- ***Medicaid Children’s Health Insurance Program (CHIP) Utilization and Inflation.*** The proposed budget reduces \$3.0 million GF and increases \$5.5 million NGF in FY 2021 and reduces \$1.4 million GF and increases \$2.3 million NGF in FY 2022 to reflect the forecast of expenditures in the Medicaid CHIP program. An increase in program costs is mainly due to higher enrollment due to the impact of the Coronavirus pandemic, however such costs are more than offset by reduced utilization due to the pandemic, higher pharmacy rebates, and an increase in the federal match rate pursuant to the federal Families First Coronavirus Response Act. The enhanced federal match rate is in effect through the end of the fiscal quarter in which the federal public health emergency expires. The proposed budget reflects the enhanced federal match rate (69.34 percent versus the normal 65 percent) through March 31, 2021. The Medicaid CHIP program provides services for Medicaid-eligible low-income children, ages 6–18, living in families with incomes between 100 and 133 percent of the federal poverty level.
- ***Adjust Funding for Involuntary Mental Commitments.*** The introduced budget reduces \$2.7 million GF the first year and \$2.3 million GF the second year to reflect lower caseload and the associated lower costs for hospital and physician services for individuals subject to a temporary detention order.
- ***Adjust Medicaid Forecast to Account for Revised Medicare Premiums.*** Proposes to reduce \$2.6 million GF and \$2.5 million NGF the first year and \$4.8 million GF and \$4.1 million NGF the second year to account for lower than assumed Medicare Part A and B premium increases that were included in the Official Medicaid Forecast in November 2020. Since the forecast was finalized the Centers for Medicare and Medicaid Services has announced the premium changes effective January 1, 2021, which are lower than expected.

## *Policy Changes*

- ***Fund Doula Services for Pregnant Women.*** Proposes \$1.2 million GF and a like amount of federal funds the second year to add doula services as a new benefit in the Medicaid program for pregnant women. A study of such services was completed in 2020 to determine the most effective way of implementing such a program in Virginia.
- ***Add Inpatient Substance Use Disorder Treatment as a Benefit in FAMIS MOMS.*** Proposes \$13,497 GF and \$25,067 NGF in FY 2022 to provide access to inpatient substance use disorder (SUD) services to pregnant women in the FAMIS MOMS program. FAMIS MOMS provides coverage to pregnant women with incomes from 143 to 205 percent of the federal poverty level and the federal funding is paid from the Children’s Health Insurance Program. This change aligns FAMIS MOMS with Medicaid, which already allows pregnant women to access inpatient SUD services through the Addiction and Recovery, Treatment Services program.
- ***Cover Covid-19 Vaccinations for Adults.*** Recommends almost \$1.0 million GF and a like amount of matching federal Medicaid funds in FY 2022 to ensure COVID-19 vaccine coverage for adults eligible for the current Medicaid program is comparable to those newly eligible for the program pursuant to Affordable Care Act Medicaid expansion. The federal Affordable Care Act required vaccine coverage for all adult vaccines recommended by the federal Centers for Disease Control Advisory Committee for Immunization Practices (ACIP), however no such requirement applies to the traditional Medicaid adult population.
- ***Expand Opioid Treatment Services.*** \$881,306 GF and \$1.3 million from federal Medicaid matching funds in FY 2022 to allow individuals with a mental health diagnosis to access preferred office-based opioid treatment services. This service is currently limited to only those individuals with a primary diagnosis of substance use disorder.
- ***Allow 12-Month Prescriptions for Contraceptives.*** Recommends \$136,533 GF and \$1.4 million in federal Medicaid matching funds to allow up to a 12-month supply of prescriptions contraceptives.
- ***Fund Compliance with Federal Durable Medical Equipment Requirements.*** The introduced budget includes \$68,014 GF and \$76,146 NGF the first year and \$272,050 GF and \$304,585 NGF the second year to broaden the definition for durable medical equipment, to be compliant with federal regulations to include items other than those typically provided in a home setting. For example, this expands coverage to items such as medical car seats, wheelchair tire downs, and portable ramps.

### *Administrative Funding*

- ***Fund Managed Care Operational Changes Related to Choice Counseling and Provider Screening.*** Recommends \$2.2 million GF and \$4.8 million in federal Medicaid matching funds the second year to fund managed care enrollment broker costs to comply with federal CURES act requirements for choice counseling for Medicaid enrollees in managed care and provider screening.
- ***Provide Funding for Federal Interoperability and Patient Access Requirements.*** Proposes to add \$1.7 million GF and \$3.8 million in federal Medicaid matching funds in the second year for system costs to be incurred by managed care organizations in FY 2022 as a result of complying with the federal requirements associated with the Interoperability and Patient Access Final Rule and the 21st Century Cures Act. Budget language specifies that this is one-time and must be removed from future capitation rates.
- ***Implement the Virginia Facilitated Enrollment Program.*** Proposes \$1.2 million GF and \$7.0 million NGF the second year and four positions that will support the communication of tax data from the Department of Taxation to the agency and the Health Benefit Exchange in order to determine eligibility for the Medicaid program.
- ***Implement Federal Client Appeals Requirements.*** Adds \$34,135 GF and \$34,135 NGF the first year and \$598,763 GF and \$823,476 NGF the second year to fund seven additional staff to handle an expected increase in Medicaid client appeals to be compliant with federal regulations. Currently, client appeals are decided based on the documentation originally submitted. Federal regulations require that during the appeals process new documentation should be considered, known as a “de novo hearing.” This change will require hearing officers to review additional information, which may increase the workload.
- ***Adjust Appropriation and Language for Civil Money Penalties.*** Proposes \$225,000 NGF each year to reflect anticipated spending of civil money penalties. Budget language allows the agency to request up to an additional \$2.0 million in appropriation administratively if necessary to implement the federally approved plan for use of the monies. Civil money penalties are collected from nursing homes that are fined for noncompliance with federal regulations.

### *Spending Reductions*

- ***Distribute Budget Reductions from Central Appropriations to Agency Budgets.*** Reduces \$63.4 million GF and \$1.5 million NGF the first year and \$28.3 million GF and \$1.2 million NGF the second year in the agency’s budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I

(HB 5005). These reductions were originally unallotted in Chapter 1289 (2020 Session) and subsequently converted to budget reductions in the 2020 Special Session I.

- ***Account for Enhanced Federal Matching Funds for the Department of Behavioral Health and Developmental Services Facilities.*** Supplants \$808,764 GF the first year with federal Medicaid funds to reflect the enhanced federal match rate pursuant to the Families First Coronavirus Response Act, which is available through the end of the fiscal quarter in which the federal public health emergency related to the Coronavirus expires. The state savings is for the third quarter of FY 2021.

### ***Language and Transfers***

- ***Allow Pharmacy Immunizations for Covered Services.*** Proposes to provide authority for reimbursement of pharmacy-administered immunizations for all Medicaid-covered vaccinations. Budget language requires this change be implemented using a budget neutral methodology. Pharmacies would be reimbursed up to \$16 to administer the vaccination and the cost of the vaccine. This change may reduce the burdens of accessing pharmacies for Medicaid fee-for-service recipients.
- ***Clarify Medicaid Coverage of Gender Dysphoria-Related Services.*** Proposes to direct the agency to modify policy manuals for Medicaid to affirm coverage of gender dysphoria related-services.
- ***Authorize Supplemental Payments for State Veteran Care Centers.*** Recommends language directing the Department of Medical Assistance Services (DMAS) to make supplemental payments to state-owned veterans care centers through the use of intergovernmental transfers. This funding mechanism allows the government-owned facility to send the state share of Medicaid payments to the department, which then makes Medicaid payments drawing down the federal share to increase facility revenue. This change is expected to generate approximately \$2.3 million of additional Medicaid funding for the state veterans care centers.
- ***Align Medicaid Regulations with Department of Behavioral Health and Developmental Services (DBHDS) Substance Use Licensing Regulations.*** The introduced budget proposes language directing the Department of Medical Assistance Services to amend its regulations to recognize DBHDS licenses for the American Society of Addiction Medicine (ASAM) Level of Care 4.0. This change allows psychiatric units with acute care hospitals, designated as ASAM Level 4.0, to be in compliance with Medicaid regulations to maintain eligibility for reimbursement.

- ***Authorize and Expand Telehealth Services.*** Proposes to allow continuation of audio-only health services and add three new telehealth services in Medicaid. The new telehealth services includes provider-to-provider consultations, store-and-forward technologies (which allow for the electronic transmission of medical information), and virtual check-ins (also called brief communications) with patients. These changes would build on the use of telehealth services that have been necessary due to the Coronavirus pandemic.
- ***Authorize Funding Transfer for Cost Shift at the Commonwealth Center for Children and Adolescents.*** The proposed budget recommends language to allow the transfer of general fund appropriation, as needed through July 1, 2021, between the Medicaid appropriation for state-owned mental health and intellectual disabilities facilities to the state mental health facility appropriation to address potential operational shortfalls at the Commonwealth Center for Children and Adolescents (CCCA). Since June 2020, CCCA has not billed Medicaid for its services because the facility is not properly accredited to be eligible for Medicaid reimbursement.
- ***Modify Graduate Medical Residency Language.*** Proposes to modify language to specify which hospitals have been awarded graduate medical residency slots. In addition, \$3.1 million GF the first year and \$3.9 million GF the second year and a like amount of federal Medicaid matching funds associated with the residency program is moved to a new service area within the Department of Medical Assistance Services as required by language in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).
- ***Transfer Funds to Cover the Cost of Implementing a Live-In Caretaker Exemption.*** Recommends transfers of \$430,542 GF and \$487,458 NGF the first year and \$270,000 GF and \$270,000 NGF the second year from the agency’s administrative program to the Medicaid program within the Department of Medical Assistance Services to cover the estimated cost of exempting live-in personal caretakers from electronic visit verification requirements as required by Appropriation Act language, which is removed since the transfer is permanent.
- ***Move Funding for Assisted Living Screening to the Department of Social Services.*** Proposes transfers \$641,050 GF each year from the Department of Medical Assistance Services (DMAS) administrative budget to the Department of Social Services to cover the costs of assisted living facility screening being conducted by local departments of social services. In addition, language directs the Department for Aging and Rehabilitative Services to modify regulations to remove obsolete language that identifies DMAS as being responsible for supporting this activity.

- *Transfer Funds for the Costs of Medicaid-Related System Modifications at the Department of Social Services.* Transfers \$300,000 GF and \$2.7 million NGF each year from the Department of Medical Assistance Services to the Department of Social Services to cover the expected costs of Medicaid-related modifications to the enterprise case management system.

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

*Mental Health and Substance Use Disorder Treatment Services*

- *Restore Discharge Assistance Planning Funds to Transition Individuals Ready for Discharge from State Mental Health Facilities.* The introduced budget proposes restoring \$2.5 GF the second year to fund discharge assistance planning for individuals ready for discharge from state mental health hospitals. Chapter 1289 of the 2020 Acts of Assembly (HB 30) provided \$12.5 million GF the second year for this purpose, which had been unallocated during the reconvened Session in April. The General Assembly restored \$10.0 million GF of the funding in the 2020 Special Session I. With this additional funding the full amount provided in the second year will be available for discharge assistance.
- *Transfer Local Inpatient Purchase of Services (LIPOS) Funding from Community Services Boards (CSBs) to Central Office.* The introduced budget proposes to transfer LIPOS funding of \$8.8 million GF the second year from CSBs to the agency's central office to purchase local private psychiatric hospital beds for individuals with no health care benefits when admission to a state psychiatric hospital is not possible. The transfer would enable the agency to centralize contracts for private inpatient beds and provide transparency in the use of these funds to divert state hospital admissions.
- *Transfer Funding for Opiate Overdose Reversal Drug to Health Department.* Proposes a transfer of \$1.3 million GF the second year to the Virginia Department of Health for the purchase and distribution of naloxone, which is used to revive individuals who have overdosed on opiates.

*Facility Mental Health Services*

- *Cover Increased Pharmacy Costs at State Facilities.* Proposes \$2.6 million GF each year to cover the increasing pharmacy costs at state facilities. Increases in psychiatric admissions, co-morbidity of patients and higher drug costs have resulted in the need for additional funding. The cost of medications have risen consistently between 6 to 10 percent annually.
- *Fund Diversion and Discharge Pilots for Individuals with Dementia.* Proposes \$3.5 million GF and six positions the second year to fund contracts to divert and

discharge individuals with dementia from the state's geriatric mental health hospitals. A portion of the funding is proposed to establish a pilot mobile crisis program in Region 3 to work with long-term care facilities to assist in diversion efforts. Language proposes to establish a multi-agency work group to determine system capacity and the best process for meeting the needs of individuals with dementia.

- ***Fund Information Technology Upgrades at Western State Hospital (WSH).*** Recommends \$546,122 GF the first year and \$376,148 GF the second year to convert the wireless access system at WSH from an out-of-scope vendor to a Virginia Information Technologies Agency (VITA) provided service. This wireless access system supports the electronic health record system at the facility.

### ***Intellectual and Developmental Disabilities Services***

- ***Provide Funding for New Service Needs Assessments for Individuals Needing Developmental Disability Waiver Services.*** Proposes \$199,094 GF and \$597,281 NGF the second year to fund additional assessments for the new Medicaid waiver slots in FY 2021. The Supports Intensity Scale (SIS) is the assessment tool used to determine the service needs of individuals in the Medicaid developmental disability waivers. This funding covers the costs of the assessments that will be administered for the new waiver slots being created in FY 2022.
- ***Restore Funding for a Pass-through Grant to the Jewish Foundation for Group Homes.*** Recommends restoration of \$89,355 GF the second year for the agency to contract with the Jewish Foundation for Group Homes to expand services for young adults with disabilities in Northern Virginia transitioning from school to community living.

### ***Other Spending Initiatives***

- ***Fund COVID-19 Surveillance and Testing in State Facilities.*** Proposes \$2.1 million GF the first year and \$4.3 million GF the second year for COVID-19 surveillance and testing of staff and patients in DBHDS facilities.
- ***Fund Added Administrative Costs of MARCUS Alert Legislation.*** The introduced budget adds \$80,000 GF the first year and \$691,612 GF the second year to fund personnel costs to administer the MARCUS Alert System, provide ongoing funding for the operations and maintenance costs of the crisis hotline and provide one-time costs for a public service campaign, which were not funded in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).

- ***Restore Administrative Funds for STEP-VA.*** Proposes restoring \$726,807 GF and five positions in FY 2022 for administrative costs for programmatic and financial management activities related to the oversight and implementation of STEP-VA.
- ***Fund Information Technology Security Systems.*** Recommends \$549,788 GF and \$137,447 NGF the second year to address the agency’s information technology security systems. Funding will address audit findings to increase VITA security compliance.
- ***Restore Funds for Training to Support Behavioral Health Redesign.*** Proposes restoring \$129,253 GF the second year to fund a training coordinator for the behavioral health workforce on changes in the delivery system due to behavioral health redesign.

***Decreases***

- ***Distribute Budget Reductions from Central Appropriations to Agency Budget.*** Reduces \$38.2 million GF the first year and \$20.2 million GF the second year in the agency’s budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session I. Reductions are taken in several items in the agency’s budget including:
  - \$7.1 million GF the first year and \$7.9 million GF the second year in the agency’s central office budget;
  - \$26.6 million GF the first year and \$2.1 million GF the second year in grants to localities;
  - \$4.0 million GF the first year and \$4.8 million GF the second year in the budget for mental health treatment centers; and
  - \$536,003 GF the first year and \$5.4 million GF the second year in the budget for the Virginia Center for Behavioral Rehabilitation.

***Language***

- ***Provide Flexibility in Use of Children’s Acute Inpatient Care Funding.*** Proposes language to allow flexibility in the use of funding provided by the 2020 General Assembly to fund additional capacity for children’s acute inpatient care. Language allows the agency to use the funding to provide alternative private settings for children who would otherwise be admitted to the Commonwealth Center for Children and Adolescents (CCCA). Funding could be used for community discharge assistance from or diversion to CCCA.

- *Continues Adjustment to Licensing Requirements Due to State of Emergency Declaration.* Recommends language eliminating the requirement that the licensing office conduct a minimum number of unannounced licensing inspections during a state of emergency. The COVID-19 pandemic and resulting state of emergency has limited the agency’s ability to do onsite inspections as required by the Code of Virginia and regulatory requirements.
  - *Authorize Emergency Regulations to Align Children’s Residential Licensing Regulations with Requirements of the Families First Prevention Services Act (FFPSA).* Proposes language to allow the agency to promulgate emergency regulations to amend the children’s residential licensing with federal FFPSA requirements for providers to meet the standards as qualified residential treatment programs.
  - *Provide Flexibility in Use of Crisis Intervention Team (CIT) Training Funds.* Proposes language to allow funds for CIT training provided for rural localities to be used to expand or add CIT programs at CIT assessment sites. Currently, sufficient training funds exist to meet needs in these localities. Language also requires these funds be prioritized for use in rural localities.
- **Department for Aging and Rehabilitative Services (DARS)**
    - *Restore Funding for the Jewish Social Services Agency.* Proposes restoring state support by \$50,000 GF the second year to the Jewish Social Services Agency that provides assistance to low-income seniors who have experienced trauma. This action increases total state support to \$150,000 GF in FY 2022.
    - *Distribute Budget Reductions from Central Appropriations to Agency Budgets.* Reduces \$1.7 million GF each year in the DARS and the Wilson Workforce and Rehabilitation Center budgets to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session I.
    - *Modify Vocational Rehabilitation Grant Spending Authority.* Proposes modifying language to allow the agency to use savings of \$768,862 from vacancies and turnover on a one-time basis to draw down \$2.8 million in additional federal funding for vocational rehabilitation services in FY 2022.

- **Department of Social Services**

*Child Welfare Programs and Services*

- ***Restore Funding for Family First Prevention Services Act Evidence-Based Prevention Programs.*** The introduced budget proposes restoring \$9.2 million GF and \$5.0 million NGF from federal Title IV-E funds in FY 2022 for prevention services for children at risk of foster care placement and their families, pursuant to the Family First Prevention Services Act. Services must be evidence-based and trauma informed mental health services, substance use disorder services and in-home parent skill based training. Further, they must be included in the list of recognized evidence-based programs contained in the federal title IV-E Prevention Services Clearinghouse. Funding for these services was unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently eliminated in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). However, Chapter 56 reallocated funding for local departments of social services to begin hiring staff and creating prevention services departments in FY 2022.
- ***Restores Funds for the Virginia Helping Everyone Access Linked Services (HEALS) Program.*** Proposes to restore and increase funding to \$517,553 GF the second year to continue a federal grant program called Linking Systems of Care (LSC) for Children and Youth originally funded by the United States Department of Justice, Office of Justice Programs, and Office for Victims of Crime. The program is a statewide demonstration initiative with the goal of identifying children and youth who have had crimes committed against them, providing trauma informed services to address the potential serious and long-lasting consequences of exposure to crime. Funding for these services was unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently eliminated in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).
- ***Restore Funds for a Cost of Living Adjustment (COLA) for Foster Care and Adoption Subsidy Payments.*** The introduced budget restores \$953,491 GF the second year to adjust foster family home rates and adoption assistance maintenance by 2 percent. The Appropriation Act requires that these rates be increased in the year following a salary increase provided for state employees. State employees received a 2 percent across-the-board raise in June 2019, therefore a similar percentage increase is provided for these rates. Funding for this COLA was unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently eliminated in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005).
- ***Fund Foster Care and Adoption Forecast.*** The introduced budget proposes a reduction of \$917,838 GF the first year and \$716,572 GF the second year and an

increase of \$2.4 million NGF the first year and a \$2.2 million NGF the second year for forecast changes to the foster care and adoption programs. Title IV-E foster care expenditures are expected to decrease by \$1.3 million GF and \$1.5 million NGF the first year and \$421,221 GF and \$421,221 NGF the second year. Title IV-E Adoption subsidies are projected to increase by \$3.2 million GF and \$3.9 million NGF the first year and \$2.6 million GF and \$2.6 million NGF the second year. State adoption subsidies are projected to decrease by \$2.3 million each year. The source of the nongeneral fund is federal matching Title IV-E funds.

- ***Fund Emergency Approval Process for Kinship Caregivers.*** Proposes \$75,000 GF the second year to implement an emergency approval process for kinship caregivers to avert the need to place foster care children into non-relative or congregate foster care placements, particularly during the pandemic.
- ***Transfer Funds for Psychiatric Residential Treatment Facilities (PRTFs) to the Office of Children's Services.*** Proposes to transfer \$5.0 million GF and \$5.0 million NGF the second year to the Office of Children's Services to reflect the shift in costs for eligible children receiving residential services in Psychiatric Residential Treatment Facilities from the federal Title IV-E foster care program to the Medicaid program. A policy decision by the Department of Medical Assistance Services will result in all PRTF costs being billed to Medicaid rather than any eligible costs expended to Title IV-E, thus requiring localities to fund a percentage of the state share of these costs in FY 2022.
- ***Transfer Funds for Non-Qualified Residential Treatment Programs to the Office of Children's Services.*** Proposes to transfer \$815,306 GF and \$815,306 NGF the second year to the Office of Children's Services for foster care residential placements in non-Qualified Residential Treatment Programs (QRTPs), pursuant to requirements in the Family First Prevention Services Act (FFPSA). The FFPSA requires that federal Title IV-E may only be used to support children in foster care congregate settings, beyond an initial two-week period, if they meet the Qualified Residential Treatment Program (QRTP) standard. Currently, very few congregate providers meet this requirement and this action anticipates that most of the children in congregate settings will no longer be eligible for IV-E and therefore will shift to being CSA-funded.

#### ***Supplemental Nutrition Assistance Program***

- ***Fund Expansion of Supplemental Nutrition Assistance Program Employment and Training Program (SNAP E&T).*** Proposes \$2.0 million GF and \$2.9 million NGF in federal matching dollars and one position in FY 2022 to expand the SNAP E&T program. Currently, the SNAP E&T program is only offered in 25 local departments of social services. This funding will expand the program to an

additional 95 localities. Federal policy changes require Virginia to serve more SNAP participants in the employment and training program. Recipients of SNAP who are categorized as Able-Bodied Adults Without Dependents (ABAWDS) can only receive SNAP benefits for three months in a 36-month period, unless employed or participating in employment and training activities. Currently, some localities are exempt from this requirement due to economic conditions in those localities; however, it is likely that the federal government may not continue these waivers in the future.

- ***Fund Improvements in Determining Supplemental Nutrition Assistance Program (SNAP) Payments.*** Provides \$1.9 million GF the first year and \$2.3 million the second year for penalties assessed by the federal government for payment errors in administering SNAP benefits in federal fiscal years (FFY) 2018 and 2019. The funds will be used for activities designed to reduce errors, such as targeted case reviews, training, system improvements and collaboration with local agencies and workers on improvement strategies. The first year amount of \$1.9 million represents the penalty amount (50 percent of the total liability) for not bringing the error rate down in FY 2020. The second year amount of \$2.3 million represents 50 percent of the penalty amount to be reinvested in FY 2022 into approved activities to improve administration of the program. However, 50 percent of the penalty amount is at-risk for repayment the following year if a liability for an excessive payment error rate is established for FFY 2019.
- ***Fund SNAP Knowledge Base Platform Annual License Fee.*** Proposes \$333,351 GF and \$333,351 NGF in FY 2022 for the annual license fee for a SNAP knowledge-based application for local departments of social services to assist with cases and help reduce SNAP error rates.
- ***Fund Implementation of SNAP Broad Based Categorical Eligibility.*** Recommends \$281,292 GF and \$342,558 NGF the second year to implement statewide SNAP Broad Based Categorical Eligibility to increase participation and reduce food insecurity. This is a state option which assumes that every household member receiving a Temporary Assistance to Needy Families funded service is qualified for SNAP.

#### ***Other Spending Increases***

- ***Fund Administrative Costs to Implement Percentage of Income Payment Program (PIPP).*** Proposes \$3.0 million NGF and two positions in FY 2022 to implement and administer the PIPP program pursuant to the Virginia Clean Economy Act (VCEA) passed in the 2020 Regular Session. The VCEA limits the electric utility payments of persons or households participating in specified public assistance programs, based on a percentage of their income. The nongeneral funds are

provided through fees collected from utilities pursuant to the VCEA. The PIPP is to be administered by DSS and the Department of Housing and Community Development. A separate action transfers \$300,000 of this funding to DHCD for administration of the program.

- ***Fund Replacement of Agency Licensing System.*** The introduced budget recommends adding \$2.7 million GF and \$8.0 million NGF the first year and \$911,369 GF and \$125,000 NGF the second year to replace the agency’s obsolete Division of Licensing Programs Help and Information Network (DOLPHIN), and perform necessary upgrades to the Central Registry System and the Background Investigations System. The new licensing system will replace the 18-year old legacy software application, which is currently not supported by VDSS Information Systems and does not provide fundamental functionality or support the capturing of certain data elements needed to comply with state and federal reporting requirements.
- ***Restore Funds to Backfill Loss of Funding in Adult Licensing and Child Welfare Unit Licensing Programs.*** Proposes \$2.1 million GF and eight positions in FY 2022 to restore funding for adult and child welfare licensing units that was unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently eliminated in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005)). These funds will backfill the loss of shared funding and positions with the child care licensing unit after it is transferred to the Department of Education July 1, 2022. Chapter 860 of the 2020 Acts of Assembly (HB 1012) transferred the authority to license and regulate child day programs and other early child care agencies from the Board of Social Services and Department of Social Services to the Board of Education and Department of Education.
- ***Provide Personal Protective Equipment for Licensing Inspectors.*** The introduced budget provides \$45,653 GF and \$103,404 NGF the first year and \$182,610 GF the second year to provide PPE for licensing inspectors as they resume in-person inspections.
- ***Fund Virginia Case Management System (VaCMS) Modifications.*** Proposes \$923,804 GF and \$1.2 million NGF each year to make modifications and enhancements to the VaCMS which processes applications and case changes for benefit programs such as SNAP, TANF, Low-Income Energy Assistance Program (LIHEAP), and Medicaid among others. This funding would be used for non-Medicaid changes. A separate action transfers funding from DMAS for the cost of Medicaid-related VaCMS changes.
- ***Increase NGF for Child Support Enforcement Incentive Fund.*** The introduced budget proposes to increase \$1.2 million NGF for the Child Support Enforcement

Incentive Fund the first year. The agency earns a federal incentive payment based on the achievement of federal performance measures.

- ***Restore Funds to Enhance 2-1-1 VIRGINIA Services.*** Recommends to restore and add funds totaling \$362,305 GF and \$362,305 NGF the second year to fund the 2-1-1 VIRGINIA, an information and referral service for human services. Calls to 2-1-1 and referrals had been increasing prior to the pandemic, and have continued to grow in numbers, complexity and urgency since the emergency declaration.
- ***Implement the Virginia Facilitated Enrollment Program.*** Proposes \$376,910 GF and \$2.7 million NGF the second year and two positions that will support the communication of tax data from the Department of Taxation to the agency and the Health Benefit Exchange in order to determine eligibility for the Medicaid program.
- ***Provide Grant to Children’s Harbor for Child Care Services on the Eastern Shore.*** Proposes \$250,000 GF the first year for a grant to Children’s Harbor to provide center-based child care services on the Eastern Shore.
- ***Fund Certain Criminal Background Checks in Local Departments of Social Services (LDSS).*** Proposes \$78,254 GF and \$113,411 NGF the second year to fund criminal background checks in LDSS offices for employees who view federal tax information. These background checks are necessary to comply with federal Internal Revenue Service requirements.

#### ***Decreases***

- ***Distribute Budget Reductions from Central Appropriations to Agency Budgets.*** Reduces \$31.1 million GF the first year and \$31.3 million the second year in the agency’s budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session I.
- ***Reduce General Fund Appropriation for Foster Care and Adoption Payments to Account for Enhanced Federal Funds.*** Reduces the general fund appropriation by \$2.9 million GF and increases the nongeneral fund appropriation a like amount in the first year for foster care and adoptions to account for the temporary enhanced Federal Medical Assistance Percentage (FMAP) rate, which is increased by 6.2 percentage points. This adjustment has been calculated for the third quarter of FY 2021 (January through March 2021), when the enhanced federal match rate is set to expire. Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005) accounted for this reduction in the first two quarters of FY 2021.

## *Language*

- ***Authorize Temporary Reimbursement Rate for In-home Child Care Providers.*** Proposes language authorizing a temporary regulatory change to increase the maximum rate paid for in-home childcare providers during the COVID-19 pandemic to \$10 per hour. Language prohibits the use of general fund dollars if this change results in the need for additional funding, however, the agency may use available federal funds if so needed.
- ***Authorize Line of Credit for the Department of Social Services.*** Recommends language in Part 3 of the budget to extend a \$17.0 million line of credit to the agency for timing issues related to the receipt of federal grants and other payments.
- ***Transfer of CCDF Funds for VIEW Mandated Child Care.*** The introduced budget adds language requiring DSS and the Department of Education (DOE) to ensure that the Temporary Assistance for Needy Families (TANF) Virginia Initiative for Employment and Work (VIEW) mandated child care forecast is funded through a combination of general fund, TANF, and Child Care Development Fund (CCDF) grant dollars. Language also requires the amount of needed CCDF dollars be identified in the Memorandum of Agreement (MOA) between the agencies and transferred from DOE to DSS within the first 30 days of the fiscal year. Language also sets out the amount appropriated at DSS for VIEW mandated child care and requires the balance needed to be transferred from the CCDF grant at DOE.

## *Technical*

- ***Appropriate Federal Funds for Local Staff and Operations.*** Proposes an increase in the appropriation of federal funds of \$8.0 million each year to reflect federal pass-through funding to local departments of social services.
- ***Transfer Funding for Assisted Living Facility Screenings from DMAS.*** Proposes to transfer \$641,050 GF each year from DMAS for the cost of assisted living facility screenings conducted by staff of local departments of social services. Language also directs the Department for Aging and Rehabilitative Services to modify regulations to eliminate DMAS as the entity responsible for supporting these screenings.
- ***Transfer Funding for Virginia Case Management System (VaCMS) Medicaid Modifications from DMAS.*** Proposes to transfer \$300,000 GF each year from DMAS for the state portion of required modifications to the VaCMS for the Medicaid program.

### *Temporary Assistance to Needy Families (TANF) Block Grant Funding*

- ***Adjust Funding for Mandatory TANF Benefits.*** Proposes to increase spending on cash assistance provided to TANF recipients by \$1.7 million GF the first year and \$1.4 million GF the second year and reduce spending by \$17.7 million NGF the first year and \$2.6 million NGF the second year to reflect the spending forecast for TANF income benefits and TANF VIEW child care subsidies. TANF spending for mandated benefits has declined in recent years, with the exception of spending for low-income unemployed two-parent families, which has continued to rise during the pandemic. The introduced budget also includes one additional TANF spending allocation :
  - \$3.0 million NGF the second year to support the Federation of Virginia Food Banks.

These proposed actions will leave a TANF balance of \$47.8 million by the end of FY 2022.

- ***Fund Changes to the TANF Full Employment Program.*** Proposes \$600,000 NGF the first year and \$104,814 GF and \$2.5 million NGF and two positions the second year to fund changes to the TANF Full Employment Program, a subsidized employment program for TANF recipients. Changes will include an increase to the employee benefit, allowing participants to maintain their TANF benefits.

**TANF Block Grant Funding  
FY 2021 and FY 2022**

	HB 1800/SB 1100 As Proposed <u>FY 2021</u>	HB 1800/SB 1100 As Proposed <u>FY 2022</u>
<b>TANF Resources</b>		
Annual TANF Block Grant Award	\$157,762,831	\$157,762,831
Carry-Forward From Prior Fiscal Year	<u>148,126,074</u>	<u>96,974,124</u>
<b>Total TANF Resources Available</b>	<b>\$305,888,905</b>	<b>\$254,736,955</b>
<b>TANF Expenditures</b>		
<i>VIP/VIEW Core Benefits and Services</i>		
TANF Income Benefits	\$29,707,479	\$34,711,133
Increase Relative Support Payments	8,457,600	8,457,600
Emergency and Diversionary Assistance	139,935	139,935
TANF-UP One-time Payment	211,253	0
VIEW Employment Services	13,612,144	13,612,144
VIEW Child Care Services	0	2,659,033
TANF Caseload Reserve	<u>2,000,000</u>	<u>2,000,000</u>
<b>Subtotal VIP/VIEW Benefits and Services</b>	<b>\$54,128,411</b>	<b>\$61,579,845</b>
<i>Administration</i>		
TANF State/Local Operations	<u>\$58,410,138</u>	<u>\$56,910,707</u>
<b>Subtotal Administration</b>	<b>\$58,410,138</b>	<b>\$56,910,707</b>
<i>TANF Programming</i>		
Healthy Families/Healthy Start (DSS)	\$8,617,679	\$8,617,679
Healthy Families/Healthy Start (VDH)	417,822	417,822
Community Employment & Training Grants	12,000,000	12,000,000
Community Action Agencies (CAAs)	7,750,000	7,750,000
CAA Two Generation/Whole Family Pilot	1,125,000	1,125,000
Local Domestic Violence Prevention Grants	3,846,792	3,846,792
<i>Long Acting Reversible Contraceptives</i>	3,000,000	<b>4,000,000</b>
<i>Federation of Virginia Food Banks</i>	3,000,000	<b>3,000,000</b>
CHIP of Virginia (VDH)	2,400,000	2,400,000
Virginia Early Childhood Foundation	1,250,000	1,250,000
Resource Mothers	1,000,000	1,000,000
Boys and Girls Clubs	2,000,000	2,000,000
Child Advocacy Centers	1,136,500	1,136,500
Northern Virginia Family Services	1,500,000	1,500,000
Early Impact Virginia (home visiting)	600,000	600,000
Laurel Center	750,000	750,000
EITC Grants	185,725	185,725
FACETS	100,000	100,000
Visions of Truth STRIVE Program	75,000	75,000
Summer Feeding Program Pilot	5,240,499	0

**TANF Block Grant Funding  
FY 2021 and FY 2022**

	<b>HB 1800/SB 1100 As Proposed FY 2021</b>	<b>HB 1800/SB 1100 As Proposed FY 2022</b>
<i>TANF Programming (continued)</i>		
Transit Passes	1,000,000	1,000,000
United Community	700,000	700,000
Lighthouse Community Center	100,000	100,000
Emergency Food Supply Boxes Program	650,000	0
TANF for Virginia Preschool Initiative at DOE	16,600,000	0
One-time Food Assistance Payment for Head Start Parents	3,738,901	0
Cornerstones	750,000	750,000
Family Restoration Services in Hampton	125,000	125,000
Portsmouth Volunteers for the Homeless	250,000	250,000
Menchville House	125,000	125,000
<b>Revise TANF Full Employment Program</b>	<b><u>600,000</u></b>	<b><u>2,504,815</u></b>
<b>Subtotal TANF Programming</b>	<b>\$80,633,918</b>	<b>\$57,309,333</b>
<b>Transfers to other Block Grants</b>	<b>\$17,241,745</b>	<b>\$31,182,712</b>
<b>Total TANF Expenditures &amp; Transfers</b>	<b>\$208,914,781</b>	<b>\$206,982,597</b>

\*Amounts in bold and italics are reflect added spending contained in the HB 1800/SB 1100 as introduced.

- **Department for the Blind and Vision Impaired**

- *Authorize Line of Credit for the Virginia Industries for the Blind (VIB).* Proposes language in Part 3 of the budget to extend a \$1.0 million line of credit to the agency for the Virginia Industries for the Blind to ensure VIB has greater flexibility in managing cash flow for business opportunities.
- *Provide Appropriation Related to Revenue from Virginia Industries for the Blind (VIB).* The introduced budget proposes to increase the appropriation for the VIB by \$25.0 million NGF the first year and \$10.0 million NGF to reflect increases in business due to the COVID-19 pandemic. The VIB has been providing personal protective equipment for federal and state entities, as a designated partner in the emergency supply chain.
- *Fund Shortfall in the Independent Living Program.* Proposes \$57,787 GF the first year and \$346,725 GF the second year to fill vacant positions in the Independent

Living Program to assist vision impaired individuals with timely cost effective services.

- ***Distribute Budget Reductions from Central Appropriations to Agency Budgets.*** Reduces almost \$2.0 million GF each year in the agency’s budget to reflect approved budget reductions in Chapter 56 of the 2020 Acts of Assembly, Special Session I (HB 5005). These reductions were originally unallotted in Chapter 1289 of the 2020 Acts of Assembly (HB 30) and subsequently converted to budget reductions in the 2020 Special Session I.