

## Health and Human Resources

<b>Adopted Amendments</b>				
(\$ in millions)				
	<b>FY 2015 Adopted</b>		<b>FY 2016 Adopted</b>	
	<u>GF</u>	<u>NGF</u>	<u>GF</u>	<u>NGF</u>
<b>2014-16 Current Budget</b> (Chapter 3, 2014 Special Session I)	<b>\$5,526.3</b>	<b>\$7,682.4</b>	<b>\$5,663.9</b>	<b>\$7,802.1</b>
Increases	28.5	119.9	201.7	221.5
Decreases	<u>(214.3)</u>	<u>(286.1)</u>	<u>(220.4)</u>	<u>(373.9)</u>
\$ Net Change	(185.8)	(166.2)	(18.7)	(152.4)
<b>Chapter 665 (HB 1400, as Adopted)</b>	<b>\$5,340.5</b>	<b>\$7,516.2</b>	<b>\$5,645.2</b>	<b>\$7,649.7</b>
% Change	(3.4%)	(2.2%)	(0.3%)	(2.0%)
<b>Central Account Reversions</b>	<b>(\$14.7)</b>	<b>\$0.0</b>	<b>(\$17.9)</b>	<b>\$0.0</b>
% Change	(0.3%)	0.0%	(0.3%)	0.0%
FTEs	8,815.45	6,998.80	8,887.0	7,072.15
# Change	118.00	(69.00)	189.65	4.35

- **Secretary of Health and Human Resources**
  - *Analyze and Develop a Plan with Options for a Provider Assessment or Supplemental Payment Program for Hospitals.* Adds language directing the Secretary to conduct an analysis and develop a plan with options regarding a provider assessment or other supplemental payment program with hospitals. The revenues from any assessment or other program would be used to draw down matching federal Medicaid funds. The state would return a portion of the funding to these facilities in the form of increased Medicaid payments as part of any such program to support supplemental reimbursements, graduate medical education, and indigent care. The Secretary shall report his analysis and plan by November 1, 2015, and may work with the appropriate federal agencies to ensure compliance with federal requirements for any program or options included in the plan.
  - *Review of Certificate of Need Process.* Includes language requiring the Secretary to convene a workgroup of stakeholders to conduct a review of the existing

certificate of need process and its impact on health care services in the Commonwealth. The Secretary shall report any recommendations to the General Assembly by December 1, 2015.

- *Fund Consultant and Legal Services.* Provides \$150,000 GF the second year to support consulting and legal costs associated with analysis and design of a provider assessment program, and similar costs for the workgroup evaluating the certificate of need process.
- *Convene Work Group on Role of State Executive Council.* Adds language directing the Secretary of Health and Human Resources, in cooperation with the Secretary of Education, to convene a work group to examine the role of the State Executive Council in overseeing the administration of the Comprehensive Services Act, including whether the Council should be changed from a supervisory board to a policy board, and whether the Council should have authority to promulgate regulations in accordance with the Administrative Process Act. Language requires the Secretary to report findings and recommendations to the Senate Committees on Finance and Rehabilitation and Social Services, and the House Committees on Appropriations and Health, Welfare and Institutions by December 1, 2015.

- **Comprehensive Services for At-Risk Youth and Families (CSA)**

- *Restore Funds for CSA Services.* Restores \$4.3 million GF in FY 2016 for CSA services as a result of eliminating the new initiative to expand foster care to youth ages 18-21 as allowed by the federal Fostering Connections program. Currently, the CSA program provides foster care maintenance payments for youth between the ages of 18 and 21 who receive services through CSA. Chapter 3 of the 2014 Acts of Assembly, Special Session I, assumed savings in CSA and an increase in spending in the Department of Social Services for this population, resulting in a net state cost of \$519,442 GF in FY 2016 for this program expansion. However, the estimated net cost to the state increased significantly by December 2014, bringing the total net cost of this initiative to \$3.2 million in FY 2016.
- *Examine Education Costs of Students in Residential Treatment Facilities.* Adds language requiring the State Executive Council to convene a workgroup of stakeholders to examine the options for funding educational costs of students whose placements in psychiatric and residential treatment facilities are authorized through the Medicaid program. Language requires a report with recommendations to be submitted by September 1, 2015.

- **Department of Health**

*Spending Increases*

- *Expand Services at Free Clinics.* Adds \$3.1 million GF the second year to provide additional funding to Free Clinics across the Commonwealth to expand services to an estimated 7,500 additional uninsured patients.
- *Increase Community Health Centers Support.* Includes \$1.0 million GF the second year to increase support for Community Health Centers to serve more uninsured individuals.
- *Expand Medication Assistance Services Through the Virginia Health Care Foundation.* Provides \$500,000 GF the second year to the Virginia Health Care Foundation to increase community grants for medication assistance services throughout the Commonwealth. Funding will provide up to 13 additional medication assistance coordinators to help communities obtain greater access to prescription medicine for uninsured and underinsured low-income citizens.
- *Add Funding for Proton Beam Therapy.* Adds an additional \$250,000 GF the second year for the Hampton University Proton Therapy Institute to support efforts for proton beam therapy in the treatment of cancerous tumors with fewer side effects than other therapies. This funding increases total support to \$760,000.
- *Increase Staff for Shellfish Sanitation.* Adds \$225,000 GF and 3 positions the second year to the shellfish sanitation program operated by the Department of Health. The additional positions will allow the agency to assess sources of bacterial contamination in shellfish waters, as well as the development of data in support of conditional management plans to allow for the safe harvest of shellfish from these areas.
- *Provide Funding for the Health Wagon.* Adds \$126,000 GF the second year to increase support for the Health Wagon to address the needs of uninsured and underinsured patients in Southwest Virginia.
- *Support the All Payer Claims Database.* Includes \$25,000 GF the second year for the Virginia Health Information organization to support the costs of operating the Virginia All Payer Claims Database to facilitate data-driven, evidence-based improvements in access, quality, and the cost of health care. The database is also intended to promote and improve public health through the understanding of health care claims, pharmacy claims and providers' records, and to increase transparency for other health care services.

### *Other Changes*

- ***Supplant GF with TANF for the Comprehensive Health Improvement Program (CHIP) of Virginia.*** Supplants \$1.0 million GF the second year with \$1.0 million in federal Temporary Assistance to Needy Families (TANF) block grant funds for CHIP of Virginia. CHIP of Virginia is a statewide network of local public/private partnerships which provides services to low-income, pregnant women, and young children in 27 localities. Services provided through these partnerships have demonstrated improved birth outcomes, child health, school readiness, and parental work capability.

### *Central Account Reductions*

- ***Transfer NGF Balances.*** Transfers \$12.3 million NGF in cash balances the first year and \$1.2 million NGF the second year from indirect cost recoveries and four VDH programs outlined in the table below.

<b>VDH NGF Balance Transfers</b> (NGF \$ in millions)				
<b><u>Fund</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>	<b><u>Total</u></b>	
Indirect Cost Recoveries	\$6.6	\$0.0	\$6.6	
Emergency Medical Services Fund	4.0	1.0	5.0	
Bedding and Upholstery Fund	0.7	0.2	0.9	
Radioactive Materials Fund	0.5	0.0	0.5	
Trauma Center Fund	<u>0.5</u>	<u>0.0</u>	<u>0.5</u>	
<b>Total</b>	<b>\$12.3</b>	<b>\$1.2</b>	<b>\$13.5</b>	

- ***Supplant GF Support with NGF Revenue.*** Employs several strategies to supplant general fund support totaling \$641,476 GF the first year and \$1.6 million GF the second year. These strategies include use of federal funds and nongeneral fund fee revenue as described below:
  - \$619,914 GF savings FY 2016 savings from supplanting general fund support for the Resource Mothers program with special funds from the Child Development Clinic revenues.

- \$361,366 GF savings each year by supplanting general fund support in the Office of Radiological Health with licensing fee revenue.
  - \$280,110 GF in savings each year by supplanting general fund support for providing vaccinations for uninsured children with federal funds from the Vaccines for Children Program.
  - \$200,000 GF savings in FY 2016 from increasing fees in the Office of the Chief Medical Examiner on external agencies that request copies of reports. This revenue will be used to supplant general fund support for a pathologist position.
  - \$96,150 GF savings in FY 2016 by supplanting general fund support for a federally facilitated exchange medical facilities inspector with revenue from the Managed Care Health Insurance Quality Assurance Certification (MCHIP) Program.
- ***Operational Efficiencies.*** Saves \$101,850 GF the first year and \$1.8 million GF the second year through the implementation of operational efficiencies throughout the agency. These actions include consolidating two health districts, eliminating one field office, reducing vaccine inventory, transitioning school health services in one health district from state support to local responsibility, changing criteria for the transport of cases to the Chief Medical Examiner’s Office, and reducing the use of wage positions.
  - ***Reduce General Fund Support for Programs.*** Saves \$191,344 the first year and \$1.5 million the second year by reducing general fund support for locally operated health departments (Fairfax and Arlington) and several programs such as tuberculosis outreach to local health departments, STD prevention report data entry, radon grant program, and the abstinence education grant program.
  - ***Reduce or Eliminate Positions.*** Reduces spending by \$145,916 GF the first year and \$558,798 GF the second year through several actions to abolish vacant positions, eliminate full-time or contract positions. In total, 6 positions are eliminated (with two layoffs) in the following offices: 3 positions in the Office of Drinking Water, 1 position (layoff) in the Office of Information Management, a deputy director (layoff) in the Office of Family Health Services, and a wage position within the Office of Epidemiology. One contract position in disease prevention is also eliminated.
- **Department of Health Professions**
    - ***Fund Criminal Background Checks for Nurses.*** Adds \$254,505 NGF and 4 positions in FY 2016 to support activities related to required criminal background

checks for registered and licensed practical nurses. Activities will include processing of fingerprint cards, receipt and processing of reports, and investigations related to criminal convictions. Criminal background checks are required in order for Virginia to comply with the nurse licensure compact with other states. The positions will be filled starting January, 2016.

- ***Fund Licensure of Compounding Pharmacies.*** Adds \$120,150 NGF and 1 position in FY 2016 to assist the Board of Pharmacy in creating a new licensing category and oversight for compounding pharmacies and nonresident compounding pharmacies. A portion of the funding will be used for consultant training to review facility inspections and applicants for permits in Virginia.

- **Department of Medical Assistance Services**

***Forecast Changes***

- ***Medicaid Utilization and Inflation.*** Reduces \$142.6 million GF and \$184.5 million NGF in FY 2015 and \$192.7 million GF and \$212.2 million NGF in FY 2016 based on the revised forecast of Medicaid expenditures. Medicaid expenditures grew by 4.3 percent in FY 2014, 1.9 percent less than the 6.2 percent assumed in Chapter 1 of the 2014 Acts of Assembly, Special Session I, resulting in a lower expenditure base heading into the 2014-16 biennium. The November 2014 Medicaid forecast projected growth in Medicaid expenditures of 4.6 percent in FY 2015, compared to the 6.6 percent rate assumed in Chapter 3 of the 2014 Acts of Assembly, Special Session I,. Medicaid expenditures are projected to grow by 5.3 percent in FY 2016 compared to 3.3 percent assumed in Chapter 3.

In addition, the forecast assumes an additional \$10.0 million GF over the biennium will be needed for the Virginia Coordinated Care project (dual eligible demonstration program). Savings are lower than estimated as more individuals than anticipated have actively opted out of the program.

Several other factors are expected to result in lower Medicaid expenditures during the 2014-16 biennium in addition to a lower expenditure base. These include a reduction in supplemental payments to state teaching hospitals, increased savings from behavioral health reforms, lower than expected enrollment through the federal health care exchange (“woodwork effect”), and lower than projected managed care rate increases, effective July 1, 2014.

- ***Fund Behavioral Health Program for Seriously Mentally Ill and Other Coverage Initiatives.*** Includes funding of \$15.0 million GF and \$16.0 million NGF in FY 2015 and \$104.3 million GF and \$120.0 million NGF in FY 2016 for behavioral health and health safety net initiatives. Nongeneral funds will come from federal matching Medicaid dollars. The majority of the funds will be used for a

behavioral health demonstration program with limited medical benefits for seriously mentally ill individuals with incomes up to 60 percent of the federal poverty level. Other coverage initiatives include: (i) dental coverage for pregnant women in Medicaid and FAMIS; (ii) coverage of children of states employees in the FAMIS program; and (iii) the increase in expenditures for the FAMIS and Medicaid Children's Health Insurance Program as a result of an increase in children's outreach efforts. These initiatives are detailed in the table below, along with estimated impacts on the FAMIS and Medicaid SCHIP programs.

<b>Expenditure Impact of Behavioral Health and Coverage Initiatives</b>				
(GF \$ in millions)				
<u>Component</u>	<u>Description</u>	<u>FY 2015</u>	<u>FY 2016</u>	
<b>Medicaid Program Increases</b>				
Behavioral Health Program for the Mentally Ill	Demonstration waiver to provide limited Medicaid benefit (primary and specialty care, diagnostic, lab, pharmacy, behavioral health community services and care coordination) for an estimated 22,000 seriously mentally ill adults (ages 19-64) with incomes at or below 60% of the federal poverty level. Program began January 2015.	\$13.1	\$83.4	
CHIP Outreach – Medicaid Impact	Media campaign and outreach efforts designed to enroll an additional 35,000 eligible children for Medicaid and FAMIS programs. Efforts began September 2014.	1.3	15.6	
Dental Coverage for Pregnant Women	Provision of comprehensive dental coverage to an estimated 45,000 pregnant women in the Medicaid and FAMIS programs. Program began March 2015.	0.3	1.6	
<b>Subtotal Medicaid</b>		<b>\$14.7</b>	<b>\$100.6</b>	
<b>FAMIS Forecast Increases</b>				
CHIP Outreach – FAMIS impact	Enrollment growth from media campaign and outreach efforts which began September 2014.	\$0.1	\$0.8	
Expand FAMIS for Children of State Employees	Extend FAMIS benefits to children of low-income state employees with incomes up to 200% of the federal poverty level. Program began January 2015.	0.1	2.3	
<b>Subtotal FAMIS</b>		<b>\$0.2</b>	<b>\$3.1</b>	
<b>Medicaid SCHIP Forecast Increase</b>				
CHIP Outreach – Medicaid SCHIP Impact	Enrollment growth from media campaign and outreach efforts which began September 2014.	\$0.1	\$0.6	
<b>Subtotal Medicaid SCHIP</b>		<b><u>\$0.1</u></b>	<b><u>\$0.6</u></b>	
<b>Grand Total</b>		<b>\$15.0</b>	<b>\$104.3</b>	

- ***Family Access to Medical Insurance Security (FAMIS) Utilization and Inflation.*** The adopted budget reduces the appropriation for the FAMIS program by \$16.0 million GF and \$29.8 million NGF in FY 2015 and \$9.6 million GF and \$44.4 million NGF in FY 2016 based on the revised forecast of FAMIS expenditures. Expenditures are lower primarily due to the delay in reinstating coverage for pregnant women through the FAMIS MOMS program. Last year’s budget assumed that women with income between 133 and 200 percent of poverty would be able to successfully transition to the federal Health Insurance Marketplace. However, many low-income women are not eligible for subsidized coverage through the marketplace due to family circumstances. In addition, application difficulties, processing problems, and enrollment deadlines made it difficult for many to access the marketplace to obtain coverage. Consequently, funding for the program was restored by the 2014 General Assembly. In order to restart the program, federal approval was necessary, however, this has taken longer than expected, resulting in expenditure savings in FY 2015. In addition, expenditures are estimated to decline due to lower than expected managed care rates that went into effect July 1, 2014.
  
- ***Medicaid State Children’s Health Insurance Program (SCHIP) Utilization and Inflation.*** Reduces the appropriation for the Medicaid SCHIP program by \$400,831 GF and \$743,565 NGF in FY 2015 and adds \$315,943 GF and \$1.5 million NGF in FY 2016 based on the revised forecast of expenditures. The forecast reflects a decline in expenditures due to lower than expected managed care rate increases and increased expenditures for enrollment growth over the biennium due to outreach efforts from the health coverage initiatives described above.
  
- ***Adjust Appropriation from the Virginia Health Care Fund.*** Reduces the appropriation to Medicaid by \$54.3 million GF in FY 2015 and adds \$19.4 million GF in FY 2016 to reflect changes in net revenues to the Virginia Health Care Fund. Revenues to the fund are used as a portion of the state’s match for the Medicaid program, therefore, higher revenues allow for a reduction in general fund support to maintain currently-funded Medicaid services. Conversely, lower revenues require additional general fund support. Revenues in the fund are derived from tobacco taxes, Medicaid recoveries, and a portion of the Master Tobacco Settlement Agreement (41.5 percent of tobacco settlement revenues). Revenues in the fund are estimated to decline slightly from last year’s forecast, however, this decline is offset by the FY 2014 cash balance of \$74.2 million. Changes to the fund include:
  - A reduction of \$15.3 million each year from projected Medicaid recoveries due to declining prior year pharmacy rebates. The Affordable Care Act required drug manufacturers to provide these rebates to states for prescription drugs purchased on behalf of Medicaid recipients enrolled in



managed care organizations since 2010. Most of these rebates from prior years have now been collected.

- A reduction of \$4.7 million in FY 2015 and \$4.1 million in FY 2016 from projected revenues in tax collections from cigarettes and other tobacco products.
- ***Adjust Funding for Involuntary Mental Commitments.*** The adopted budget adds \$3.1 million GF in FY 2015 and \$1.5 million GF in FY 2016 as a result of higher costs for hospital and physician services for persons subject to involuntary mental health commitment hearings. Legislation adopted by the 2014 General Assembly related to the duration of emergency custody and temporary detention orders have resulted in higher than anticipated additional costs for these medical services.

### ***Policy Changes***

- ***Supplemental Federal Medicaid Payments for Health Department Clinics.*** Adds \$150,000 NGF each year and language authorizing DMAS to make supplemental Medicaid payments to the Virginia Department of Health for clinic services. The VDH will provide \$150,000 GF as the state share to match \$150,000 in federal Medicaid funds for these services.
- ***Managed Care Supplemental Payments to Eastern Virginia Medical School (EVMS).*** Includes language authorizing DMAS to increase payments to Medicaid managed care organizations that would then result in supplemental payments being made from those entities to EVMS in the form of supplemental payments to the physician practice. The state match for these Medicaid payments will come from EVMS. The 2014 Session of the General Assembly authorized similar payments for fee-for-service claims; this allows payments related to Medicaid managed care claims.

### ***New Spending***

- ***Increase Provider Rates in the Intellectual Disability, Developmental Disability and Day Support Waivers.*** Includes \$8.2 million GF in FY 2016 and a like amount of federal Medicaid matching funds to increase provider rates in the waivers serving individuals with intellectual and developmental disabilities. The rates increase 2 percent for congregate residential services (excluding sponsored placement), 5.5 percent for in-home residential services, 2 percent for day support and prevocational services, 10 percent for therapeutic consultation services, 15.7 percent for skilled nursing services in the Intellectual and Developmental Disability Waivers, and 6 percent for nursing services through the Early, Periodic,

Screening, Diagnosis and Treatment program. The increases reflect an initial investment in rates based on the recently completed provider rate study.

- ***Increase Rates for Personal Care Services by 2 Percent.*** Provides \$3.5 million GF in FY 2016 and a like amount of federal Medicaid matching funds for a 2 percent increase in personal care rates for agency-directed and consumer-directed services.
- ***Eliminate the Emergency Room (ER) Triage Payment Program.*** Includes \$2.2 million GF in FY 2016 and a like amount of federal matching funds to reflect the elimination of the triage payment reduction for non-emergency visits to the ER. This program retrospectively reviews certain claims and if determined to be a non-emergency pays a triage rate of \$22 to the ER doctor. However, ER doctors do not control patient visits and receive reduced payments for providing care in the ER setting.
- ***Adjust Physician Supplemental Payments to Children's Hospital of the King's Daughters (CHKD).*** Provides \$1.4 million GF in FY 2016 and a like amount of federal Medicaid matching funds to pay CHKD the full amount of physician supplemental payments as allowed under federal rules. This action recognizes that CHKD is the only free-standing children's hospital in the Commonwealth and has Medicaid utilization above 60 percent, leaving the hospital heavily dependent on Medicaid payments.
- ***Adjust Funding for State Intellectual Disability (ID) Training Centers.*** Adds \$535,369 GF in FY 2015 and \$5.1 million GF in FY 2016 and a like amount of federal Medicaid matching funds each year to recognize delays in ID facility discharges because residents have not opted for community-based care, or such care is still being developed and not yet readily available. The added funding reflects the net cost to continue facility care for these individuals through the biennium.
- ***Fund Contractual Costs of Long-Term Care Preadmission Screenings for Children.*** Provides \$200,000 GF and \$600,000 NGF the second year to allow the Department of Medical Assistance Services to use a contractor to perform the required preadmission screenings for children to access long-term care services. Currently, these screenings are handled by local social service and health department employees. However, the current screening teams are not meeting the statutory deadlines and allowing a contract for children's screenings will help alleviate the backlog.
- ***Modify Reimbursement Policy to Eliminate Adverse Impact from Methodology Change.*** Provides \$160,061 GF and a like amount of federal Medicaid matching funds in the second year for a reimbursement change to reverse a negative impact

of the recent conversion from a cost-based to a price-based methodology for a nursing home in the Medicaid program. The rates used during transition are based on a three-year period, which unintentionally impacts a nursing home that has recently made improvements in care and made a significant investment in the facility. This reimbursement change corrects for this unique situation.

### *Administrative Funding*

- ***Provide Funding for Ongoing Costs of the Cover Virginia Central Processing Unit (CPU).*** Adds \$3.3 million GF and \$9.8 million NGF from enhanced federal Medicaid matching funds and 1 position the second year to continue operational support for the Cover Virginia CPU. The 2013 Appropriation Act provided \$1.5 million GF the second year to establish a Medicaid call center because federal regulations require that individuals be allowed to enroll in Medicaid by telephonic means, including recorded signatures. Chapter 1 of the 2014 Acts of Assembly, Special Session I, added \$1.7 million GF and \$13.3 million NGF in FY 2014 for the call center to become fully operational. The Medicaid call center was upgraded to a central processing unit using 2014 balances to handle the backlog of processing Medicaid applications received through the federal health insurance exchange and all online applications submitted through the CommonHelp portal, and support centralized application processing through final eligibility determination.
- ***Fund Procurement of New Medicaid Management Information System (MMIS).*** Adds 4 positions and \$302,414 GF and \$2.7 million in enhanced federal Medicaid matching funds the second year to begin procurement of a new Medicaid MMIS. The current MMIS contract expires in June 2018 and will no longer meet newer federal standards. Enhanced federal matching funds are available for system costs at a federal match rate of 90 percent for professional services and 75 percent for licenses and hardware. The additional positions will provide dedicated project staff to the project.
- ***Fund Upgrade to Financial System.*** Adds \$72,500 GF in FY 2015 and \$403,333 GF in FY 2016 and a like amount of federal Medicaid matching funds each year to fund an upgrade to the agency's Oracle Financial System. The current system will no longer be supported beginning in 2015. Funding will provide for one-time software and hardware costs, as well as professional services cost to assist in the upgrade. Funding also provides for ongoing VITA costs of hardware and annual licensing costs.
- ***Add Positions to Staff Agency Activities.*** Adds \$181,380 GF and \$181,380 NGF and 4 positions in FY 2016 to provide staffing for agency activities. Two positions will oversee new agency initiatives and 2 positions will be used for assisting with the agency's financial analysis and reporting requirements.

### ***Budget Reductions***

- ***Reduce Funding for Piedmont and Catawba Geriatric Hospitals to Reflect Change in Classification.*** The adopted budget reduces spending at Piedmont and Catawba geriatric psychiatric hospitals by \$992,476 GF in FY 2015 and \$4.0 million GF in FY 2016 and a like amount of federal matching Medicaid funds. This reduction reflects lower Medicaid payments from a change in the classification of these facilities from hospitals to nursing homes to comply with federal requirements. The federal Office of the Inspector General for Health and Human Services issued a report in 2014 citing that these hospitals were not in compliance with federal Medicaid rules for hospital payments. By changing the classification to nursing homes, the facilities will lose Medicaid disproportionate share hospital payments. A companion action in the Department of Behavioral Health and Developmental Services budget provides an increase in general fund support to offset this decline in revenue.
- ***Increase Third Party Liability Recoveries.*** Reduces funding by \$500,425 GF and \$500,425 NGF from federal Medicaid funds in the second year by adding 5 positions to increase agency activities to identify third party liability and ensure that the Medicaid program is the payer of last resort for medical claims. The number of cases and complexity has been increasing. Additional recoveries are expected to total \$848,572 GF, while the cost of the additional staffing will be \$348,148 GF in FY 2016.

### ***Central Account Reductions***

- ***Reduce Contractor Costs.*** Saves \$1.9 million GF and \$4.1 million NGF in FY 2015 and \$2.3 million GF and \$5.2 million NGF in FY 2016 by reducing contract costs through agency negotiations with its contractors.
- ***Eliminate New Funding for Community Mental Health Audits.*** Reduces new funding provided in Chapter 3 for additional auditing of community mental health services of \$375,000 GF and \$375,000 NGF each year of the biennium.
- ***Electronic Notification of Medicaid Communications.*** Saves \$50,000 GF in FY 2015 and \$500,000 GF in FY 2016 by using electronic notification of most Medicaid communications beginning in April 2015.
- ***Convert Contractors to Agency Staff.*** Reduces spending by \$83,969 GF and \$514,140 NGF in FY 2015 and \$169,937 GF and \$1.0 million NGF in FY 2016 by converting 19 contractors to full-time employees, effective January 15, 2015. Positions that will be converted include 15 contractors working on financial applications and data security, and four contractors who will provide ongoing support for the new electronic eligibility and data systems.

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

*Mental Health Spending*

- *Offset Lost Revenue at Piedmont and Catawba Geriatric Hospitals Related to a Change in Medicaid and Medicare Program Enrollment.* Adds \$3.8 million GF the first year and \$9.1 million GF the second year to replace lost Medicaid and Medicare revenue resulting from the hospitals being reclassified as nursing facilities for Medicaid reimbursement. These two facilities are currently enrolled in Medicaid as psychiatric hospitals and in Medicare as acute care hospitals. A March 2014 report by the federal Office of the Inspector General for Health and Human Services indicated that the two state hospitals did not meet all the required conditions to be reimbursed as hospitals through Medicaid. In order to comply with federal requirements, the agency must reclassify the two hospitals as nursing homes for Medicaid reimbursement and disenroll from Medicare completely. The loss of Medicare revenue and Medicaid disproportionate share hospital payments result in a revenue loss that requires state funds to offset. The additional costs are partially offset by Medicaid savings in the Department of Medical Assistance Services budget of \$1.0 million GF the first year and \$4.0 million GF the second year. The net cost to the state is \$7.9 million GF over both years.
- *Create Three New Programs for Assertive Community Treatment (PACT).* Provides \$3.0 million GF the second year to create three new PACT teams in FY 2016, bringing the total number to 23 statewide. PACT is an evidence-based program that is a self-contained interdisciplinary team of at least 10 full-time equivalent clinical staff, including a full or part-time psychiatrist, who provide intensive services to individuals with severe and persistent mental illness and who are at high risk for hospitalization, emergency room intervention, arrest, and displacement from housing due to their need for intensive outreach and treatment.
- *Add Funding for Local Inpatient Bed Purchases for Adults and Children.* Increases funding of \$950,000 GF the second year for local inpatient purchase of service (LIPOS) program for adults. In addition, funding of \$1.2 million GF the second year is included for inpatient psychiatric beds for children and adolescents. Recent changes to mental health laws have resulted in increased admissions to state facilities of individuals through temporary detention orders. This funding will cover the costs of private facilities when appropriate.
- *Fund Permanent Supportive Housing.* Includes \$2.1 million GF the second year to support 150 individuals with serious mental illness through rental subsidies and supports to be administered by community services boards or private entities to provide stable, supportive housing for persons with serious mental illness, along

with outreach and in-home clinical services and support staff to help maintain community-based living and to avoid costly hospitalizations, incarceration, and homelessness. The funding will provide an average of \$714 per month rental subsidies and supportive services.

- ***Increase Funding for Child Psychiatry and Children’s Crisis Response.*** Adds \$2.0 million GF the second year to expand child psychiatry and children's crisis response services. The current need for these services exceeds current funding levels and this additional funding will increase capacity in each of the five health planning regions across the state to serve children in additional localities.
- ***Address Special Hospitalization Costs at State Facilities.*** Adds \$1.9 million GF the second year to address the increase in special hospitalization costs for individuals residing in state facilities, including the Virginia Center for Behavioral Rehabilitation. The agency has experienced a 10 percent increase in the annual costs of providing outside medical care to facility residents.
- ***Create Six New Therapeutic Drop-Off Centers.*** Provides \$1.8 million GF the second year to add six new therapeutic assessment or "drop-off" centers. Therapeutic assessment centers provide a location where law enforcement officers executing an emergency custody order can transfer custody of an individual in acute mental health crisis where the individual can be evaluated for possible detention and treatment. Funding will ensure greater access to individuals in crisis and allow officers to return to their communities promptly.
- ***Increase Staffing at the Commonwealth Center for Children and Adolescents.*** Adds \$550,154 GF the second year to add 11 direct care staff at the center. Recent changes in mental health laws have resulted in an increase in admissions and a need for additional staff.
- ***Increase Staffing at Western State Hospital (WSH).*** Includes \$454,532 GF the second year and 8 positions to increase patient care staff at WSH. Recent changes in mental health laws have resulted in more admissions and higher acuity of patients entering the facility, necessitating additional staffing for patient care.
- ***Add 1 Position in the Central Office to Oversee Community-Based Mental Health Programs.*** Includes \$86,024 GF and 1 position the second year to oversee and coordinate the management of Crisis Intervention Team (CIT) Training Centers, Programs of Assertive Community Treatment (PACT) teams and emerging adult programs. These programs have all received additional funding to respond to mental health issues.

## *Intellectual and Developmental Disabilities Services*

- ***Increase Funding for State Intellectual Disability Training Centers.*** Provides \$1.3 million GF the second year to fund the delay in closing the Northern Virginia Training Center (NVTC), the delay in discharges at other training centers, and for the costs of a lease payment for an administrative building at Southeastern Virginia Training Center (SEVTC). NVTC was originally scheduled to close by June 30, 2015, but has been delayed by six months. Discharges of individuals from NVTC and other training centers have not occurred as anticipated.

Additional funding for the training centers in the DMAS budget reflects funding for the state share of the Medicaid costs to operate the facilities. In total, funding for the training centers is \$535,369 GF the first year and \$6.4 million GF the second year.

- ***Fund New Information Technology (IT) System to Manage the Medicaid ID/DD Waivers.*** Includes \$453,888 GF and \$453,388 NGF the second year to develop a new IT system to manage the intellectual and developmental disability waivers. This system will consolidate functions and include waiting list and enrollment management, and create a citizen portal to allow individuals easier access to waiver information.
- ***Provide Support for Greater Prince William ARC.*** Includes \$250,000 GF the second year for one-time transitional funding for the Greater Prince William ARC for housing and clinical services to support individuals transitioning from the Northern Virginia Training Center. This funding is temporary until the new waivers for individuals with intellectual and developmental disabilities take effect with enhanced provider rates that will more appropriately support individuals leaving state training centers.
- ***Fund Costs to Transition Non-Medicaid Individuals Residing in the Training Centers to the Community.*** Adds \$31,450 GF the first year and \$125,801 GF the second year to build community supports for five individuals in the Training Centers who are not eligible for Medicaid but who must still be allowed to transition to community settings in accordance with the settlement agreement with the U.S. Department of Justice.
- ***Fund Additional DOJ Quality Service Reviews.*** Adds \$91,000 GF and \$273,000 NGF the second year for the costs of Quality Service Reviews. The current budget includes an estimated \$500,000 GF a year to contract for the reviews, but based on more recent information the costs will be higher. These reviews are eligible for federal Medicaid funds at an enhanced match rate of 75 percent.

- ***Increase Funding for the DOJ Independent Reviewer.*** Includes \$49,000 GF the second year for the costs of the Independent Reviewer appointed by the court to monitor the state’s compliance with the U.S. Department of Justice settlement agreement. The amount of work originally anticipated for the reviewer is higher than projected. The current budget is \$328,000 a year. The reviewer can ask the court to require the state to fund these costs in order to comply with the settlement agreement.
- ***Reduce Special Fund Appropriation to Reflect the Closure of Southside Virginia Training Center.*** Decreases by \$60.0 million NGF each year the special fund appropriation to align the agency’s budget with projected expenditures. This reflects less revenue due to the closure of Southside Virginia Training Center.

### ***Other Spending***

- ***Backfill Loss of Federal Medicare Electronic Health Records (EHR) Funding.*** Provides \$3.0 million GF in the first year and \$808,846 GF the second year to replace the loss of federal revenue for EHR. In FY 2015, medical/surgical units at Southwest Virginia Mental Health Institute, Eastern State Hospital, and Western State Hospital were decertified from the Medicare program. This action was taken after the federal Centers for Medicare and Medicaid Services questioned the organization of the hospitals. The agency determined it would be cheaper to decertify the medical/surgical units. As a result, the agency lost a portion of its Medicare incentive payment for EHR.
- ***Compensation for Victims of Sterilization.*** Provides \$400,000 from the general fund in FY 2016 to reimburse individuals who were involuntarily sterilized pursuant to the Virginia Eugenic Sterilization Act and who were living as of February 1, 2015. Reimbursement is contingent on the individual or their representative providing appropriate documentation and information to verify the claim under guidelines established by the department. Reimbursement is capped at \$25,000 per individual.
- ***Add Staffing at the Virginia Center for Behavioral Rehabilitation.*** Includes \$246,473 GF the second year for six security officers at the facility. As the census of the facility continues to grow, additional security personnel are necessary. As of July 1, 2014, the facility census was 356.
- ***Provide Support for Part C Early Intervention Services.*** Adds \$605,000 GF the second year to fully fund the projected need for Part C Early Intervention Services for infants and toddlers from birth to age three. This will allow all referrals to continue to receive appropriate services and prevent wait lists.



## ***Central Account Reductions***

- ***Increase and Establish Fees to Supplant GF or Generate GF Resources.***
  - Increases GF resources by \$352,022 the first year only by imposing an initial application fee of \$750 and an annual fee of \$500 on community-based behavioral health and developmental services providers, which is deposited to the general fund as required by law. Language is added in the agency budget prohibiting the imposition of the fee effective July 1, 2015;
  - Increases the fee for background checks from \$13 to \$23, supplanting \$92,056 GF the first year and \$138,024 GF the second year; and
  - Creates a new fee of \$15 per user for Community Services Boards and private providers to access the on-line training system, saving \$58,500 GF the first year only. Language is added in the agency budget prohibiting the imposition of the fee effective July 1, 2015.
- ***Reduce Administrative Costs in the Central Office.*** Reduces funding by \$1.3 million GF the first year and \$2.0 million GF the second year in the central office. These savings will be achieved by eliminating several positions, turnover and vacancy savings and other administrative efficiencies.
- ***Reduce Costs at State Mental Health Hospitals and State Training Centers.*** Reduces funding by \$1.6 million GF the first year and \$2.4 million GF the second year primarily at the state’s mental health hospitals. The savings will be achieved by reducing staff (15 layoffs), eliminating vacant positions, turnover and vacancy savings, a delay in opening beds at the Southwestern Virginia Mental Health Institute, and operational and administrative efficiencies.
- ***Achieve Administrative and Operational Efficiencies at the Virginia Center for Behavioral Rehabilitation.*** Reduces funding by \$401,672 GF the first year and \$591,037 GF the second year from the center’s budget through operational and administrative efficiencies.

## ***Language Changes***

- ***Review Operations of Piedmont Geriatric and Catawba Hospitals.*** Adds language requiring the agency to review the current operations of the two geriatric psychiatric hospitals, and evaluate the future need for these facilities and operational models to best serve the population treated in these facilities. Language requires the agency to develop recommendations and report to the chairmen of the money committees by November 1, 2015.

- ***Monitor Closures of Intellectual Disability Training Centers.*** Adds language directing a joint subcommittee of the House Appropriations and Senate Finance Committees to monitor and review the closure plans for state training centers and to evaluate any options deemed necessary to ensure that the appropriate supports and safeguards are in place for individuals that transition from training centers into the community. In addition, the joint subcommittee may review the plans for the redesign of the Intellectual Disability, Developmental Disability and Day Support Waivers. A reporting requirement is also added for the subcommittee to receive quarterly detailed information from the Department of Behavioral Health and Developmental Services on the current costs of operating the training centers.
- ***Review Needs of Individuals in Waiver Waiting Lists.*** Adds language directing the agency to report available information on the services and support needs of individuals on waiting lists for Intellectual and Developmental Disability waiver services. The agency is required to report this information to the chairmen of the money committees by December 1, 2015.
- ***Report on Individuals with Brain Injuries.*** Language is added to require the agency to report on the number and costs of individuals with brain injuries that are receiving services in state mental health facilities and/or through community services boards.
- **Department for Aging and Rehabilitative Services**
  - ***Increase Funding for Vocational Rehabilitation Program.*** Provides \$1.0 million GF the second year to increase state support for the Vocational Rehabilitation Program. Since November 2014, the program has implemented waiting lists for services, which continue to grow. This state funding will match about \$3.7 million in additional federal funds to reduce the waiting lists for services.
  - ***Add Support for Brain Injury Programs.*** Adds \$750,000 GF the second year to increase support for programs that support individuals with brain injury.
  - ***Increase Funding for the Public Guardianship and Conservatorship Program.*** Includes an additional \$500,000 GF the second year to increase support of public guardianship programs in the state. The programs are the guardians of last resort for indigent individuals with no other caretakers available. This funding will allow 100 individuals to be served across 16 counties not currently served.
  - ***Add Funding for the Long Term Employment Support Services (LTESS) Program.*** Provides \$500,000 GF the second year for the LTESS program that provides longer term employment supports after the federal vocational rehabilitation program's supports have ended.

- ***Medicaid State Match for Disability Determinations.*** Includes \$228,235 GF each year to meet the state match requirement for Medicaid’s share of disability determinations. The agency primarily conducts determinations for the Social Security Administration (100 percent federally funded), but a small portion of determinations are performed as part of the Medicaid eligibility process. These determinations must be cost allocated to Medicaid, which has a 50 percent state match requirement.
- ***Increase Pharmacy Connect Funding.*** Adds \$34,500 GF and restores \$215,500 GF in Central Accounts the second year to continue supporting the Pharmacy Connect Program, operated by Mountain Empire Older Citizens. This program provides medication assistance for individuals to apply for free medications from pharmaceutical companies.
- ***Increase NGF Appropriation to Reflect Additional Staff for Social Security Disability Determination.*** Provides \$3.5 million NGF each year and 25 positions to reflect higher spending related to additional staff hired as allowed by the Social Security Administration (SSA). Recently the SSA, after several years of restricting state staffing for disability determinations, allowed the agency to hire 98 staff to handle the backlog of determinations. These positions are fully supported with federal funding.
- ***Transfer Area Agencies on Aging (AAAs) Funding to Reflect Administrative Actions.*** Transfers \$320,470 GF each year from nutrition programs to supportive services. The Area Agencies on Aging are allowed, per appropriation act language, to transfer up to 40 percent of their funding from one service category to another. This action transfers appropriation to reflect the annual administrative transfer over the past few years. The transfer does not affect any services; it only reflects current spending patterns.

***Central Account Reductions***

- ***Reduce Funding for Various Programs.*** Adopts Central Account reductions for the following programs:
  - \$426,997 GF the first year for brain injury programs;
  - \$230,250 GF the first year for Centers for Independent Living which is partially offset by using Social Security program income of \$82,343 NGF the first year; and
  - \$302,666 GF the first year for employment support services programs.

- **Woodrow Wilson Rehabilitation Center**
  - *Reduce Personnel Costs Through Turnover and Vacancy Savings.* Adopts savings of \$246,898 GF the first year and \$345,854 GF the second year that the agency will achieve through holding positions vacant. This savings is contained in the Central Account reductions for the agency.
  
- **Department of Social Services**
  - *Add Federal Appropriation for Eligibility System Modernization Costs.* Includes \$36.5 million NGF the first year and \$5.5 million NGF the second year to provide the federal share of funding to modernize the Department of Social Services eligibility processing information system for benefit programs. The federal funding was included in FY 2014 but due to delays in the implementation schedule the agency's federal expenditures will be higher in FY 2015 and FY 2016.
  
  - *Fund Legislation Enhancing Child Care Regulations.* Proposes \$17.2 million NGF the second year to fund 79 positions to handle the expected increase in licensure, inspections and other new requirements on child care providers pursuant to Chapters 758 and 770 of the 2015 Acts of Assembly (HB 1570/SB 1168). These bills change the licensure threshold for family day homes from six to five children, which will result in more providers being licensed and inspected by the department.
  
  - *Account for Federal Costs of Salary Increase.* Adds \$6.0 million NGF each year to cover the federal costs of the August 1, 2013, salary increase for state and local departments of social services employees.
  
  - *Account for Child Care Rate Increase.* Includes \$2.2 million NGF the first year and \$5.8 million NGF the second year for the costs associated with a rate increase for level two child care providers that took effect September 1, 2014. The rate increase is funded from the federal Child Care Development Fund grant.
  
  - *Offset Loss of Nongeneral Fund Revenues for Child Support Enforcement Operations.* Provides \$2.3 million GF and reduces \$2.3 million NGF the first year and adds \$1.8 million GF and reduces \$1.8 million NGF the second year for child support operations. Nongeneral fund revenues come from allowable retained child support collections on behalf of Temporary Assistance to Needy Families (TANF) recipients. Federal law allows the program to retain any child support payments in excess of \$50 each month for operating costs if the family receives TANF assistance in addition to child support.

As the TANF caseload continues to decline, the amount of child support collected on their behalf also declines. These retained collections are used to provide the

state match for federal child support enforcement funding. The state receives \$2.00 in federal support for every \$1.00 in general fund match.

- ***Add Eligibility Staff at Local Departments of Social Services.*** Adds \$2.1 million GF and \$3.9 million NGF the second year to increase funding for local eligibility staff by three percent. This level of additional funding equals approximately 93 local staff. Over the past few years the number of eligibility determinations across all benefit programs has increased substantially. One-time costs for hiring new staff are included in the funding.
- ***Fund Federal Requirement for Information Security Modifications.*** Proposes \$450,000 GF and \$450,000 NGF the first year for costs related to segregating Internal Revenue Service (IRS) data onto more secure servers. Federal audits have indicated that the agency must better protect IRS data, which is essential to the operation of numerous agency programs.
- ***Fund Zion Innovative Opportunities Network.*** Provides \$25,000 NGF to support an organization that operates a job development program for at-risk youth. The funding is from the Temporary Assistance to Needy Families (TANF) block grant.

#### ***Spending Decreases***

- ***Eliminates Funds to Expand Foster Care and Adoption Payments for Youth Ages 19-21.*** Reduces \$4.8 million GF and \$8.4 million NGF the second year by not implementing the federal Fostering Connections program to expand foster care and adoption subsidies to youth up to the age of 21. Currently, foster care payments and adoption subsidies are only made on behalf of children up to the age of 19. The second year general fund offset in the CSA program for youth that would have transitioned from CSA to the Fostering Connections program is restored in that agency. Chapter 3 assumed a net cost of \$519,442 GF in FY 2016 for this program expansion, however, the estimated net cost to the state increased significantly by December 2014, bringing the total net cost of this initiative to \$3.2 million in FY 2016.
- ***Unallot Auxiliary Grants Program Balance.*** Adds language directing the Department of Planning and Budget to unallot \$400,000 in projected balances from the Auxiliary Grants Program. By unalloting this funding, it will not be spent and will be reverted to the general fund at the end of the fiscal year.

#### ***Central Account Reductions***

- ***Increase Fees.*** Increases the fee to check the child protective services registry from \$7 to \$10 in order to generate \$225,000 in revenue the second year. The fee for

national background checks is also proposed to increase from \$50 to \$60, which generates \$82,000 in revenue the second year.

- ***Eliminate Funding for New Information Technology (IT) Systems.*** Eliminates \$850,000 GF the first year that was provided in the 2014 Session to upgrade various legacy IT systems.
- ***Capture Projected Balances in the Unemployed Parent Program.*** Reduces \$1.1 million GF each year to reflect unneeded appropriation for the unemployed parent cash assistance program.
- ***Supplant General Fund with Child Care Development Fund Balances.*** Supplants \$2.7 million GF in the first year with federal funding.

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

- ***Adjust Funding for Mandatory TANF Benefits.*** Reduces spending on cash assistance provided to TANF recipients by \$8.2 million NGF the first year and \$9.0 million NGF the second year, reflecting a reduction in the caseload of eligible families. The budget redistributes funding within the federal TANF block grant program to address increased demand for mandatory child care under the Virginia Initiative for Employment not Welfare (VIEW) program by proposing \$3.4 million NGF the first year and \$5.5 million NGF the second year. The proposed budget also reduces the TANF caseload reserve in FY 2015 by \$245,420, lowering the caseload reserve to \$2.6 million that is available in the event TANF spending exceeds expenditure projections.
- ***Additional Federal TANF Block Grant Spending.*** The adopted budget includes \$1.0 million NGF the first year and \$3.2 million NGF the second year from the federal TANF block grant program from estimated balances resulting from a projection of less spending on cash assistance and higher balances from previous fiscal years. Specifically, the budget appropriates:
  - \$89,733 GF and \$1,039,894 NGF the second year for an increase in TANF benefit payments effective January 1, 2016 to individuals receiving cash assistance through the TANF program. The last increase in benefit payments was in 2000. The GF cost reflects the increase in the benefit payment for individuals in the Unemployed Parent (UP) program, which is linked to the TANF benefit;
  - \$1.0 million NGF from TANF the second year to increase support for Community Action Agencies;

- \$951,896 NGF from TANF in each year to supplant general fund support for Healthy Families Virginia; and
- \$181,725 NGF from TANF the second year to supplant general fund support for Earned Income Tax Credit grants.

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

- *Fund Regional Education Coordinator* Position in Northern Virginia. Proposes \$79,825 GF the second year to fill a vacant education coordinator position. The coordinators assist infants, children, and youth that have vision loss to reduce developmental delays and to improve outcomes in schools. The Northern Virginia position is vacant due to a loss of federal grant funding in FY 2013. The five other staff throughout the Commonwealth have been sharing the workload in Northern Virginia, but this solution is only short-term.
- *Fund Radio Reading Services Equipment*. Includes \$21,200 GF the second year for replacement equipment. Previous budget reductions in the program have resulted in a lack of available funding to replace equipment necessary for the operation of the program.

**TANF Block Grant Funding**  
**Actual FY 2014 and Adopted FY 2014-16**

	<u>Actual</u> <u>FY 2014</u>	<u>Adopted</u> <u>FY 2015</u>	<u>Adopted</u> <u>FY 2016</u>
<b>TANF Resources</b>			
Annual TANF Block Grant Award	\$158,285,000	\$158,285,000	\$158,285,000
Carry-Forward From Prior Fiscal Year	<u>36,533,157</u>	<u>47,528,489</u>	<u>39,226,072</u>
<b>Total TANF Resources Available</b>	<b>\$194,818,157</b>	<b>\$205,813,489</b>	<b>\$197,511,072</b>
<b>TANF Expenditures</b>			
<i>VIP/VIEW Core Benefits and Services</i>			
TANF Income Benefits	\$47,359,309	\$46,650,190	\$46,916,643
VIEW Employment Services	10,382,115	11,612,144	11,612,144
VIEW Child Care Services	7,432,268	10,858,141	12,959,171
TANF Caseload Reserve (3%)	<u>0</u>	<u>2,578,139</u>	<u>2,823,558</u>
<b>Subtotal VIP/VIEW Benefits and Services</b>	<b>\$65,173,692</b>	<b>\$71,698,614</b>	<b>\$74,311,516</b>
<i>Administration</i>			
State Administration	\$2,903,281	\$3,002,653	\$3,002,653
Information Systems	2,334,810	4,052,023	4,052,023
Local Direct Service Staff and Operations	44,353,711	49,013,536	49,013,536
Economic Support Mgmt./IT Allocation Reserve	<u>0</u>	<u>3,500,000</u>	<u>3,500,000</u>
<b>Subtotal Administration</b>	<b>\$49,591,802</b>	<b>\$59,568,212</b>	<b>\$59,568,212</b>
<i>TANF Programming</i>			
Local Domestic Violence Grants	\$0	\$2,346,792	\$2,346,792
Community Action Agencies	412,927	1,000,000	2,000,000
Healthy Families/Healthy Start	2,592,594	4,285,501	4,285,501
Comprehensive Health Investment Project (VDH)	338,073	850,000	1,400,000
Resource Mothers	0	614,914	0
EITC Grants	0	0	185,725
Zion Innovative Opportunities Network	0	0	25,000
Visions of Truth	<u>4,225</u>	<u>25,000</u>	<u>25,000</u>
<b>Subtotal TANF Programming</b>	<b>\$3,347,819</b>	<b>\$9,122,207</b>	<b>\$10,268,018</b>
<b>Total TANF Expenditures</b>	<b>\$118,113,313</b>	<b>\$140,389,033</b>	<b>\$144,147,745</b>
<b>Transfers to other Block Grants</b>			
CCDF Transfer – At-Risk Child Care	\$7,872,884	\$7,872,884	\$7,872,884
CCDF Transfer to Head Start (Wraparound) Services	2,500,000	2,500,000	2,500,000
SSBG Transfer – Comprehensive Services Act	9,419,998	9,419,998	9,419,998
SSBG Transfer - Local Staff Support	<u>6,405,502</u>	<u>6,405,502</u>	<u>6,405,502</u>
<b>Total TANF Transfers</b>	<b>\$26,198,384</b>	<b>\$26,198,384</b>	<b>\$26,198,384</b>
<b>Total TANF Expenditures &amp; Transfers</b>	<b>\$144,311,697</b>	<b>\$166,587,417</b>	<b>\$170,346,129</b>