

House Appropriations Health & Human Resources Subcommittee

Budget Amendment Request to House Bill 29

<u>Amendment #</u>	<u>Patron</u>	<u>Short Title</u>
Bell R.P.	308 #1h	Discharge Assistance Planning Funds
Byron	339 #1h	Pilot Project - Temporary Placement of Children Crisis
Filler-Corn	307.10 #2h	Eliminate Inclusion of Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign
Hope	307.10 #1h	Add Funds for Victims of Sterilization
Knight	350.10 #1h	SWAM Set Aside for Contracts
Landes	332.10 #1h	Manufacturing Skills Training Program

Request to Amend House Bill 29, as Introduced

Chief Patron: Bell R.P.

Item 308 #1h

Discharge Assistance Planning Funds

Health and Human Resources

FY14-15

FY15-16

Grants to Localities

\$0

\$579,500 GF

Language:

Page 118, line 3, strike "\$379,715,193" and insert "\$380,294,693".

Page 121, after line 16, insert:

"EE. Out of this appropriation, \$579,500 the second year from the general fund is provided for Discharge Assistance Planning for patients at Western State Hospital."

Explanation:

(This amendment provides \$579,500 from the general fund the second year to increase funding for Discharge Assistance Planning (DAP) funds in the Western State Hospital catchment area. This funding provides critical assistance to patients who are ready to discharge in order to move them back into the community. This funding is necessary to avoid an increase in the extraordinary barriers to discharge list, which reflects patients continuing to be hospitalized due to the lack of community supports.)

Chief Patron: Byron

Item 339 #1h

Co-Patron(s): Anderson, Austin, Cline, Fariss, Garrett, Peace

Pilot Project - Temporary Placement of Children Crisis

Health and Human Resources

Department of Social Services

Language

Language:

Page 129, after line 36, insert:

"L.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the

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local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017."

Explanation:

(This amendment directs the Department of Social Service to establish a pilot program in Planning District 11 (Counties of Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children in families in crisis. It will allow the Department of Social Services to examine the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform Guardianship and Protective Proceedings Act which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program will take a similar approach. The department is required to evaluate the effectiveness of the program and report on it to the Governor and Chairmen of the House Appropriations and Senate Finance Committees and the Commission on Youth.)

Chief Patron: Filler-Corn

Item 307.10 #2h

Eliminate Inclusion of Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign

Health and Human Resources

FY14-15

FY15-16

Request to Amend House Bill 29, as Introduced

Behavioral Health and Developmental
Services, Department of

Language:

Page 118, after line 1, insert:

"307.10 Administrative and Support Services		\$71,784,395	\$75,885,382	
Fund Sources:	General	\$44,268,192	\$47,736,305	
	Special	\$16,653,770	\$15,756,506	
	Federal Trust	\$10,862,433	\$12,392,571	"

Authority: Title 16.1, Article 18, and Title 37.2, Chapters 2, 3, 4, 5, 6 and 7, and Title 2.2, Chapters 26 and 53 Code of Virginia; P.L. 102-119, Federal Code.

A. The Commissioner, Department of Behavioral Health and Developmental Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within the system. When a facility becomes full, the commissioner or his designee shall give notice of the fact to all sheriffs.

B. The Commissioner, Department of Behavioral Health and Developmental Services shall work in conjunction with community services boards to develop and implement a graduated plan for the discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from statewide gains in system efficiencies.

C. Notwithstanding § 4-5.09 of this act and paragraph C of § 2.2-1156, Code of Virginia, the Department of Behavioral Health and Developmental Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund. The trust fund may initially be used for expenses associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated to continuing services for current patients as facility services are restructured. The trust fund will receive any savings resulting from facility restructuring. Thereafter, the fund will be used to enhance services to individuals with mental illness, intellectual disability and substance abuse problems.

D. The Department of Behavioral Health and Developmental Services shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of acute-care psychiatric beds for children and adolescents.

E. The Department of Behavioral Health and Developmental Services, in cooperation with

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the Department of Juvenile Justice, where appropriate, shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of residential beds for the treatment of juveniles with behavioral health treatment needs, including those who are mentally retarded, aggressive, or sex offenders, and those juveniles who need short-term crisis stabilization but not psychiatric hospitalization.

F. Out of this appropriation, \$656,538 the first year and \$656,538 the second year from the general fund shall be provided for placement and restoration services for juveniles found to be incompetent to stand trial pursuant to Title 16.1, Chapter 11, Article 18, Code of Virginia.

G. Out of this appropriation, \$50,000 the first year and \$50,000 the second year from the general fund shall be used to pay for legal and medical examinations needed for individuals living in the community and in need of guardianship services.

H. Out of this appropriation, \$2,059,930 the first year and \$2,419,930 the second year from the general fund shall be provided for services for the civil commitment of sexually violent predators including the following: (i) clinical evaluations and court testimony for sexually violent predators who are being considered for release from state correctional facilities and who will be referred to the Clinical Review Committee for psycho-sexual evaluations prior to the state seeking civil commitment, (ii) conditional release services, including treatment, and (iii) costs associated with contracting with a Global Positioning System service to closely monitor the movements of individuals who are civilly committed to the sexually violent predator program but conditionally released.

I. Out of this appropriation, \$136,715 the first year and \$146,871 the second year from the general fund shall be used to operate a real-time reporting system for public and private acute psychiatric beds in the Commonwealth.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

K. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the

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general fund shall be used for a comprehensive statewide suicide prevention program. The Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Departments of Health, Education, Veterans Services, Aging and Rehabilitative Services, and other partners shall develop and implement a statewide program of public education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity.

L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability. ~~In its Medicaid waiver redesign, the department shall include as stakeholders and eligible participants, individuals with acquired brain injury regardless of age in which the injury was sustained, who have serious physical, cognitive, and/or behavioral health issues who are at risk for institutionalization or who are institutionalized but could live in the community with adequate supports.~~

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4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

M. The State Comptroller shall provide the Department of Behavioral Health and Developmental Services an interest-free anticipation loan not to exceed \$3,100,000 to serve as an advance stream of funds in anticipation of Medicare Meaningful Use funds related to successful implementation of the Electronic Health Records project at state-operated behavioral health and intellectual disability facilities. The loan will be repaid no later than June 30, 2015.

N.1. A joint subcommittee of the House Appropriations and Senate Finance Committees, in collaboration with the Secretary of Health and Human Resources and the Department of Behavioral Health and Developmental Services, shall continue to monitor and review the closure plans for the three remaining training centers scheduled to close by 2020. As part of this review process the joint subcommittee may evaluate options for those individuals in training centers with the most intensive medical and behavioral needs to determine the appropriate types of facility or residential settings necessary to ensure the care and safety of those residents is appropriately factored into the overall plan to transition to a more community-based system. In addition, the joint subcommittee may review the plans for the redesign of the Intellectual Disability, Developmental Disability and Day Support Waivers.

2. To assist the joint subcommittee, the Department of Behavioral Health and Developmental Services shall provide a quarterly accounting of the costs to operate and maintain each of the existing training centers at a level of detail as determined by the joint subcommittee. The quarterly reports shall be submitted to the joint subcommittee 20 days after the close of each quarter with the first report due October 20, 2015 and every three months thereafter.

O. The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately. The Department of Medical Assistance Services shall provide the necessary information to the Department of Behavioral Health and

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Developmental Services 90 days after the end of each fiscal year. This information shall be published on the Department of Behavioral Health and Developmental Services' website within 120 days after the end of each fiscal year.

P. The Department of Behavioral Health and Developmental Services shall report on the number of individuals with acquired brain injury exhibiting behavioral/mental health problems requiring services in state mental health facilities and/or community services boards to the House Appropriations and Senate Finance Committees by October 1 of each year. The report shall provide, to the extent possible, the following information: (i) the general fund and nongeneral fund cost of the services provided to individuals; and (ii) the types and amounts of services received by these individuals.

Q. Effective July 1, 2015, the Department of Behavioral Health and Developmental Services shall not charge any fee to Community Services Boards or private providers for use of the knowledge center, an on-line training system.

R. The Department of Behavioral Health and Developmental Services shall undertake a review of Piedmont Geriatric and Catawba Hospitals. This review shall evaluate the operational, maintenance and capital costs of these hospitals, and study alternate options of care, especially geriatric psychiatric care for patients residing in these hospitals. The department shall develop recommendations and report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015.

S. The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.

T. 1. Out of this appropriation, \$400,000 the second year from the general fund is included to provide compensation to individuals who were involuntarily sterilized pursuant to the Virginia Eugenic Sterilization Act and who were living as of February 1, 2015.

2. A claim may be submitted on behalf of an individual by a person lawfully authorized to act on the individual's behalf. A claim may be submitted by the estate of or personal representative of, an individual who dies on or after February 1, 2015.

3. Reimbursement shall be contingent on the individual or their representative providing

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appropriate documentation and information to verify the claim under guidelines established by the department.

4. Reimbursement per verified claim shall be \$25,000 and shall be contingent on funding being available, with disbursements being prioritized based on the date at which sufficient documentation is provided.

5. Should the funding provided for compensation be exhausted prior to the end of fiscal year 2016, the department shall continue to collect applications. The department shall provide a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on a quarterly basis on the number of additional individuals who have been applied.

6. The Department of Medical Assistance Services shall seek federal authority to ensure that funds received through this act shall not be counted in determination of Medicaid eligibility.

7. In order for the Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services to implement the provisions of this act, both departments shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act.

Explanation:

(This amendment strikes language contained in Chapter 665, 2015 Virginia Acts of Assembly related to Department of Behavioral Health and Developmental Services quarterly meetings with stakeholders on training center closures and Intellectual and Developmental Disability waiver redesign. Language is eliminated including stakeholders with acquired brain injuries regardless of age. The Centers for Medicare and Medicaid determined that including services for individuals with acquired brain injury regardless of age as part of the waiver redesign was not consistent with CMS regulations. This amendment will be enrolled in Item 307, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

Chief Patron: Hope

Item 307.10 #1h

Add Funds for Victims of Sterilization

Health and Human Resources	FY14-15	FY15-16	
Behavioral Health and Developmental Services, Department of	\$0 0.00	\$880,000 1.00	GF FTE

Language:

Page 118, after line 1, insert:

Request to Amend House Bill 29, as Introduced

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Fund Sources:	General	\$44,268,192	\$48,616,305	
	Special	\$16,653,770	\$15,756,506	
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Authority: Title 16.1, Article 18, and Title 37.2, Chapters 2, 3, 4, 5, 6 and 7, and Title 2.2, Chapters 26 and 53 Code of Virginia; P.L. 102-119, Federal Code.

A. The Commissioner, Department of Behavioral Health and Developmental Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within the system. When a facility becomes full, the commissioner or his designee shall give notice of the fact to all sheriffs.

B. The Commissioner, Department of Behavioral Health and Developmental Services shall work in conjunction with community services boards to develop and implement a graduated plan for the discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from statewide gains in system efficiencies.

C. Notwithstanding § 4-5.09 of this act and paragraph C of § 2.2-1156, Code of Virginia, the Department of Behavioral Health and Developmental Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund. The trust fund may initially be used for expenses associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated to continuing services for current patients as facility services are restructured. The trust fund will receive any savings resulting from facility restructuring. Thereafter, the fund will be used to enhance services to individuals with mental illness, intellectual disability and substance abuse problems.

D. The Department of Behavioral Health and Developmental Services shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of acute-care psychiatric beds for children and adolescents.

E. The Department of Behavioral Health and Developmental Services, in cooperation with the Department of Juvenile Justice, where appropriate, shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of residential beds for the treatment of juveniles with behavioral health treatment needs, including those who are mentally retarded, aggressive, or sex offenders, and those juveniles who need short-term crisis stabilization but not psychiatric hospitalization.

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F. Out of this appropriation, \$656,538 the first year and \$656,538 the second year from the general fund shall be provided for placement and restoration services for juveniles found to be incompetent to stand trial pursuant to Title 16.1, Chapter 11, Article 18, Code of Virginia.

G. Out of this appropriation, \$50,000 the first year and \$50,000 the second year from the general fund shall be used to pay for legal and medical examinations needed for individuals living in the community and in need of guardianship services.

H. Out of this appropriation, \$2,059,930 the first year and \$2,419,930 the second year from the general fund shall be provided for services for the civil commitment of sexually violent predators including the following: (i) clinical evaluations and court testimony for sexually violent predators who are being considered for release from state correctional facilities and who will be referred to the Clinical Review Committee for psycho-sexual evaluations prior to the state seeking civil commitment, (ii) conditional release services, including treatment, and (iii) costs associated with contracting with a Global Positioning System service to closely monitor the movements of individuals who are civilly committed to the sexually violent predator program but conditionally released.

I. Out of this appropriation, \$136,715 the first year and \$146,871 the second year from the general fund shall be used to operate a real-time reporting system for public and private acute psychiatric beds in the Commonwealth.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

K. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund shall be used for a comprehensive statewide suicide prevention program. The Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Departments of Health, Education, Veterans Services, Aging and Rehabilitative Services, and other partners shall develop and implement a statewide program of public education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity.

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L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability. In its Medicaid waiver redesign, the department shall include as stakeholders and eligible participants, individuals with acquired brain injury regardless of age in which the injury was sustained, who have serious physical, cognitive, and/or behavioral health issues who are at risk for institutionalization or who are institutionalized but could live in the community with adequate supports.

4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical,

Request to Amend House Bill 29, as Introduced

dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

M. The State Comptroller shall provide the Department of Behavioral Health and Developmental Services an interest-free anticipation loan not to exceed \$3,100,000 to serve as an advance stream of funds in anticipation of Medicare Meaningful Use funds related to successful implementation of the Electronic Health Records project at state-operated behavioral health and intellectual disability facilities. The loan will be repaid no later than June 30, 2015.

N.1. A joint subcommittee of the House Appropriations and Senate Finance Committees, in collaboration with the Secretary of Health and Human Resources and the Department of Behavioral Health and Developmental Services, shall continue to monitor and review the closure plans for the three remaining training centers scheduled to close by 2020. As part of this review process the joint subcommittee may evaluate options for those individuals in training centers with the most intensive medical and behavioral needs to determine the appropriate types of facility or residential settings necessary to ensure the care and safety of those residents is appropriately factored into the overall plan to transition to a more community-based system. In addition, the joint subcommittee may review the plans for the redesign of the Intellectual Disability, Developmental Disability and Day Support Waivers.

2. To assist the joint subcommittee, the Department of Behavioral Health and Developmental Services shall provide a quarterly accounting of the costs to operate and maintain each of the existing training centers at a level of detail as determined by the joint subcommittee. The quarterly reports shall be submitted to the joint subcommittee 20 days after the close of each quarter with the first report due October 20, 2015 and every three months thereafter.

O. The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services shall provide a detailed report for each fiscal year on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid program or other programs in the Department of Behavioral Health and Developmental Services. This report shall also include the overall budget and expenditures for the ID, DD and Day Support waivers separately. The Department of Medical Assistance Services shall provide the necessary information to the Department of Behavioral Health and Developmental Services 90 days after the end of each fiscal year. This information shall be published on the Department of Behavioral Health and Developmental Services' website within 120 days after the end of each fiscal year.

P. The Department of Behavioral Health and Developmental Services shall report on the

Request to Amend House Bill 29, as Introduced

number of individuals with acquired brain injury exhibiting behavioral/mental health problems requiring services in state mental health facilities and/or community services boards to the House Appropriations and Senate Finance Committees by October 1 of each year. The report shall provide, to the extent possible, the following information: (i) the general fund and nongeneral fund cost of the services provided to individuals; and (ii) the types and amounts of services received by these individuals.

Q. Effective July 1, 2015, the Department of Behavioral Health and Developmental Services shall not charge any fee to Community Services Boards or private providers for use of the knowledge center, an on-line training system.

R. The Department of Behavioral Health and Developmental Services shall undertake a review of Piedmont Geriatric and Catawba Hospitals. This review shall evaluate the operational, maintenance and capital costs of these hospitals, and study alternate options of care, especially geriatric psychiatric care for patients residing in these hospitals. The department shall develop recommendations and report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015.

S. The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.

T. 1. Out of this appropriation, ~~\$400,000~~ *1,200,000* the second year from the general fund is included to provide compensation to individuals who were involuntarily sterilized pursuant to the Virginia Eugenic Sterilization Act and who were living as of February 1, 2015. *Any funds that are appropriated but remain unspent at the end of the fiscal year may be carried forward into the subsequent fiscal year in order to provide compensation to individuals who qualify for compensation.*

2. A claim may be submitted on behalf of an individual by a person lawfully authorized to act on the individual's behalf. A claim may be submitted by the estate of or personal representative of, an individual who dies on or after February 1, 2015.

3. Reimbursement shall be contingent on the individual or their representative providing appropriate documentation and information to verify the claim under guidelines established by the department.

Request to Amend House Bill 29, as Introduced

4. Reimbursement per verified claim shall be \$25,000 and shall be contingent on funding being available, with disbursements being prioritized based on the date at which sufficient documentation is provided.

5. Should the funding provided for compensation be exhausted prior to the end of fiscal year 2016, the department shall continue to collect applications. The department shall provide a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on a quarterly basis on the number of additional individuals who have been applied.

6. The Department of Medical Assistance Services shall seek federal authority to ensure that funds received through this act shall not be counted in determination of Medicaid eligibility.

7. In order for the Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services to implement the provisions of this act, both departments shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act.

Explanation:

(This amendment adds \$880,000 in the second year from the general fund for compensation for victims of sterilization pursuant to the Virginia Eugenic Sterilization Act and who were living as of February 1, 2015. Language is added to allow any funds that remain unspent at the end of the fiscal year to be carried over into the subsequent fiscal year for purposes of compensation of these individuals. The source of funding is from the amounts provided in the introduced budget for House Bill 30. In addition \$80,000 is added for one full-time position to provide help identify victims eligible for compensation, conduct statewide outreach and education, and assist with all aspects of the program's implementation. This amendment will be enrolled in Item 307, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

Chief Patron: Knight

Item 350.10 #1h

SWAM Set Aside for Contracts

Health and Human Resources

FY14-15

FY15-16

Blind and Vision Impaired, Department
for the

Language:

Page 135, after line 20, insert:

Request to Amend House Bill 29, as Introduced

"350.10 Rehabilitation Assistance Services (45400)		\$9,957,966	\$9,895,458	
Fund Sources:	General	\$1,815,627	\$1,753,119	
	Special	\$115,000	\$115,000	
	Higher Education Operating	\$8,027,339	\$8,027,339	"

Authority: § 51.5-1 and Title 51.5, Chapter 1, Code of Virginia; P.L. 93-516 and P.L. 93-112, Federal Code.

A. It is the intent of the General Assembly that visually handicapped persons who have completed vocational training as food service managers through programs operated by the Department be considered for food service management position openings within the Commonwealth as they arise.

B. The federal vocational rehabilitation grant award amount for the Department for the Blind and Vision Impaired (DBVI) is estimated at \$9,629,262. Based on this projection, DBVI shall not expend, without prior written concurrence from the Director, Department of Planning and Budget, more state appropriation than what is minimally necessary to meet the annual 21.3 percent state matching requirement and avoid the loss of federal dollars. This provision applies to the annual federal vocational rehabilitation grant award as well as any additional allotments requiring state match that may be made available to DBVI. Any increases in total grant award spending shall be reported to the Chairmen of the House Appropriations and Senate Finance Committees within 30 days.

C. As a condition of this appropriation, the Department shall set aside for small, women-owned, or minority-owned businesses, with such contractors certified by the Department of Small Business and Supplier Diversity, any and all contracts for goods and services authorized to be provided by the Department under Section 51.5-100 of the Code of Virginia and shall issue a request for proposals not later than May 1, 2015 for such goods and services for which the Department contracts.

Explanation:

(This amendment adds language to require the Department for the Blind and Vision Impaired to begin set asides in contracts for small women-owned or minority-owned businesses no later than May 1, 2015. This item shall be enrolled in Item 310, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

Request to Amend House Bill 29, as Introduced

Chief Patron: Landes

Item 332.10 #1h

Manufacturing Skills Training Program

Health and Human Resources

FY14-15

FY15-16

Department for Aging and Rehabilitative Services

\$0

\$100,000 GF

Language:

Page 122, after line 38, insert:

"332.10 Rehabilitation Assistance Services (45400)	\$11,689,804	\$11,331,745	
Fund Sources:			
General	\$2,813,508	\$2,655,449	
Special	\$8,576,296	\$8,576,296	
Federal Trust	\$300,000	\$100,000	"

"Out of this appropriation, \$100,000 from the general fund the second year shall be provided to establish a Manufacturing Skills Training Program ."

Explanation:

(This amendment provides \$100,000 from the general fund in fiscal year 2016 to implement a manufacturing skills training program at the Wilson Workforce and Rehabilitation Center to prepare workers to excel at top sectors needed in today's workforce development. These include logistics, healthcare, information technology, and advanced manufacturing and energy. Eligible individuals in this curriculum will be able to obtain the Manufacturing Specialist and/or the Manufacturing Technician 1 credential. The funds will support (i) manufacturing camp in Summer 2016 for 25 participants, (ii) laboratory machines, (ii) laboratory materials, and (iv) one additional staff person. This amendment will be enrolled in Item 332, Chapter 665, 2015 Acts of Assembly, during enrolling of House Bill 29.)

House Appropriations Health & Human Resources Subcommittee

Budget Amendment Request to House Bill 30

<u>Amendment #</u>	<u>Patron</u>	<u>Short Title</u>
Anderson	332 #1h	Increase Funding for LTESS
	332 #4h	LTESS for Competitive Employment
Bell R.P.	313 #3h	Discharge Assistance Planning Funding
Byron	346 #1h	Pilot Project-Temporary Placement of Children in Crisis
Cox	306 #2h	Add 1,700 Individual and Family Support Waivers for Individuals on Waiting List Receiving EDCD Waiver -
Filler-Corn	312 #1h	Use of Behavioral Health Trust Fund
	313 #1h	Eliminates Brain Injury Report
	313 #2h	Eliminate Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign
	348 #1h	Jewish Community Center of Northern Virginia
Garrett	306 #10h	Increase Rates for Private Duty Nursing-Technology Assisted Waiver & EPSDT Program
	306 #17h	Medicaid Health Professional Training Supplemental Payment Program
	306 #33h	Pediatric Mental Health Collaborative
	310 #1h	DMAS Support for Patient Centered Medical Home
	315 #15h	Increase Psychiatric Resources
	348 #3h	Community Action Agencies
Greason	292 #1h	Lyme Disease Prevention Program
	306 #9h	Supplemental Medicaid Physician Payments for Children's National Health System
Heretick	285 #3h	Remove Local Match Requirement for Residential Placements and Certain Foster Care Services
Hester	285 #4h	Increase Funds for CSA Local Administration
	474 #1h	Restore Funds to Virginia Foundation for Healthy Youth
Hodges	298 #1h	Plan to Eliminate Onsite Septic System Design & Engineering Services
	315 #4h	Transitional Services for High-Risk Individuals
Hope	284 #1h	Task Force to Provide Health Insurance to Low-income Virginians
	306 #14h	Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers
	306 #16h	Require Annual Review of I/DD Waiver Rates
	306 #29h	Local Funds to Leverage Medicaid I/DD Waiver Services
	313 #7h	Move Compensation for Victims of Sterilization to HB 29
	313 #8h	Examine Feasibility of Museum Exhibit Recognizing Victims of Sterilization
	332 #2h	Increase Funding for LTESS
	350 #1h	Emergency Power Plan for Assisted Living Facilities

House Appropriations Health & Human Resources Subcommittee

Budget Amendment Request to House Bill 30

<u>Amendment #</u>	<u>Patron</u>	<u>Short Title</u>
Ingram	289 #1h	Rescue Squad Assistance Fund for Ambulance Stretcher Retention Systems
	306 #8h	Hospital Supplemental Payments
	348 #2h	TANF for Boys and Girls Clubs
Kilgore	348 #4h	Community Action Agencies
Kory	342 #5h	Increase TANF Benefit Annually by CPI
Krizek	342 #1h	Increase TANF Benefit
Landes	294 #2h	Eliminate Added Funding for Pediatric Sickle Cell Disease
	296 #1h	Eliminate Funding Mission of Mercy (M.O.M.) Dental Project
	296 #2h	Eliminate Funding - Health Wagon
	306 #1h	Add 800 Individual and Family Support Waivers
	306 #30h	Eliminate Increases for Substance Abuse Services
	306 #31h	Eliminate Medicaid Expansion
	306 #32h	Restore Medicaid Reform Language
	310 #2h	Restore Funds for Medicaid Central Processing Unit
	315 #1h	Restore Funding for Community Services Boards
	332 #6h	Fund Interdisciplinary Memory Assessment Clinics
	343 #3h	Eliminate Local DSS Funding for Medicaid Expansion
	350 #2h	Report on Asset Verification Service
	393 #2h	Restore Funding for Inmate Medical Care
	477 #2h	Eliminate Medicaid Expansion, Related Spending and Hospital Assessment
LaRock	4-5.04 #5h	Restriction on Funding for Abortion Services
Leftwich	315 #16h	Chesapeake Veterans & Beh. Health Court Docket Program
Levine	306 #34h	Capture Additional Medicaid Fraud Savings
	348 #5h	Children's Advocacy Centers of Virginia
Lingamfelter	347 #1h	Office of Immigrant Assistance
	348 #6h	Back to School Allowance - Backpack Program
Lopez	342 #4h	Fund TANF Impact of HB 992
	342 #6h	Prohibit TANF for Existing State-funded Services
Loupassi	306 #5h	Change Reimbursement Method for Nursing Homes with Special Populations
Marshall R.	4-5.04 #2h	No Funding for Abortion Clinic Regulatory Changes
	4-5.04 #3h	Restriction on Funding for Abortion Services
	4-5.04 #4h	No Funds for Planned Parenthood, Inc. or Affiliates

House Appropriations Health & Human Resources Subcommittee

Budget Amendment Request to House Bill 30

<u>Amendment #</u>	<u>Patron</u>	<u>Short Title</u>
McClellan	294 #1h	Increase Support for Pediatric Comprehensive Sickle Cell Disease Services
	332 #3h	Increase Funding for LTESS
	332 #5h	LTESS Competitive Employment
Murphy	346 #2h	Provide Assistance for Foster Care Youth to Attend College
O'Bannon	296 #3h	Mission of Mercy (M.O.M.) Dental Project
	306 #3h	Restore Inflation Adjustment for Nursing Facilities
	306 #4h	Restore Inflation Calculation Affecting Future Nursing Facility Rates
	310 #3h	DMAS Report on Eligible but Unenrolled
	315 #2h	Detox Med Kits
	315 #3h	Recovery Residency Program
	333 #2h	Chronic Disease Self Management Education Program
	349 #1h	Assess Appeals Process
O'Quinn	333 #5h	Abuse in Later Life Project
	348 #7h	Children's Advocacy Centers of Virginia
Orrock	332 #10h	Expand Project SEARCH
Peace	285 #1h	Increase Funds for CSA Local Administration
		Fund Educational Costs for Students Placed in Psychiatric or Residential Treatment Facilities
	285 #2h	Treatment Facilities
	306 #11h	Medicaid Rates for Anesthesia Services
	306 #12h	Increase Medicaid Rates for Adult Day Health Care Services
	306 #18h	COPN Repeal
		Restore Medicaid Rates-Intensive In-home, In-home Support Svs. & Therapeutic Day Treatment
	306 #20h	Day Treatment
	306 #21h	Eliminate Independent Clinical Assessment for Children's Services
	306 #22h	Targeted Case Management Choice and Accountability Program
	306 #23h	Medicaid Resource Eligibility
	306 #24h	Require 90 Days Notice of Effective Date of New Regulations
	306 #25h	Report on Impact of Mental Health Skill-Building Services Changes
	306 #26h	Strategic Plan for Comprehensive Brain Injury Services
	313 #9h	Modify Auxiliary Grant to Allow Supportive Housing
	333 #1h	Virginia Lifespan Respite Voucher Program
	333 #3h	Virginia Public Guardianship and Conservator Program
	333 #4h	Long-term Care Ombudsman Program
	343 #1h	Local DSS Administrative Funding
	343 #2h	Kinship Care Reporting
Pogge	332 #8h	Expand Funding for Brain Injury Services
Rush	319 #2h	State & Community Consensus Planning Team - Add Stakeholders

House Appropriations Health & Human Resources Subcommittee

Budget Amendment Request to House Bill 30

<u>Amendment #</u>	<u>Patron</u>	<u>Short Title</u>
Sickles	284 #2h	Joint Task Force on I/DD Services
	306 #13h	Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers
	306 #15h	Require Annual Review of I/DD Waiver Rates
	315 #14h	Individual and Family Support Services
	342 #3h	Increase TANF Child Support Income Disregard to \$200
	345 #1h	Auxiliary Grant Rate Differential
Simon	306 #28h	Paid Sick Leave for Consumer-Directed Care Providers
Stolle	306 #7h	Restore Hospital Inflation Adjustment Medicaid Physician & Managed Care Liaison Comm. - ER Care Coordination
	306 #19h	Workgroup
Torian	342 #2h	Fund TANF Impact of HB 828
Toscano	332 #9h	Fund Transition Services by Centers for Independent Living (CILs)
Villanueva	332 #7h	Add Funding for Vocational Rehabilitation Program
Watts	315 #17h	Peer Supports Specialists
Wright	331 #1h	Defray Costs to Nottoway of Confinement of VCBR Residents
Yancey	306 #27h	Pilot Clinical Assessment for Adult Mental Health Services
Yost	306 #6h	Restore Hospital Inflation Adjustment
	313 #4h	Report on Children's Mental Health Workforce
	313 #5h	Child Psychiatry Loan Repayment Program
	313 #6h	Behavioral Health Practitioner Student Loan Repayment Program
	315 #5h	Mobile Crisis Intervention Services
	315 #6h	Child Psychiatry and Children's Crisis Response Services
	315 #7h	Medical Detoxification Capacity
	315 #9h	Report on Outpatient Mental Health Services for Youth
	315 #10h	Suicide Prevention and Mental Health Wellness Media Campaign
	315 #11h	Permanent Supportive Housing
	315 #12h	Expand Programs of Assertive Community Treatment
	315 #13h	Expand Medication Assisted Treatment
	319 #1h	Eliminate Language and Funding Related to Closing Catawaba Hospital

Request to Amend House Bill 30, as Introduced

Chief Patron: Anderson

Item 332 #1h

Increase Funding for LTESS

Health and Human Resources	FY16-17	FY17-18
Department for Aging and Rehabilitative Services	\$750,000	\$750,000 GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$106,613,335".
Page 289, line 23, strike "\$105,863,335" and insert "\$106,613,335".
Page 290, line 11, strike "\$5,680,229" and "\$5,680,229" and insert:
"\$6,430,229" and "\$6,430,229".

Explanation:

(This amendment provides \$750,000 from the general fund each year for the Long Term Employment Support Services (LTESS) program to support individuals with disabilities in competitive employment. LTESS provides a full array of employment support services to help individuals with significant disabilities maintain employment. This amendment restores funding for LTESS to its 2007 funding level.)

Chief Patron: Anderson

Item 332 #4h

LTESS for Competitive Employment

Health and Human Resources	
Department for Aging and Rehabilitative Services	Language

Language:

Page 290, line 11, after "E.", insert "1."
Page 290, after line 13, insert:
2. Effective July 1, 2016, 60 percent of the funds appropriated for long-term employment support services (LTESS) shall be used to support employees with significant disabilities who are competitively employed in integrated jobs in the community earning at or above the federal minimum wage as prescribed by the U.S. Fair Labor Standards Act (29 U.S.C. & 201 et seq.). This percentage shall increase by 10 percent in subsequent years."

Explanation:

(This amendment adds language requiring that 60 percent of LTESS funds only be used to support individuals who are working in supported, competitive, integrated employment in the community and receiving at least minimum wage.)

Chief Patron: Bell R.P.

Item 313 #3h

Co-Patron(s): Cline, Farrell, Landes, Wilt

Discharge Assistance Planning Funding

Health and Human Resources

FY16-17

FY17-18

Department of Behavioral Health and
Developmental Services

\$1,467,030

\$1,775,061 GF

Language:

Page 278, line 14, strike "\$79,468,375" and insert "\$80,935,405".

Page 278, line 14, strike "\$79,458,942" and insert "\$81,234,003".

Page 281, after line 26, insert:

"T. Out of this appropriation, \$1,467,030 the first year and \$1,775,061 the second year from the general fund is provided for Discharge Assistance Planning for patients at Western State Hospital.)

Explanation:

(This amendment provides \$1.5 million from the general fund the first year and \$1.8 million from the general fund the second year to increase funding for Discharge Assistance Planning (DAP) funds for patients at Western State Hospital. This funding provides critical assistance to patients who are ready to discharge in order to move them back into the community but remain hospitalized due to the lack of community supports.)

Chief Patron: Byron

Item 346 #1h

Co-Patron(s): Anderson, Austin, Cline, Fariss, Garrett, Peace

Pilot Project-Temporary Placement of Children in Crisis

Health and Human Resources

Department of Social Services

Language

Language:

Page 302, after line 35, insert:

"N.1. The Department of Social Services shall establish a pilot program to partner with Patrick Henry Family Services in Planning District 11 for the temporary placements of children in families in crisis. This pilot program would allow a parent or legal custodian of a minor, with the assistance of Patrick Henry Family Services, to delegate to another person, by a properly executed power of attorney, any powers regarding care, custody, or property of

Request to Amend House Bill 30, as Introduced

the minor for a temporary placement for a period that is not greater than 90 days. This program would allow for an option of a one-time 90 day extension. Prior to the expiration of the 180 day period, if the child is unable to return to his home, then Patrick Henry Family Services shall contact the local department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court. DSS shall ensure that this pilot program meets the following specific programmatic and safety requirements outlined in Virginia Administrative Code § 22 VAC 40-131 and § 22 VAC 40-191.

2. The Department of Social Services shall ensure that the pilot program organization shall meet the background check requirements described in Virginia Administrative Code § 22 VAC 40-191. The pilot program organization shall develop and implement written policies and procedures for governing active and closed cases, admissions, monitoring the administration of medications, prohibiting corporal punishment, ensuring that children are not subjected to abuse or neglect, investigating allegations of misconduct toward children, implementing the child's back-up emergency care plan, assigning designated casework staff, management of all records, discharge policies, and the use of seclusion and restraint pursuant to Virginia Administrative Code § 22 VAC 40-131-90. In addition, the pilot program organization shall provide pre-service and ongoing training for temporary placement providers and staff pursuant to Virginia Administrative Code § 22 VAC 40-131-210 and § 22 VAC 40-131-150.

3. The Department of Social Services shall evaluate the pilot program and determine if this model of prevention is effective. A report of the evaluation findings and recommendations shall be submitted to the Governor and Chairmen of the House Appropriations and Senate Finance Committees, and Commission on Youth by December 1, 2017."

Explanation:

(This amendment directs the Department of Social Service to establish a pilot program in Planning District 11 (Counties of Amherst, Appomattox, Bedford, Campbell Counties and the City of Lynchburg) for the temporary placements of children in families in crisis. It will allow the Department of Social Services to examine the use of a power of attorney to delegate parental authority. Virginia statute already allows for limited use of a power of attorney for kinship care cases. However, many other states go further and follow the Uniform Guardianship and Protective Proceedings Act which allows a parent to delegate to another person, for a period (usually between six months and one year), any power regarding care, custody, or property of their child. The pilot program will take a similar approach. The department is required to evaluate the effectiveness of the program and report on it to the Governor and Chairmen of the House Appropriations and Senate Finance Committees and the Commission on Youth.)

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Co-Patron(s): Anderson, Fowler, Howell, Landes

Add 1,700 Individual and Family Support Waivers for Individuals on Waiting List Receiving EDCD Waiver -

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$3,992,450	\$11,977,350	GF
Services	\$3,992,450	\$11,977,350	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,748,390,598".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,576,209,700".

Page 274, after line 33, insert:

"SSSS. Out of this appropriation, \$3,992,450 the first year and \$11,977,350 the second year from the general fund and \$3,992,450 the first year and \$11,977,350 the second year from the nongeneral funds shall be provided to add 1,700 Individual and Family Support Waiver slots on December 1 of each year to individuals on the consolidated community waiting list and who are currently receiving more limited services through the Medicaid Elderly and Disabled with Consumer Direction Waiver."

Explanation:

(This amendment provides \$4.0 million the first year and \$12.0 million the second year from the general fund and a like amount of federal Medicaid matching funds to move 1,700 individuals from the Medicaid Elderly and Disabled with Consumer Direction Waiver who are on the consolidated community waiting list to the newly configured Individual and Family Support (IFS) Waiver on December 1 of each year, for a total of 3,400 new IFS Waiver slots over the biennium. The new Individual and Family Support Waiver replaces the Individual and Family Developmental Disabilities Support Waiver (DD) Waiver and will provide services and supports to ID/DD individuals living with their families, friends, or in their own homes, including those with some medical or behavioral needs. A number of ID/DD individuals who are on the community waiting list are currently able to receive limited services available through the Medicaid Elderly and Disabled with Consumer Direction.)

Chief Patron: Filler-Corn

Item 312 #1h

Co-Patron(s): Albo, Bell J., Boysko, Bulova, Hugo, Keam, Kory, Krizek, LeMunyon, Levine, Lopez, Minchew, Murphy, Plum, Rasoul, Sickles, Sullivan, Watts

Use of Behavioral Health Trust Fund

Health and Human Resources

Request to Amend House Bill 30, as Introduced

Department of Behavioral Health and Developmental Services

Language

Language:

Page 278, strike line 1 and insert:

"C. Notwithstanding any other provision of law, the net proceeds of the sale of the land, or any vacant buildings on the land, of any state training center for individuals with intellectual disabilities shall be used only to (i) facilitate transition of individuals with intellectual disabilities from state training centers to community-based services pursuant to the Settlement Agreement with the U.S. Department of Justice and to serve the transitional or crisis-based needs of individuals with intellectual and developmental disabilities within the same service area where the sold buildings and land were located and (ii) provide benefits pursuant to the Workforce Transition Act of 1995 (§ 2.2-3200 et seq.) to those persons who were employees of the Commonwealth and, as a result of the sale, are no longer employed by the Commonwealth or are otherwise negatively affected by the sale."

Page 278, strike lines 2 through 8.

Explanation:

(This amendment assures that the revenues from the sale of state training center properties are used only to facilitate transition of individuals with intellectual disabilities from state training centers to community-based services and to serve the transitional or crisis-driven needs of others with intellectual and developmental disabilities (I/DD) using community-based services, and will keep the funds in the region where a training center closed. The amendment would help assure that the Commonwealth meets its obligations under the U.S. DOJ Settlement Agreement.)

Chief Patron: Filler-Corn

Item 313 #1h

Eliminates Brain Injury Report

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 280, strike lines 44 through 50.

Page 280, line 51, strike "P." and insert "O."

Page 280, line 54, strike "Q." and insert "P."

Page 281, line 4, strike "R." and insert "Q."

Page 281, line 22, strike "S." and insert "R."

Explanation:

(This amendment eliminates budget language requiring a report on the number of individuals with acquired brain injury accessing state mental health services and the associated costs. Since there is insufficient data available, the report cannot be completed.)

Chief Patron: Filler-Corn

Item 313 #2h

Eliminate Acquired Brain Injury Stakeholders in Quarterly Meetings on Waiver Redesign

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 280, line 4, after "disability." strike the remainder of the line.

Page 280, strike lines 5 through 8.

Explanation:

(This amendment removes language that requires as part of the Medicaid waiver redesign the inclusion of individuals with acquired brain injury from being included as stakeholders or participants. Including individuals with brain injury in these waivers is not consistent with federal rules and therefore the language should be removed.)

Chief Patron: Filler-Corn

Item 348 #1h

Jewish Community Center of Northern Virginia

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$50,000

\$50,000 GF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$33,225,789".

Page 302, line 45, strike "\$33,175,789" and insert "\$33,225,789".

Page 304, after line 50, insert:

"K. Out of this appropriation, \$50,000 the first year and \$50,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided to contract with the Jewish Community Center of Northern Virginia to expand day care, summer camp, and before and after school programs that serve the special needs community."

Explanation:

(This amendment provides \$50,000 from the general fund each year for the Jewish Community Center of Northern Virginia to support expanded day care, summer camp, and before and after school programs that serve the special needs community. The center mainstreams children with special needs into their programs resulting in higher self-esteem and better social skills. This funding will assist in providing aides to special needs children so they can participate and benefit from the programs offered by the center.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Garrett

Item 306 #10h

Increase Rates for Private Duty Nursing-Technology Assisted Waiver & EPSDT Program

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$3,661,223	\$4,267,185	GF
Services	\$3,661,223	\$4,267,185	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,747,728,144".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,560,789,370".

Explanation:

(This amendment provides \$3.7 million from the general fund and \$4.3 million from federal matching Medicaid funds the first year and \$3.7 million from the general fund and \$4.3 million from federal matching Medicaid funds the second year to provide a 13% increase in Medicaid rates for private duty nursing in the Assisted Technology Waiver and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to cover a larger percentage of provider expenses. The introduced budget provided funding to increased the rates for private duty nursing by two percent over the 2016-18 biennium. Together these actions would increase rates by 15 percent.)

Chief Patron: Garrett

Item 306 #17h

Medicaid Health Professional Training Supplemental Payment Program

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$1,200,000	\$1,200,000	GF
Services	\$1,200,000	\$1,200,000	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,742,805,698".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,554,655,000".

Page 274, after line 33, insert:

"SSSS. Out of this appropriation, \$1,200,000 the first year and \$1,200,000 the second year from the general fund and \$1,200,000 the first year and \$1,200,000 the second year from nongeneral funds shall be provided to develop and implement a Medicaid health professional training supplemental payment program for hospitals with a graduate medical education (residency) program to expand residency slots in primary care and other specialties identified as high-need in the hospital's geographical area. The supplemental payment shall be based on an average per residency slot amount of \$140,000. The department shall ensure that at least one-half of the total funding each year shall be set aside to support primary care

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slots. Preference for funding shall be made to hospitals that expand training slots in community settings, especially in rural or underserved areas. The department shall have the authority to implement these changes effective July 1, 2016 and prior to completion of any regulatory process to effect such changes."

Explanation:

(This amendment provides \$1.2 million from the general fund and \$1.2 million from federal matching Medicaid funds the first year and \$1.2 million from the general fund and \$1.2 million from federal matching Medicaid funds the second year to establish a Medicaid health professional training supplemental payment program to be administered by the Department of Medical Assistance Services. Language specifies the criteria for the funding. This is a recommendation of the Joint Commission on Health Care.)

Chief Patron: Garrett

Item 306 #33h

Pediatric Mental Health Collaborative

Health and Human Resources	FY16-17	FY17-18
Department of Medical Assistance Services	\$50,000	\$100,000 GF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,740,455,698".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,552,355,000".

Page 276, after "I." insert "1."

Page 276, line 42, strike the first "\$100,000" and insert "\$150,000.

Page 276, line 42, strike the second "\$100,000" and insert "\$200,000.

Page 276, line 44. after "delivery.", insert:

"2. The Virginia Center for Healthcare Innovation shall establish the Virginia Pediatric Mental Health Collaborative with the Virginia Chapter, American Academy of Pediatrics, Voices for Virginia's Children, the Psychiatric Society of Virginia, VCU and UVA's Department of Psychiatry, the Virginia Academy of Family Physicians, the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Association of Community Services Boards and other relevant stakeholders. The goal of the Collaborative is to improve the integration of mental health in primary pediatric care for children in the Commonwealth.

By October 1, 2016, the Collaborative shall survey existing collaborative efforts between pediatricians, family physicians and the children's mental health system and create a plan to implement pilot programs creating child mental health access projects through which a mental health consultation team is available by telephone to respond promptly to pediatricians who need assistance with managing their patients' mental health needs. The consultation teams provide clinical consultation to enhance pediatricians' abilities to

Request to Amend House Bill 30, as Introduced

evaluate, treat, co-manage and refer children with mental health problems.

During this planning grant, the Center shall be assisted when necessary by DMAS, the Virginia Center for Healthcare Innovation, and DBHDS, with technical assistance provided by Children's National Health System, a co-founder of the DC Collaborative for Mental Health in Pediatric Primary Care."

Explanation:

(This amendment provides \$50,000 the first year and \$100,000 the second year from the general fund for the Virginia Center for Healthcare Innovation to establish a pediatric mental health collaborative. Language sets out the collaborative members and specific details surrounding the goals and objectives of the collaborative as well as the plan for pilot programs.)

Chief Patron: Garrett

Item 310 #1h

DMAS Support for Patient Centered Medical Home

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$50,546	\$50,546	GF
Services	\$50,546	\$50,546	NGF

Language:

Page 275, line 24, strike "\$261,770,341" and insert "\$261,871,433".

Page 275, line 24, strike "\$276,866,129" and insert "\$276,967,221".

Page 276, after line 54, insert:

"K. The Department of Medical Assistance Services shall provide ongoing staff and administrative support for the Patient-Centered Medical Home Advisory Council, pursuant to legislation passed during the 2016 Session of the General Assembly."

Explanation:

(This amendment provides \$50,546 each year from the general fund and \$50,546 each year from federal Medicaid matching funds for the Department of Medical Assistance Services to provide ongoing staff and administrative support for the Patient-Centered Medical Home Advisory Council. Funding is required for a position to manage council meetings as well as any subcommittees and workgroups. In addition, it is expected that the position would need to provide significant research and feedback to the committee on a continuing basis. The department will also be expected to cover certain committee and member expenses.)

Chief Patron: Garrett

Item 315 #15h

Request to Amend House Bill 30, as Introduced

Increase Psychiatric Resources

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$3,500,000	\$3,500,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$380,640,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$368,630,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$3,500,000 the first year and \$3,500,000 the second year from the the general fund is provided to increase the capacity of psychiatric resources across the state, including telepsychiatry."

Explanation:

(This amendment provides \$3.5 million from the general fund each year to increase the availability of psychiatric resources in the community across the Commonwealth. Increasing access to these services will assist in avoiding unnecessary hospitalizations and improve crisis response in addition to providing such help in less restrictive environments. This funding includes support for telepsychiatry services to increase the availability of 24/7 access to a psychiatrist.)

Chief Patron: Garrett

Item 348 #3h

Co-Patron(s): Byron, Fariss, Kilgore, Krizek, Pillion, Rasoul

Community Action Agencies

Health and Human Resources	FY16-17	FY17-18	
Department of Social Services	\$3,000,000	\$3,000,000	NGF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$36,175,789".

Page 302, line 45, strike "\$33,175,789" and insert "\$36,175,789".

Page 303, line 21, strike "\$2,000,000" and "\$2,000,000" and insert: "\$5,000,000" and "\$5,000,000".

Explanation:

(This amendment provides \$3.0 million per year in Temporary Assistance for Needy Families (TANF) funding for Community Action Agencies. Due to new federal requirements related to organizational standards for community action agencies, additional funding is needed for compliance. These standards include critical financial and administrative

Request to Amend House Bill 30, as Introduced

requirements related to modernizing the agencies to provider higher quality programs and services to low-income individuals.)

Chief Patron: Greason

Item 292 #1h

Lyme Disease Prevention Program

Health and Human Resources	FY16-17	FY17-18	
Department of Health	\$750,000	\$1,500,000	GF

Language:

Page 239, line 19, strike "\$78,625,939" and insert "\$79,375,939".

Page 239, line 19, strike "\$78,625,939" and insert "\$80,125,939".

Page 240, after line 13, insert:

"G. Out of this appropriation, \$750,000 the first year and \$1,500,000 the second year is provided for the Virginia Department of Health, in collaboration with state and private stakeholders, to implement a grant program creating a Lyme Disease Prevention Program. Grants shall be made available to localities with high prevalence of Lyme Disease on a matching basis for implementing a point of disease prevention program. The program shall be managed by the State Entomologist in the Division of Environmental Epidemiology and shall include monitoring, surveying and testing by the State Laboratory."

Explanation:

(This amendment provides funding for a Lyme Disease Prevention Program which shall include matching grants to localities for implementing a point of disease prevention program.)

Chief Patron: Greason

Item 306 #9h

Supplemental Medicaid Physician Payments for Children's National Health System

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	\$1,419,065	\$1,419,065	GF
	\$1,419,065	\$1,419,065	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,743,243,828".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,555,093,130".

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to increase the supplemental physician payments for physicians employed at a freestanding children's hospital serving children in Planning District 8 with

Request to Amend House Bill 30, as Introduced

more than 50 percent Medicaid inpatient utilization in fiscal year 2014 to the maximum allowed by the Centers for Medicare and Medicaid Services. The total supplemental Medicaid payment shall be based on the Upper Payment Limit approved by the Centers for Medicare and Medicaid Services and all other Virginia Medicaid payments. The department shall have the authority to implement these reimbursement changes effective July 1, 2016, and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment provides funding to Children's National Health System for supplemental physician payments to ensure continued access by Medicaid-eligible children residing in Planning District 8 to Children's 313 Neo-natal Intensive Care Unit and inpatient beds. The supplemental payments will help Children's address critical workforce development needs as the region's premier teaching hospital for pediatrics and would help bridge the gap between the pediatric Medicaid rate paid by Virginia and Medicare rates. The funding requested represents less than 15 percent of Children's \$11.3 million in physician costs.)

Chief Patron: Heretick

Item 285 #3h

Remove Local Match Requirement for Residential Placements and Certain Foster Care Services

Health and Human Resources

FY16-17

FY17-18

Children's Services Act

\$28,526,197

\$28,526,197 GF

Language:

Page 232, line 39, strike "\$288,022,851" and insert "\$316,549,048".

Page 232, line 39, strike "\$287,078,273" and insert "\$315,604,470".

Explanation:

(This amendment provides \$28.5 million each year from the general fund to remove the local match required in the Children's Services Act program for children placed in residential treatment centers and for certain foster care case management costs. Currently, localities are required to pay a portion of the non-federal Medicaid match for children eligible for Medicaid reimbursed services. This has led to the unintended consequence of placing fewer children through the local multi-disciplinary care planning process and increasing provider-based "Medicaid only" placements. In recent years, one-third of all residential treatment placements were made without educational support funding. This funding should result in fewer numbers of "Medicaid only" placements and increase access to federal dollars for educational expenses.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Hester

Item 285 #4h

Increase Funds for CSA Local Administration

Health and Human Resources

FY16-17

FY17-18

Children's Services Act

\$1,149,465

\$1,149,465 GF

Language:

Page 232, line 39, strike "\$288,022,851" and insert "\$289,172,316".

Page 232, line 39, strike "\$287,078,273" and insert "\$288,227,738".

Explanation:

(This amendment provides \$1.1 million each year from the general fund for local administrative costs of providing oversight, accountability and administration for the Children's Services Act (CSA). Local administrative duties include implementing the mandatory assessment tool and process, developing service plans for children, managing expenditures, collecting input and outcome data by child, negotiating rates and contracts with vendors, and maximizing the use of federal fund .)

Chief Patron: Hester

Item 474 #1h

Restore Funds to Virginia Foundation for Healthy Youth

Central Appropriations

FY16-17

FY17-18

Central Appropriations

\$1,800,000

\$1,800,000 NGF

Language:

Page 396, line 31, strike "\$119,327,905" and insert "\$121,127,905".

Page 396, line 31, strike "\$119,327,905" and insert "\$121,127,905".

Page 397, line 2, strike "\$9,423,439" and insert "\$11,223,439".

Page 397, line 2, strike "\$9,327,905" and insert "\$11,127,905".

Explanation:

(This amendment restores \$1.8 million each year from nongeneral funds as the percentage of the Master Settlement Agreement with tobacco product manufacturers that is allocated to the Virginia Tobacco Settlement Fund to 10 percent. Chapter 874 of the 2010 Virginia Acts of Assembly reduced the allocation to 8.5 percent and transferred that amount into the Virginia Health Care Fund to offset the general fund cost of FAMIS, the children's health insurance program.)

Chief Patron: Hodges

Item 298 #1h

Plan to Eliminate Onsite Septic System Design & Engineering Services

Health and Human Resources

Department of Health

Language

Language:

Page 248, at the beginning of line 12, insert "A."

Page 248, after line 13, insert:

"B. The Commissioner of the Virginia Department of Health shall develop a plan for the agency to cease all design and engineering services of onsite septic systems currently offered by the agency to the public that are in direct competition with private sector engineering and design firms by July 1, 2017."

Explanation:

(This amendment is self-explanatory.)

Chief Patron: Hodges

Item 315 #4h

Transitional Services for High-Risk Individuals

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$3,500,000

\$3,500,000

GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$380,640,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$368,630,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$3,500,000 the first year and \$3,500,000 the second year from the general fund shall be provided to expand the capacity to purchase community-based services and treatment to address youth and adults at high-risk of re-hospitalization or re-offense due to their behavioral health challenges."

Explanation:

(This amendment provides \$3.5 million each year from the general fund to increase the community-based services for youth and adults of high-risk of re-hospitalization or re-offense due to their behavioral health challenges.)

Chief Patron: Hope

Item 284 #1h

Task Force to Provide Health Insurance to Low-income Virginians

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 232, at the beginning of line 8, insert "A."

Page 232, after line 32, insert:

"B.1. The Secretary of Health and Human Resources shall convene a taskforce comprised of appropriate stakeholders to make recommendations utilizing Sections 1132 and 1115 of the Patient Protection and Affordable Care Act (ACA) to redesign Virginia's private health insurance market and Virginia's Medicaid program to opt-out of the ACA and create a new, redesigned private market plan to provide health insurance to low-income Virginians.

2. The task force shall be charged with, but not limited to, making recommendations to modify the private insurance market's federal essential covered benefits; federal subsidies; the federal health insurance marketplace in Virginia; ways to ease regulatory burdens on Virginia citizens, employers and health care providers; and the individual and employer mandate. In addition, the task force shall make comprehensive recommendations to redesign Virginia's Medicaid program including, but not limited to premium assistance, waived cost sharing, healthy behavior initiatives, work requirements, and other reforms.

3. The task force, in consultation with the Secretary of Health and Human Resources, shall report to the General Assembly with recommendations for Virginia to opt-out of the ACA with its own plan no later than November 1, 2016."

Explanation:

(This amendment adds language directing the Secretary of Health and Human Resources to convene a task force to make recommendations for Virginia to opt-out of the federal Affordable Care Act and create a new, redesigned plan to provide health insurance to low-income Virginians.)

Chief Patron: Hope

Item 306 #14h

Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance
Services

\$3,167,580
\$3,167,580

\$6,335,160 GF
\$6,335,160 NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,746,740,858".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,564,925,320".

Page 274, after line 33, insert:

Request to Amend House Bill 30, as Introduced

"SSSS. The Department of Medical Assistance Services shall adjust the methodology used for calculating waiver service rates in Northern Virginia from the 50th percentile to the 90th percentile of Bureau of Labor Statistics Wage Data for Job Classifications for direct care staff."

Explanation:

(This amendment provides funding to adjust the direct support staff wage assumptions included in the proposed Medicaid Intellectual and Developmental Disability waiver rates methodology and subsequent rates included in the waiver redesign from the 50th percentile to the 90th percentile of Bureau of Labor Statistics Wage Data for Job Classifications for these positions. This adjustment is critical to expanding community capacity in the high cost Northern Virginia region to serve individuals in the community in accordance with the U.S. Department of Justice Settlement Agreement. A competitive wage will assist in the recruitment and retention of competent staff to provide quality community-based services.)

Chief Patron: Hope

Item 306 #16h

Require Annual Review of I/DD Waiver Rates

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Developmental Services and appropriate stakeholders, shall review the methodology used for calculating Intellectual and Developmental Disability waiver service rates and make recommendations for applicable adjustments to be included in the Governor's introduced budget on an annual basis."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to review the methodology used to calculate Intellectual and Developmental Disability waiver service rates annually and make recommendations for including in the Governor's introduced budget in collaboration with the Department of Behavioral Health and Developmental Services and stakeholders.)

Chief Patron: Hope

Item 306 #29h

Local Funds to Leverage Medicaid I/DD Waiver Services

Health and Human Resources

Request to Amend House Bill 30, as Introduced

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS.1. The Department of Medical Assistance Services, on or before December 31, 2016, shall submit to the federal Centers for Medicare and Medicaid Services (CMS) a Section 1915(c) home and community-based services (HCBS) waiver application seeking approval to claim federal reimbursement for locally-funded long-term services and supports to individuals with intellectual and developmental disability (I/DD) who are eligible to receive medical assistance benefits and, in the absence of such services and supports, would required care in an intermediate care facility for persons with I/DD.

2. The Director, Department of Medical Assistance Services, in consultation with the Commissioner of the Department of Behavioral Health and Developmental Services, shall design the proposed waiver program in a manner intended to supplement supports available through existing Medicaid and non-Medicaid funding sources to individuals and families on the waiting list for I/DD services within the affected local jurisdictions.

3. The Director, Department of Medical Assistance Services, in collaboration with the Commissioner of the Department of Behavioral Health and Developmental Services, shall report to the Chairmen of the House Appropriations and Senate Finance Committees on plans to develop and implement the proposed new waiver program by October 1, 2016."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to design and implement a waiver program for community-based I/DD services to allow localities to provide the non-federal matching funds and claim federal medical assistance payments (FMAP) through DMAS for the same range of services and supports covered under pending amendments to the three existing I/DD waiver programs, except for residential services in 24-hour congregate settings. Unlike the existing I/DD waiver programs, however, the new program will operate under a waiver of "statewideness" thus restricting program operations to CSB catchment areas that have access to local governmental funds and choose to participate in the program. The additional federal funding will permit participating local jurisdictions to extend I/DD services to additional wait-listed individuals at no additional cost to the Commonwealth.)

Chief Patron: Hope

Item 313 #7h

Move Compensation for Victims of Sterilization to HB 29

Health and Human Resources

FY16-17

FY17-18

Department of Behavioral Health and
Developmental Services

(\$400,000)

(\$400,000)

GF

Request to Amend House Bill 30, as Introduced

Language:

Page 278, line 14, strike "\$79,468,375" and insert "\$79,068,375".

Page 278, line 14, strike "\$79,458,942" and insert "\$79,058,942".

Page 281, strike line 4 and insert:

"R.1. Any funds carried over from House Bill 29 passed by the 2016 General Assembly from Item 307, paragraph T. from".

Explanation:

(This amendment eliminates \$400,000 from the general fund each year for compensation of victims of sterilization. This funding is transferred to House Bill 29 for compensation in fiscal year 2016. Language is added in House Bill 29 to allow for any unspent funding to be carried forward to a subsequent fiscal year. Language is added in this item to allow for the use of any funding carried over for this purpose to be used for such compensation.)

Chief Patron: Hope

Item 313 #8h

Examine Feasibility of Museum Exhibit Recognizing Victims of Sterilization

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 281, after line 26, insert:

"T. The Department of Behavioral Health and Developmental Services shall examine the feasibility of working with a museum to recognize the victims of sterilization. The department shall examine existing government properties, sponsored programs and facilities and other opportunities to use in developing and providing funding for the exhibit. The department shall report on its findings by December 1, 2016 to the Governor and General Assembly."

Explanation:

(This amendment adds language requiring the Department of Behavioral Health and Developmental Services to examine the feasibility of recognizing the victims of sterilization through a museum exhibit.)

Chief Patron: Hope

Item 332 #2h

Increase Funding for LTESS

Health and Human Resources

FY16-17

FY17-18

Request to Amend House Bill 30, as Introduced

Department for Aging and Rehabilitative Services \$1,453,746 \$1,453,746 GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$107,317,081".
Page 289, line 23, strike "\$105,863,335" and insert "\$107,317,081".
Page 290, line 11, strike "\$5,680,229" and "\$5,680,229" and insert:
"\$6,430,229" and "\$6,430,229".

Explanation:

(This amendment provides \$703,746 from the general fund each year to restore funding for employment support services for individuals with disabilities and provides an additional \$750,000 from the general fund each year for the Long Term Employment Support Services (LTESS) program to address an annual shortage of funding. LTESS provides support services to individuals with significant disabilities who become employed through extraordinary supervision and other supports necessary to maintain employment.)

Chief Patron: Hope

Item 350 #1h

Emergency Power Plan for Assisted Living Facilities

Health and Human Resources

Department of Social Services

Language

Language:

Page 307, after line 3, insert:
"F. The Department of Social Services shall convene a work group of interested stakeholders to make recommendations on the feasibility of requiring a licensed assisted living facility with six or more residents to have a temporary emergency electric power source on site and be able to connect to and utilize such power source for continued operation of internal systems including heating, ventilation and cooling systems; emergency lighting and fire protection systems; elevators; and refrigeration and cold storage facilities for the preservation of food during an interruption of the normal electric power supply. The department shall submit the recommendations of the work group to the General Assembly by December 1, 2016."

Explanation:

(This amendment adds language to require the Department of Social Services to convene a group to make recommendations about solutions for ensuring the health and safety of assisted living facilities residents when facilities lose power. The department is required to submit recommendations of the work group by December 1, 2016.)

Chief Patron: Ingram

Item 289 #1h

Rescue Squad Assistance Fund for Ambulance Stretcher Retention Systems

Health and Human Resources

Department of Health

Language

Language:

Page 238, line 21, after "B." insert "1."

Page 238, after line 22, insert:

"2. Out of the distribution made from paragraph B.1. from the special emergency medical services fund for the Virginia Rescue Squad Assistance Fund, \$840,000 the first year and \$840,000 the second year shall be used for the purchase of new ambulance stretcher retention systems as required by the federal General Services Administration."

Explanation:

(This amendment allocates \$840,000 each year from the Virginia Rescue Squad Assistance Fund (RSAF) for the purchase of federally required ambulance stretcher retention systems. Language allows only non-profit Emergency Medical Services agencies to receive the funds. The costs to meet the new federal standards is \$40,000 per unit.)

Chief Patron: Ingram

Item 306 #8h

Hospital Supplemental Payments

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 270, after line 31, insert:

"5. There is hereby appropriated sum-sufficient nongeneral funds for the Department of Medical Assistance Services to pay the state share of supplemental payments for qualifying private hospitals as provided in the State Plan for Medical Assistance Services. Qualifying private hospitals shall consist of any hospital currently reenrolled as a Virginia Medicaid provider that meets the requirements of the State Plan for Medical Assistance Services amendments 11-018 and 11-019 submitted to the Centers for Medicare and Medicaid Services (CMS) on or about December 20, 2011. The supplemental payments shall be based upon the approved reimbursement methodology therein. The department shall enter into a transfer agreement with agencies within the Secretariat of Health and Human Resources, who are authorized to transfer to the department funding for the state share of these private hospital supplemental payments. The department shall have the authority to implement these reimbursement changes consistent with the effective date in the State Plan amendment

Request to Amend House Bill 30, as Introduced

approved by CMS and prior to completion of any regulation process in order to effect such changes."

Explanation:

(This amendment authorizes agencies within the Secretariat of Health and Human Resources to transfer funds to the Department of Medical Assistance Services to be used to pay the state share of Medicaid supplemental payments to qualifying hospitals. These Medicaid supplemental payments reimburse qualifying hospitals for their uncompensated costs for Medicaid services they have already provided.)

Chief Patron: Ingram

Item 348 #2h

Co-Patron(s): Yancey

TANF for Boys and Girls Clubs

Health and Human Resources	FY16-17	FY17-18
Department of Social Services	\$1,000,000	\$1,000,000 NGF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$34,175,789".

Page 302, line 45, strike "\$33,175,789" and insert "\$34,175,789".

Page 304, after line 50, insert:

"K. Out of this appropriation \$1,000,000 the first year and \$1,000,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided to the Virginia Alliance of Boys and Girls Clubs to expand community-based prevention and mentoring programs to alleviate conditions that lead to juvenile crime, truancy, drop outs and that would provide measurable improvement in academic achievement of at-risk children that are eligible for TANF."

Explanation:

(This amendment provides \$1.0 million each year from the Temporary Assistance to Needy Families (TANF) block grant for the Virginia Alliance of Boys and Girls Clubs for prevention and mentoring programs for at-risk children who are eligible for TANF.)

Chief Patron: Kilgore

Item 348 #4h

Community Action Agencies

Health and Human Resources	FY16-17	FY17-18
Department of Social Services	\$3,000,000	\$3,000,000 NGF

Language:

Request to Amend House Bill 30, as Introduced

Page 302, line 45, strike "\$33,175,789" and insert "\$36,175,789".
Page 302, line 45, strike "\$33,175,789" and insert "\$36,175,789".
Page 303, line 21, strike "\$2,000,000" and "\$2,000,000" and insert:
"\$5,000,000" and "\$5,000,000".

Explanation:

(This amendment provides \$3.0 million per year in Temporary Assistance for Needy Families (TANF) funding for Community Action Agencies. Due to new federal requirements related to organizational standards for community action agencies, additional funding is needed for compliance. These standards include critical financial and administrative requirements related to modernizing the agencies to provider higher quality programs and services to low-income individuals.)

Chief Patron: Kory

Item 342 #5h

Co-Patron(s): Albo, Boysko, Hope, Keam, Levine, Lopez, Plum, Simon, Watts

Increase TANF Benefit Annually by CPI

Health and Human Resources	FY16-17	FY17-18
Department of Social Services	\$1,300,000	\$1,300,000 NGF

Language:

Page 296, line 31, strike "\$270,568,621" and insert "\$271,868,621".
Page 296, line 31, strike "\$270,510,009" and insert "\$271,810,009".
Page 298, after line 27, insert:

"M. The Department of Social Services shall annually review the amount of assistance paid to eligible recipients through the Temporary Assistance for Needy Families (TANF) block grant program and adjust the amount of such payments in an amount equal to the percentage change in the Consumer Price Index for the year immediately preceding the year in which the review occurs."

Explanation:

(This amendment directs Department of Social Services to annually review and adjust the Temporary Assistance to Needy Families (TANF) benefit payments to recipients by the percentage change in the Consumer Price Index. The current monthly TANF benefit averages \$259 per month for a family. Since 1995, when TANF was created there have only been two increases in the benefit, the most recent was 2.5 percent on January 1, 2016. Funding of \$1.3 million each year from the federal TANF block grant is provided for this benefit increase.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Krizek

Item 342 #1h

Co-Patron(s): Lopez, Sickles

Increase TANF Benefit

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$8,862,661

\$9,748,927 NGF

Language:

Page 296, line 31, strike "\$270,568,621" and insert "\$279,431,282".

Page 296, line 31, strike "\$270,510,009" and insert "\$280,258,936".

Page 298, after line 27, insert:

"M. The Department of Social Services shall increase the Temporary Assistance for Needy Families (TANF) cash benefits by 10 percent on July 1, 2016 and an additional 10 percent on July 1, 2017."

Explanation:

(This amendment increases the cash benefit for the Temporary Assistance to Needy Families (TANF) program by 10 percent each year. The current monthly TANF benefit averages \$259 per month for a family. Since 1995, when TANF was created there have only been two increases in the benefit, the most recent was 2.5 percent on January 1, 2016. The funding is from the federal TANF block grant.)

Chief Patron: Landes

Item 294 #2h

Eliminate Added Funding for Pediatric Sickle Cell Disease

Health and Human Resources

FY16-17

FY17-18

Department of Health

(\$105,000)

(\$105,000) GF

Language:

Page 241, line 1, strike "\$176,202,761" and insert "\$176,097,761".

Page 241, line 1, strike "\$176,187,761" and insert "\$176,082,761".

Explanation:

(This amendment eliminates \$105,000 each year from the general fund which was added in the introduced budget. In prior years, this funding was provided within the Virginia Department of Health through existing funding without the need for additional general fund dollars.)

Chief Patron: Landes

Item 296 #1h

Eliminate Funding Mission of Mercy (M.O.M.) Dental Project

Health and Human Resources	FY16-17	FY17-18
Department of Health	(\$100,000)	\$0 GF

Language:

Page 243, line 31, strike "\$21,004,761" and insert "\$20,904,761".
Page 247, line 8, strike "116,280" and insert "16,280".

Explanation:

(This amendment eliminates \$100,000 from the general fund the first year contained in the introduced budget to increase funding for the Virginia Dental Health Foundation Mission of Mercy (M.O.M.) dental project.)

Chief Patron: Landes

Item 296 #2h

Eliminate Funding - Health Wagon

Health and Human Resources	FY16-17	FY17-18
Department of Health	(\$100,000)	(\$100,000) GF

Language:

Page 243, line 31, strike "\$21,004,761" and insert "\$20,904,761".
Page 243, line 31, strike "\$20,754,761" and insert "\$20,654,761".
Page 246, line 50, strike "302,712" and "302,712" and insert:
"202,712" and "202,712".

Explanation:

(This amendment eliminates \$100,000 from the general fund each year contained in the introduced budget to increase funding for the Health Wagon. It retains funding of \$202,712 each year from the general fund for the Health Wagon.)

Chief Patron: Landes

Item 306 #1h

Co-Patron(s): Adams, Anderson, Carr, Collins, Cox, Fowler, Greason, Hope, Howell, Keam, Knight, LeMunyon, Lindsey, Lingamfelter, O'Bannon, Orrock, Sickles, Toscano, Yost

Add 800 Individual and Family Support Waivers

Health and Human Resources	FY16-17	FY17-18
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Request to Amend House Bill 30, as Introduced

Department of Medical Assistance	\$6,529,200	\$19,587,600	GF
Services	\$6,529,200	\$19,587,600	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,753,464,098".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,591,430,200".

Page 274, after line 33, insert:

"SSSS. Out of this appropriation, \$6,529,200 the first year and \$19,587,600 the second year from the general fund and \$6,529,200 the first year and \$19,587,600 the second year from the nongeneral funds shall be provided to add 800 slots to the newly configured Individual and Family Support Waiver, effective December 1 of each year. Of these slots, 100 shall be provided to individuals at the top of the waiting list for the current Individual and Family Developmental Disabilities Support (DD) Waiver program as of June 30, 2015."

Explanation:

(This amendment provides \$6.5 million the first year and \$19.6 million the second year from the general fund and a like amount of federal Medicaid matching funds to add 800 slots to the newly developed Individual and Family Support (IFS) waiver slots on December 1 each year for individuals on the newly combined intellectual and developmental disability waiting list. The Individual and Family Support Waiver will be a new waiver available for individuals with intellectual disability and developmental disability. It replaces the current Individual and Family Developmental Disabilities Support Waiver (DD) Waiver and will provide services and supports to I/DD individuals living with their families, friends, or in their own homes, including those with some medical or behavioral needs. Of the proposed additional slots, 100 would be provided to individuals at the top of the DD Waiver waiting list as of June 30, 2015. The current DD waiver waiting list is a chronological waiting list which will be combined with the ID waiver waiting list and changed to a needs based list beginning with the implementation of the new IFS waiver in fiscal year 2017.)

Chief Patron: Landes

Item 306 #30h

Eliminate Increases for Substance Abuse Services

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance
Services

(\$2,602,412)

(\$8,376,260) GF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,737,803,286".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,543,878,740".

Page 273, strike lines 29 through 36.

Explanation:

Request to Amend House Bill 30, as Introduced

(This amendment eliminates new funding contained in the introduced budget for substance abuse treatment services. Language is also eliminated providing the Department of Medical Assistance Services authority to seek an 1115 demonstration waiver for substance abuse treatment services.)

Chief Patron: Landes

Item 306 #31h

Eliminate Medicaid Expansion

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance Services

\$38,564,934
(\$707,219,664)

\$46,001,617
(\$2,297,021,490)

GF
NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,071,750,968".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$9,301,235,127".

Explanation:

(This amendment restores \$38.6 million the first year and \$46.0 million the second year from the general fund for the Medicaid program and reduces \$707.2 million the first year and \$2.3 billion the second year from nongeneral funds to eliminate a proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget.)

Chief Patron: Landes

Item 306 #32h

Restore Medicaid Reform Language

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 266, strike lines 24 through 56.

Page 267, strike lines 1 through 9 and insert:

"JJJJ.1. The Department of Medical Assistance Services shall seek federal authority through any necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to implement a comprehensive value-driven, market-based reform of the Virginia Medicaid/FAMIS programs. This reform shall be implemented in three phases as outlined in paragraphs 2, 3 and 4. The department shall have authority to implement necessary changes when feasible after federal approval and prior to the completion of any regulatory process undertaken in order to effect such change.

Request to Amend House Bill 30, as Introduced

2. In the first phase of reform, the Department of Medical Assistance Services shall continue currently authorized reforms of the Virginia Medicaid/FAMIS service delivery model that shall, at a minimum, include (i) implementation of a Medicare-Medicaid Enrollee (dual eligible) Financial Alignment demonstration as evidenced by a Memorandum of Understanding with the Centers for Medicare and Medicaid Services (CMS), signing of a three-way contract with CMS and participating plans, and approval of the necessary amendments to the State Plan for Medical Assistance and any waivers thereof; (ii) enhanced program integrity and fraud prevention efforts to include at a minimum: recovery audit contracting (RAC), data mining, service authorization, enhanced coordination with the Medicaid Fraud Control Unit (MFCU), and Payment Error Rate Measurement (PERM); (iii) inclusion of children enrolled in foster care in managed care; (iv) implementation of a new eligibility and enrollment information system for Medicaid and other social services; (v) improved access to Veterans services through creation of the Veterans Benefit Enhancement Program; and (vi) expedite the tightening of standards, services limits, provider qualifications, and licensure requirements for community behavioral health services.

3. In the second phase of reform, the Department of Medical Assistance Services shall implement value-based purchasing reforms for all recipients subject to a Modified Adjusted Gross Income (MAGI) methodology for program eligibility and any other recipient categories not excluded from the Medallion II managed care program. Such reforms shall, at a minimum, include the following: (i) the services and benefits provided are the types of services and benefits provided by commercial insurers and may include appropriate and reasonable limits on services such as occupational, physical, and speech therapy, and home care with the exception of non-traditional behavioral health and substance use disorder services; (ii) reasonable limitations on non-essential benefits such as non-emergency transportation are implemented; and (iii) patient responsibility is required including reasonable cost-sharing and active patient participation in health and wellness activities to improve health and control costs.

To administer this reformed delivery model, the department is authorized to contract with qualified health plans to offer recipients a Medicaid benefit package adhering to these principles. Any coordination of non-traditional behavioral health services covered under contract with qualified health plans or through other means shall adhere to the principles outlined in paragraph OO. c. This reformed service delivery model shall be mandatory, to the extent allowed under the relevant authority granted by the federal government and shall, at a minimum, include (i) limited high-performing provider networks and medical/health homes; (ii) financial incentives for high quality outcomes and alternative payment methods; (iii) improvements to encounter data submission, reporting, and oversight; (iv) standardization of administrative and other processes for providers; and (v) support of the health information exchange.

The second phase of reform shall also include administrative simplification of the Medicaid program through any necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act and outline agreed upon parameters and metrics to provide maximum flexibility and expedited ability to develop and implement pilot programs

Request to Amend House Bill 30, as Introduced

to test innovative models that (i) leverage innovations and variations in regional delivery systems; (ii) link payment and reimbursement to quality and cost containment outcomes; or (iii) encourage innovations that improve service quality and yield cost savings to the Commonwealth. Upon federal approval, the department shall have authority to implement such pilot programs prior to the completion of the regulatory process.

4. In the third phase of reform, the Department of Medical Assistance Services shall seek reforms to include all remaining Medicaid populations and services, including long-term care and home- and community-based waiver services into cost-effective, managed and coordinated delivery systems. The department shall begin designing the process and obtaining federal authority to transition all remaining Medicaid beneficiaries into a coordinated delivery system.

5. The Department of Medical Assistance Services shall provide a report to the Medicaid Innovation and Reform Commission on the specific waiver and/or State Plan changes that have been approved and status of implementing such changes, and associated cost savings or cost avoidance to Medicaid/FAMIS expenditures.

6.a. The Department shall seek the approval of the Medicaid Innovation and Reform Commission to amend the State Plan for Medicaid Assistance under Title XIX of the Social Security Act, and any waivers thereof, to implement coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act. If the Medicaid Innovation and Reform Commission determines that the conditions in paragraphs 2, 3, 4, and 5 have been met, then the Commission shall approve implementation of coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act.

b. Upon approval by the Medicaid Innovation and Reform Commission, the department shall implement the provisions in paragraph 6.a. of this item by July 1, 2014, or as soon as feasible thereafter.

7.a. Contingent upon the expansion of eligibility in paragraph 6.a., there is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Reform and Innovation Fund, hereafter referred to as the "Fund." The Fund shall be established on the books of the Comptroller and any moneys remaining in the Fund at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. For purposes of the Comptroller's preliminary and final annual reports required by § 2.2-813, however, all deposits to and disbursements from the Fund shall be accounted for as part of the general fund of the state treasury.

b. The Director of the Department of Medical Assistance Services, in consultation with the Director of the Department of Planning and Budget, shall annually identify projected general fund savings attributable to enrollment of newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA, including behavioral health services, inmate health care, and indigent care. Beginning with development of the fiscal year 2015 budget, these projected savings shall be reflected in reduced appropriations to the affected agencies and the amounts deposited into the Fund net of any appropriation increases necessary to meet

Request to Amend House Bill 30, as Introduced

resulting programmatic requirements of the Department of Medical Assistance Services. Beginning in fiscal year 2015, funding to support health innovations described in Paragraph 3 shall be appropriated from the Fund not to exceed \$3.5 million annually. Funding shall be distributed through health innovation grants to private and public entities in order to reduce the annual rate of growth in health care spending or improve the delivery of health care in the Commonwealth. When the department, in consultation with the Department of Planning and Budget, determines that the general fund expenses incurred from coverage of newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA exceed any associated savings, a percentage of the principle of the Fund as determined necessary by the department and the Department of Planning and Budget to cover the cost of the newly eligible population shall be reallocated to the general fund and appropriated to the department to offset the cost of this population. Principle shall be allocated on an annual basis for as long as funding is available.

8. In the event that the increased federal medical assistance percentages for newly eligible individuals included in 42 U.S.C. § 1396d(y)(1)[2010] of the PPACA is modified through federal law or regulation from the methodology in effect on January 1, 2014, resulting in a reduction in federal medical assistance as determined by the department in consultation with the Department of Planning and Budget, the Department of Medical Assistance Services shall disenroll and eliminate coverage for individuals who obtained coverage through 42 U.S.C. § 1396d(y)(1) [2010] of the PPACA. The disenrollment process shall include written notification to affected Medicaid beneficiaries, Medicaid managed care plans, and other providers that coverage will cease as soon as allowable under federal law from the date the department is notified of a reduction in Federal Medical Assistance Percentage.

9. That notwithstanding any other provision of this act, or any other law, no general or nongeneral funds shall be appropriated or expended for such costs as may be incurred to implement coverage for newly eligible individuals pursuant to 42 U.S.C. § 1396d(y)(1)[2010] of the Patient Protection and Affordable Care Act, unless included in an appropriation bill adopted by the General Assembly on or after July 1, 2014."

Explanation:

(This amendment eliminates language in the introduced budget which would have allowed for the expansion of the Medicaid program pursuant to the Patient Protection and Affordable Care Act and restores language that was contained in Chapter 665, 2015 Virginia Acts of Assembly prohibiting Medicaid expansion unless funding is included in an appropriation bill adopted by the General Assembly. It also restores language guiding efforts to reform the Medicaid program.)

Chief Patron: Landes

Item 310 #2h

Co-Patron(s): Ingram

Restore Funds for Medicaid Central Processing Unit

Request to Amend House Bill 30, as Introduced

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	\$1,000,000 \$4,000,000	\$1,000,000 \$4,000,000	GF NGF

Language:

Page 275, line 24, strike "\$261,770,341" and insert "\$266,770,341".
Page 275, line 24, strike "\$276,866,129" and insert "\$281,866,129".
Page 276, line 45, strike "\$3,283,004" and "\$3,283,004" and insert: "\$4,283,004" and "\$4,283,004".
Page 276, line 46, strike "\$9,839,000" and "\$9,839,000" and insert: "\$13,839,000" and "\$13,839,000".

Explanation:

(This amendment restores the funding for the Medicaid central processing unit at the Cover Virginia Call Center that was reduced in fiscal year 2016. This funding is necessary to more fully utilize the Cover Virginia Call Center as a central processing unit for Medicaid applications. The Joint Legislative Audit and Review Commission recently recommended the Departments of Medical Assistance Services and Social Services develop a plan to expand the central processing unit to reduce the backlog of overdue Medicaid application renewals.)

Chief Patron: Landes

Item 315 #1h

Restore Funding for Community Services Boards

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$12,143,442	\$29,144,262	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$389,283,703".
Page 282, line 4, strike "\$365,130,854" and insert "\$394,275,116".

Explanation:

(This amendment restores \$12.1 million the first year and \$29.1 million the second year from the general fund for services provided through Community Services Boards that was reduced in the introduced budget as part of the proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget. A companion amendment in Item 306 eliminates Medicaid expansion.)

Chief Patron: Landes

Item 332 #6h

Fund Interdisciplinary Memory Assessment Clinics

Health and Human Resources

Department for Aging and Rehabilitative Services

Language

Language:

Page 291, after line 18, insert:

"P. The Department for Aging and Rehabilitative Services shall report on its progress toward implementing the "Interdisciplinary Memory Assessment Clinics with Dementia Care Management" (IMACDCM) as described in the Dementia State Plan. The report shall include the outcomes of the federal "Family Access to Memory Impairment and Loss Information, Engagement and Supports" (ADSSP grant), the "Dementia Specialized Supportive Services Project" (ADI-SSS grant) and any other relevant data with recommendations for further implementation of IMACDCM. The department shall consult with relevant stakeholders in preparing the report. The department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees on December 1, 2016."

Explanation:

(This amendment requires the Department for Aging and Rehabilitative Services to report on its progress towards implementing the "Interdisciplinary Memory Assessment Clinics with Dementia Care Management" (IMACDCM) as described in the Dementia State Plan.)

Chief Patron: Landes

Item 343 #3h

Eliminate Local DSS Funding for Medicaid Expansion

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

(\$1,402,388)

(\$2,179,438)

GF

(\$4,097,172)

(\$6,367,376)

NGF

Language:

Page 298, line 28, strike "\$432,787,665" and insert "\$427,288,105".

Page 298, line 28, strike "\$435,848,095" and insert "\$427,301,281".

Explanation:

(This amendment eliminates \$1.4 million the first year and \$2.2 million the second year from the general fund and \$4.1 million the first year and \$6.4 million the second year from nongeneral funds for an expected increased in Medicaid eligibility processing by local departments of social services. A proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget would have required additional eligibility processing of Medicaid applications. A companion amendment in Item 306 eliminates Medicaid expansion.)

Chief Patron: Landes

Item 350 #2h

Report on Asset Verification Service

Health and Human Resources

Department of Social Services

Language

Language:

Page 307, line 1, strike "E." and insert "E.1."

Page 307, after line 3, insert:

"2. The Department of Social Services shall provide to the Chairmen of the House Appropriations and Senate Finance Committees a report on the implementation of the Asset Verification Service that is part of the Eligibility Modernization Project on or before September 1, 2016. It is the intent of the General Assembly to encourage financial institutions with branches in Virginia to work collaboratively with the department and their vendor in order to maximize participation in the Asset Verification Service program.

3. The Department shall also develop a plan and submit it to the Chairmen of the House Appropriations and Senate Finance Committees on or before December 1, 2016 to incorporate searchable national real estate records as part of the Asset Verification Service program. The plan shall include components that will allow for national real property asset searches, motor vehicle registration/title searches and aircraft/watercraft registration searches in order to combat fraudulent applications."

Explanation:

(This amendment adds language directing the Department of Social Services to provide a report on the asset verification service on September 1, 2016 and develop a plan to incorporate searchable national real estate records as part of the service by December 1, 2016.)

Chief Patron: Landes

Item 393 #2h

Restore Funding for Inmate Medical Care

Public Safety and Homeland Security

FY16-17

FY17-18

Department of Corrections

\$9,865,826

\$24,719,813 GF

Language:

Page 331, line 45, strike "\$954,262,420" and insert "\$964,128,246".

Page 331, line 45, strike "\$951,894,843" and insert "\$976,614,656".

Explanation:

Request to Amend House Bill 30, as Introduced

(This amendment restores \$9.9 million the first year and \$24.7 million the second year from the general fund for inmate medical care that was reduced in the introduced budget as part of the proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget. A companion amendment in Item 306 eliminates Medicaid expansion.)

Chief Patron: Landes

Item 477 #2h

Eliminate Medicaid Expansion, Related Spending and Hospital Assessment

Central Appropriations	FY16-17	FY17-18	
Central Appropriations	(\$28,071,815)	(\$23,068,254)	GF

Language:

- Page 408, line 13, strike "\$60,223,426" and insert "\$32,151,611".
- Page 408, line 13, strike "\$185,877,014" and insert "\$162,808,760".
- Page 408, strike lines 17 through 53.
- Page 409, strike lines 1 through 56.
- Page 410, strike lines 1 through 5.

Explanation:

(This amendment eliminates \$28.1 million the first year and \$23.1 million the second year from the general fund for a number of economic development and research projects, and tax policy changes set out in Central Accounts. Funding for these items was to be generated from savings to the Medicaid program based on a proposal to expand Medicaid pursuant to the Patient Protection and Affordable Care Act contained in the introduced budget. Language is also eliminated earmarking the funding for these projects and authorizing an assessment on hospitals as a mechanism to pay for future Medicaid expansion costs. A companion amendment in Item 306 eliminates Medicaid expansion.)

Chief Patron: LaRock

Item 4-5.04 #5h

Restriction on Funding for Abortion Services

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

- Page 480, after line 24, insert:
"1. MEDICAL SERVICES: No expenditures from general or nongeneral fund sources may be made out of any appropriation by the General Assembly for providing abortion services,

Request to Amend House Bill 30, as Introduced

except otherwise required by federal law."

Explanation:

(This amendment restores language contained in Chapter 665, 2015 Virginia Acts of Assembly related to funding for abortion services. Language is modified slightly from that contained in Chapter 665 to omit an exception for those services required by state statute.)

Chief Patron: Leftwich

Item 315 #16h

Co-Patron(s): James, Knight, Spruill, Villanueva

Chesapeake Veterans & Beh. Health Court Docket Program

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$185,000	\$185,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$377,325,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$365,315,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$185,000 the first year and \$185,000 the second year from the general fund shall be provided to the City of Chesapeake for two Clinician II positions, agency contractual staffing support and related client support expenses associated with the establishment and operation of a court docket pilot program for veterans with behavioral health issues."

Explanation:

(This amendment provides \$185,000 from the general fund each year to create and support a pilot program for a special court docket related to veterans with behavioral health issues. A special court docket would allow a judge to hear cases of veterans with behavioral health issues that have come into contact with the criminal justice system. Such a docket would allow the court to determine if other services or interventions are available to help veterans suffering with mental illness access treatment in order to help them achieve stability and avoid future interactions with the justice system.)

Chief Patron: Levine

Item 306 #34h

Capture Additional Medicaid Fraud Savings

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	(\$1,069,000)	(\$1,069,000)	GF
	\$1,069,000	\$1,069,000	NGF

Request to Amend House Bill 30, as Introduced

Language:

Page 251, line 33, strike "\$364,723,293" and insert "\$365,792,293".
Page 251, line 34, strike "\$348,084,880" and insert "\$349,153,880".

Explanation:

(This amendment captures \$1.1 million each year in Medicaid savings from an increase in the estimated amount of Medicaid fraud recoveries. The amendment also adds \$1.1 million each year in nongeneral funds in the Virginia Health Care Fund to reflect the receipt of the additional fraud recoveries which are used to offset general fund Medicaid expenditures. The savings achieved by this action are used to fund an increase in funding for the Child Advocacy Centers in a companion amendment to Item 348.)

Chief Patron: Levine

Item 348 #5h

Children's Advocacy Centers of Virginia

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$1,069,000

\$1,069,000 GF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$34,244,789".
Page 302, line 45, strike "\$33,175,789" and insert "\$34,244,789".
Page 304, line 4, strike "\$931,000" and "\$931,000" and insert:
"\$2,000,000" and "\$2,000,000".

Explanation:

(This amendment increases funding for Children's Advocacy Centers of Virginia by \$1,069,000 each year from the general fund. This funding is necessary to handle the increase in caseloads and coverage areas.)

Chief Patron: Lingamfelter

Item 347 #1h

Office of Immigrant Assistance

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$450,000

\$300,000 GF

Language:

Page 302, line 36, strike "\$78,757,450" and insert "\$79,207,450".
Page 302, line 36, strike "\$78,757,450" and insert "\$79,057,450".

Request to Amend House Bill 30, as Introduced

Explanation:

(This amendment adds \$450,000 the first year and \$300,000 the second year from the general fund to establish the Office of Immigrant Assistance within the Department of Social Services. Funding will be used to assist persons lawfully entering the U.S. and the Commonwealth for the purposes of becoming citizens by providing advice and assistance with the citizenship application process as well as employment and housing services for eligible immigrants.)

Chief Patron: Lingamfelter

Item 348 #6h

Back to School Allowance - Backpack Program

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$2,700,000

\$2,700,000 NGF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$35,875,789".

Page 302, line 45, strike "\$33,175,789" and insert "\$35,875,789".

Page 304, after line 50, insert:

"K. Out of this appropriation, \$2,700,000 the first year and \$2,700,000 the second year from the federal Temporary Assistance to Needy Families (TANF) block grant shall be provided for a grant of \$100 on behalf of each child in a TANF-eligible family attending school from kindergarten through 12th grade to acquire school supplies and clothing at the start of each year."

Explanation:

(This amendment provides \$2.7 million each year from the federal TANF block grant for a grant of \$100 on behalf of each child in a TANF-eligible family attending school from kindergarten through 12th grade. Funding will allow children living in poverty to acquire school supplies and clothing at the start of each school year.)

Chief Patron: Lopez

Item 342 #4h

Fund TANF Impact of HB 992

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$125,312

\$125,312 NGF

Language:

Page 296, line 31, strike "\$270,568,621" and insert "\$270,693,933".

Page 296, line 31, strike "\$270,510,009" and insert "\$270,635,321".

Explanation:

(This amendment adds \$125,312 each year from the Temporary Assistance to Needy Families (TANF) block grant to fund the fiscal impact of House Bill 992 which provides that a person who is otherwise eligible to receive TANF benefits shall not be denied such benefits solely because he has been convicted of a felony offense of possession of a controlled substance, provided that he is not using illegal drugs, complies with all obligations imposed by the criminal court and the Department of Social Services, and is actively engaged in or has completed substance abuse treatment.)

Chief Patron: Lopez

Item 342 #6h

Prohibit TANF for Existing State-funded Services

Health and Human Resources

Department of Social Services

Language

Language:

Page 298, after line 27, insert:

"M. Federal funds made available to the Commonwealth of Virginia for the Temporary Assistance to Needy Families (TANF) program shall not be used to supplant non-federal funds for existing services and activities that promote a purpose of TANF. State or local funds expended for such a purpose shall be maintained at least at the level of such expenditures for fiscal year 2016."

Explanation:

(This amendment adds language prohibiting the use of federal TANF block grant funds to supplant non-federal funding for existing services and activities that meet the goals of TANF and are allowable uses of TANF dollars. State or local spending on these services must be maintained at levels funded in fiscal year 2016.)

Chief Patron: Loupassi

Item 306 #5h

Co-Patron(s): Carr, Farrell, Garrett, Ingram, Lingamfelter, O'Bannon, Peace, Robinson, Sickles, Stolle

Change Reimbursement Method for Nursing Homes with Special Populations

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance
Services

\$0
\$0

\$2,930,950 GF
\$2,930,950 NGF

Language:

Request to Amend House Bill 30, as Introduced

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,558,116,900".

Page 265, after line 15, insert:

"7. The department shall amend the State Plan for Medical Assistance to create a separate peer group for both direct and indirect care for nursing facilities that provide services to a resident population where a disproportionate number of residents, defined as at least 80 percent of the total Medicaid resident population, have one or more of the following diagnoses: quadriplegia, traumatic brain injury, multiple sclerosis, paraplegia, or cerebral palsy. The adjustment factors used to determine both the direct and indirect care costs for these new peer groups shall be established at 100 percent of the peer group day-weighted median neutralized and inflated cost per day for freestanding nursing facilities. The department shall have the authority to implement this reimbursement methodology change for rates effective on and after July 1, 2017, and prior to completion of any regulatory process in order to effect such change."

Explanation:

(This amendment provides \$2.9 million from the general fund the second year and a like amount of federal Medicaid matching funds to change the reimbursement methodology for nursing facilities that provide services to a resident population in which at least 80 percent of the residents have specific chronic and disabling conditions. These conditions tend to occur in a younger population who consequently have a significant longer stay in a nursing facility than many nursing home residents. Consequently, the costs to serve these individuals is much higher. Currently, only one nursing facility, the Virginia Home, would meet the criteria to qualify for additional funding pursuant to the reimbursement methodology change.)

Chief Patron: Marshall R.

Item 4-5.04 #2h

No Funding for Abortion Clinic Regulatory Changes

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 480, after line 24, insert:

"1. MEDICAL SERVICES: No funding in this budget or any matching funds may be provided to implement any Executive order, Executive directive, guidance opinion or other direction from the Office of the Governor to suspend or modify the regulations surrounding the operation of abortion clinics in place as of July 1, 2013."

Explanation:

(This amendment is self-explanatory.)

Chief Patron: Marshall R.

Item 4-5.04 #3h

Request to Amend House Bill 30, as Introduced

Co-Patron(s): Landes

Restriction on Funding for Abortion Services

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 480, after line 24, insert:

"1. MEDICAL SERVICES: No expenditures from general or nongeneral fund sources may be made out of any appropriation by the General Assembly for providing abortion services, except otherwise required by federal law."

Explanation:

(This amendment restores language contained in Chapter 665, 2015 Virginia Acts of Assembly related to funding for abortion services. Language is modified slightly from that contained in Chapter 665 to omit an exception for those services required by state statute.)

Chief Patron: Marshall R.

Item 4-5.04 #4h

No Funds for Planned Parenthood, Inc. or Affiliates

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 480, after line 24, insert:

"1. MEDICAL SERVICES: NNo expenditures from the general, special, or other nongeneral fund sources may be made out of any appropriation by the General Assembly to the Planned Parenthood Federation of America, Inc. or any subsidiary or affiliate thereof."

Explanation:

(This amendment is self-explanatory.)

Chief Patron: McClellan

Item 294 #1h

Increase Support for Pediatric Comprehensive Sickle Cell Disease Services

Health and Human Resources

FY16-17

FY17-18

Department of Health

\$145,000

\$145,000 GF

Request to Amend House Bill 30, as Introduced

Language:

Page 241, line 1, strike "\$176,202,761" and insert "\$176,347,761".
Page 241, line 1, strike "\$176,187,761" and insert "\$176,332,761".

Explanation:

(This amendment provides \$145,000 each year from the general fund for the increasing pediatric comprehensive Sickle Cell disease services. The introduced budget provides \$105,000 each year from the general fund to cover the cost of the existing contract for the Pediatric Comprehensive Sickle Cell Disease Program. This funding would supplement services.)

Chief Patron: McClellan

Item 332 #3h

Increase Funding for LTESS

Health and Human Resources

FY16-17

FY17-18

Department for Aging and Rehabilitative Services

\$750,000

\$750,000 GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$106,613,335".
Page 289, line 23, strike "\$105,863,335" and insert "\$106,613,335".
Page 290, line 11, strike "\$5,680,229" and "\$5,680,229" and insert:
"\$6,430,229" and "\$6,430,229".

Explanation:

(This amendment provides \$750,000 from the general fund each year for the Long Term Employment Support Services (LTESS) program to support individuals with disabilities in competitive employment. LTESS provides a full array of employment support services to help individuals with significant disabilities maintain employment. LTESS funds have not been substantially increased for more than eight years. Funding will assist the Commonwealth in meeting the goals of its "Employment First" policy.)

Chief Patron: McClellan

Item 332 #5h

LTESS Competitive Employment

Health and Human Resources

Department for Aging and Rehabilitative Services

Language

Language:

Request to Amend House Bill 30, as Introduced

Page 290, line 11, after "E.", insert "1."

Page 290, after line 13, insert:

2. Effective July 1, 2016, 60 percent of the funds appropriated for long-term employment support services (LTESS) shall be used to support employees with significant disabilities who are competitively employed in integrated jobs in the community earning at or above the federal minimum wage as prescribed by the U.S. Fair Labor Standards Act (29 U.S.C. & 201 et seq.). This percentage shall increase by 10 percent in subsequent years."

Explanation:

(This amendment adds language requiring that 60 percent of LTESS funds only be used to support individuals who are working in supported, competitive, integrated employment in the community and receiving at least minimum wage.)

Chief Patron: Murphy

Item 346 #2h

Provide Assistance for Foster Care Youth to Attend College

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$600,000

\$1,200,000 NGF

Language:

Page 300, line 52, strike "\$203,423,579" and insert "\$204,023,579".

Page 300, line 52, strike "\$207,930,566" and insert "\$209,130,566".

Page 302, after line 35, insert:

"N. Out of this appropriation \$600,000 the first year and \$1,200,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant shall be provided to assist foster care youth with college costs. Funds shall be used to provide eligible youth with \$1,000 each year for costs associated with books, school supplies and expenses related to college."

Explanation:

(This amendment provides \$600,000 the first year and \$1.2 million the second year from the Temporary Assistance to Needy Families (TANF) block grant to assist foster care youth with college costs. This funding would be used to provide each individual \$1,000 a year to help with books, school supplies and expenses related to college.)

Chief Patron: O'Bannon

Item 296 #3h

Mission of Mercy (M.O.M.) Dental Project

Health and Human Resources

FY16-17

FY17-18

Request to Amend House Bill 30, as Introduced

Department of Health \$0 \$100,000 GF

Language:

Page 243, line 31, strike "\$20,754,761" and insert "\$20,854,761".
Page 247, line 8, strike "16,280" and insert "116,280".

Explanation:

(This amendment adds \$100,000 from the general fund the second year for the Virginia Dental Health Foundation Mission of Mercy (M.O.M.) dental project. The introduced budget provided this amount of funding in the first year, however, did not provide any additional funding in the second year for the project. The M.O.M. dental project provides no cost dental services in underserved areas of the Commonwealth through the use of volunteer dentists and hygienists. The project has treated more than 59,000 patients with dental care valued at \$38.3 million since 2000.)

Chief Patron: O'Bannon

Item 306 #3h

Restore Inflation Adjustment for Nursing Facilities

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$0	\$16,959,137	GF
Services	\$0	\$16,959,137	NGF

Language:

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,586,173,274".
Page 273, strike lines 7 through 11.

Explanation:

(This amendment eliminates languages deferring an inflation adjustment for nursing facilities in fiscal year 2018.)

Chief Patron: O'Bannon

Item 306 #4h

Restore Inflation Calculation Affecting Future Nursing Facility Rates

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$0	\$5,578,840	GF
Services	\$0	\$5,578,840	NGF

Language:

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,563,412,680".
Page 271, line 3, after "rates", insert:

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"in the first year, but shall not be substituted for published inflation factors in any subsequent scheduled rebasing of nursing facility rates."

Explanation:

(This amendment modifies languages in the introduced budget to clarify that the deferral of an inflation adjustment for nursing facility rates in fiscal year 2016 was not intended to affect any future rebasing of nursing facility rates. The Department of Medical Assistance Services has interpreted the language as a perpetual deferral and this language corrects that interpretation. The deferral of the fiscal year 2016 inflation adjustment continues to affect the first year, but the second year, under a scheduled rebasing, rates would not be affected by the 2016 deferral.)

Chief Patron: O'Bannon

Item 310 #3h

DMAS Report on Eligible but Unenrolled

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 276, after line 54, insert:

"The Department of Medical Assistance Services shall report on the estimated number of Virginians who are eligible but not enrolled in the Virginia Medicaid program as of September 1 of each year."

Explanation:

(This amendment is self-explanatory.)

Chief Patron: O'Bannon

Item 315 #2h

Detox Med Kits

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$2,500,000

\$0 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$379,640,261".

Page 285, after line 20, insert:

"Out of this appropriation, \$2,500,000 the first year is provided for a pilot project to provide same day opiate medications for 4,000 individuals at or below the federal poverty level as part of a 5-day detoxification process to assist individuals who have overdosed on opioids and are in need of assistance with ongoing addiction. The pilot program will include the

Request to Amend House Bill 30, as Introduced

following components: (i) case management services and peer coaching for up to one year to assist in recovery efforts and prevent rapid return to substance abuse, (ii) licensed, certified or recovery professional directed evaluation, care and treatment services, (iii) an interdisciplinary team of trained clinicians to assess and treat the individual, (iv) licensed/registered health care providers to administer medication, and (v) a recovery coach assigned to each participant using a peer-based model. The Department of Behavioral Health and Developmental Services may contract with Community Services Boards, Recovery Community Centers, treatment centers and community physicians in each region to administer the detoxification medication kits. The department shall report on the outcome of the pilot program by December 31, 2017 to the Chairmen of the House Appropriations and Senate Finance Committees and the Chairman of the Joint Commission on Health Care."

Explanation:

(This amendment provides \$2.5 million from the general fund in fiscal year 2017 to establish a pilot project to administer detoxification medication kits to low-income individuals who have overdosed on opioids and are in need of assistance with ongoing addiction. Language sets forth required components for the pilot program and requires a report to the Chairmen of the House Appropriations and Senate Finance Committees and the Joint Commission on Health Care by December 31, 2017.)

Chief Patron: O'Bannon

Item 315 #3h

Recovery Residency Program

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$1,350,000

\$1,350,000 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$378,490,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$366,480,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$1,350,000 from the general fund each year is provided for a recovery residency program to provide residential services for low-income individuals who have completed a detoxification program but who lack a safe and stable living environment upon discharge to initiate and sustain recovery."

Explanation:

(This amendment provides \$1.4 million each year from the general fund for a recovery residential program for low-income individuals who have completed a detoxification program but are in need of a residential program to facilitate long-term recovery defined as abstinence from alcohol and other non-prescribed drug use, and improvement in overall mental and physical well being. The program would fund services in 10 locations across the state.)

Chief Patron: O'Bannon

Item 333 #2h

Co-Patron(s): Rasoul

Chronic Disease Self Management Education Program

Health and Human Resources	FY16-17	FY17-18
Department for Aging and Rehabilitative Services	\$535,000	\$310,000 GF

Language:

Page 291, line 19, strike "\$33,758,218" and insert "\$34,293,218".
Page 291, line 19, strike "\$34,819,218" and insert "\$35,129,218".

Explanation:

(This amendment provides \$535,000 the first year and \$310,000 the second year from the general fund to expand the Chronic Disease Self Management Programs to the entire state through the local Area Agencies on Aging (AAAs) and to expand existing programs. To date, 15 AAAs have programs that will be enhanced to assist more elderly Virginians to manage their chronic conditions and reduce unnecessary Emergency Department trips while improving the individual's quality of life. Funding will provide training for master trainers, coaches and volunteers to work with more than 3,000 additional elderly Virginians in completing the program. Funding in the second year will include an evaluative component through an independent university-based review.)

Chief Patron: O'Bannon

Item 349 #1h

Assess Appeals Process

Health and Human Resources

Department of Social Services

Language

Language:

Page 305, after line 48, insert:
"H. The Department of Social Services shall examine the structure and process for appeals related to the regulation of assisted living facilities to determine that all steps in the process ensure the fair treatment of entities which are appealing adverse findings."

Explanation:

(This amendment is self-explanatory.)

Request to Amend House Bill 30, as Introduced

Chief Patron: O'Quinn

Item 333 #5h

Abuse in Later Life Project

Health and Human Resources

FY16-17

FY17-18

Department for Aging and Rehabilitative Services

\$100,000

\$100,000 GF

Language:

Page 291, line 19, strike "\$33,758,218" and insert "\$33,858,218".

Page 291, line 19, strike "\$34,819,218" and insert "\$34,919,218".

Page 292, after line 33, insert:

"I. Out of this appropriation, \$100,000 the first year and \$100,000 the second year from the general fund shall be provided for the Abuse in Later Life Project of Washington County and Bristol."

Explanation:

(This amendment provides \$100,000 each year each year from the general fund for the Abuse in Later Life Project of Washington County and Bristol for programs to help aging individuals who are victims of abuse, neglect and/or exploitation.)

Chief Patron: O'Quinn

Item 348 #7h

Children's Advocacy Centers of Virginia

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$569,000

\$569,000 GF

Language:

Page 302, line 45, strike "\$33,175,789" and insert "\$33,744,789".

Page 302, line 45, strike "\$33,175,789" and insert "\$33,744,789".

Page 304, line 4, strike "\$931,000" and "\$931,000" and insert:

"\$1,500,000" and "\$1,500,000".

Explanation:

(This amendment increases funding for Children's Advocacy Centers of Virginia by \$569,000 each year from the general fund. This funding is necessary to handle the increase in caseloads and coverage areas.)

Chief Patron: Orrock

Item 332 #10h

Expand Project SEARCH

Request to Amend House Bill 30, as Introduced

Health and Human Resources	FY16-17	FY17-18
Department for Aging and Rehabilitative Services	\$200,000	\$200,000 GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$106,063,335".
Page 289, line 23, strike "\$105,863,335" and insert "\$106,063,335".

Explanation:

(This amendment provides an additional \$200,000 each year from the general fund to expand Project SEARCH, a public/private partnership between the Employer, the Department for Aging and Rehabilitative Services and Employment Services Organizations, to offer internships to students with disabilities in their last year of high school to prepare them for employment upon graduation. This model is successful in assisting youth with significant disabilities to be employed in jobs that may not typically be a consideration. Funding would serve five school systems supporting 810 students in each system. The program support Virginia's "Employment First" efforts as these individuals are often referred for non-work oriented day support programs. There are currently 15 Project SEARCH sites across the Commonwealth, demonstrating a high rate of success in securing employment for youth who participate.)

Chief Patron: Peace

Item 285 #1h

Increase Funds for CSA Local Administration

Health and Human Resources	FY16-17	FY17-18
Children's Services Act	\$1,149,465	\$1,149,465 GF

Language:

Page 232, line 39, strike "\$288,022,851" and insert "\$289,172,316".
Page 232, line 39, strike "\$287,078,273" and insert "\$288,227,738".

Explanation:

(This amendment provides \$1.1 million each year from the general fund for local administrative costs of providing oversight, accountability and administration for the Children's Services Act (CSA). Local administrative duties include implementing the mandatory assessment tool and process, developing service plans for children, managing expenditures, collecting input and outcome data by child, negotiating rates and contracts with vendors, and maximizing the use of federal funds .)

Request to Amend House Bill 30, as Introduced

Chief Patron: Peace

Item 285 #2h

Fund Educational Costs for Students Placed in Psychiatric or Residential Treatment Facilities

Health and Human Resources

FY16-17

FY17-18

Children's Services Act

\$10,729,920

\$10,729,920 GF

Language:

Page 232, line 39, strike "\$288,022,851" and insert "\$298,752,771".

Page 232, line 39, strike "\$287,078,273" and insert "\$297,808,193".

Page 235, after line 25, insert:

"f. Effective July 1, 2016 this item shall include the educational services costs for students whose direct placement in or admittance to state or privately operated psychiatric or residential treatment facilities has been approved by the Virginia Medicaid program. These educational services shall be reimbursed at the rate in effect on July 1, 2015 and shall not include a local match. The Department of Medical Assistance Services and its Behavioral Health Services Administrator shall immediately notify the Office of Children's Services when such a placement or admission has been made. The Office of Children's Services shall transfer funds to the local responsible agencies as they are needed to pay provider claims for educational services."

Explanation:

(This amendment provides \$10.7 million each year from the general fund to fund the educational costs for students placed in psychiatric or residential treatment facilities for non-educational reasons. Over the past 15 years, more children have been placed in "Level C" psychiatric residential treatment facilities through authorization and reimbursement by the Virginia Medicaid program without involvement of the local CSA structure and process. The provision of educational services is required by licensing regulations. Medicaid does not allow payment for education services. Consequently, there was no formal mechanism for reimbursing these facilities for the educational costs of Medicaid eligible children. In fiscal year 2015, 524 children were placed in residential treatment facilities through Medicaid outside the CSA process and without any state funding for education services. This is a recommendation of the Children's Services Act State Executive Council (SEC) based on findings from a SEC work group that examined this issue in 2015.)

Chief Patron: Peace

Item 306 #11h

Co-Patron(s): Garrett, Hester, Ingram, Landes, O'Bannon, Sickles, Stolle

Medicaid Rates for Anesthesia Services

Health and Human Resources

Request to Amend House Bill 30, as Introduced

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. Any future rate increases to adult primary care services shall apply to anesthesia services."

Explanation:

(This amendment adds language directing the Department of Medical Assistance Services to apply future rate increases for adult primary care services to anesthesia services. Currently, Medicaid anesthesia rates are part of the "other" service category, which reimburses an average of 86.8% of Medicare rates. However, within this service category, anesthesia rates are reimbursed at only 58.1% of Medicare rates. This category of services does not receive any automatic inflation adjustments unlike hospitals and nursing facilities. This budget amendment has no immediate fiscal impact but would ensure that these rate increases for these services in the future are treated similarly to adult primary care services).

Chief Patron: Peace

Item 306 #12h

Increase Medicaid Rates for Adult Day Health Care Services

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	\$636,037	\$636,037	GF
	\$700,644	\$700,644	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,741,742,379".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,553,591,681".

Page 274, after line 33, insert:

"SSSS. Out of this appropriation, \$636,037 from the general fund and \$636,037 from nongeneral funds the first year and \$700,644 from the general fund and \$700,644 from nongeneral funds the second year shall be used to increase reimbursement rates for adult day health services provided through Medicaid home- and community-based waiver programs by 20 percent. The department shall have the authority to implement this reimbursement change effective July 1, 2016, and prior to the completion of any regulatory process undertaken in order to effect such change."

Explanation:

(This amendment adds funds to provide a 20 percent increase in the Medicaid waiver reimbursement rate for adult day health services. Adult day health care is much less expensive than alternative care in a nursing facility for which these clients qualify. Providers of adult day health care report a gap of \$18.13 per client per day between actual costs and Medicaid reimbursement, which must be made up through contributions from individuals,

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churches, corporations, and foundations. These services are almost exclusively provided to Medicaid waiver recipients. This amendment will increase the statewide rate paid for Medicaid adult day health care services from \$60.10/unit to \$72.12/unit in Northern Virginia and from \$55.65/unit to \$66.78/unit in the rest of the state. A "unit" represents 6 or more hours in a day.)

Chief Patron: Peace

Item 306 #18h

COPN Repeal

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance
Services

\$991,843
\$991,843

\$2,043,197 GF
\$2,043,197 NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,742,389,384".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,556,341,394".

Explanation:

(This amendment provides funding for the fiscal impact of House Bill 2177 which eliminates most of the Certificate of Public Need requirements with the exception of certain projects. The fiscal impact reflects the estimated impact on the Virginia Medicaid program of an increase in the per unit cost of hospital services as increases in hospital bed and operating room capacity occur.)

Chief Patron: Peace

Item 306 #20h

Co-Patron(s): Landes

Restore Medicaid Rates-Intensive In-home, In-home Support Svs. & Therapeutic Day Treatment

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 258. line 8 after "Services", strike the remainder of the line and insert:

"to restore the 14 percent reimbursement rate reductions made to Intensive In-Home Services (IIS), In-Home Support Services (IHSS) and Therapeutic Day Treatment Services (TDT)".

Page 258, strike lines 9 through 12.

Explanation:

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(This amendment modifies language in the introduced budget to require the Department of Medical Assistance Services to work with the Department of Behavioral Health and Developmental Services to restore reimbursement reductions, estimated at 14 percent, that were made to Medicaid Intensive In-Home Services, In-Home Support Services and Therapeutic Day Treatment Services since fiscal year 2010. The cost of such restoration would be \$17.6 million from the general fund the first year and \$19.8 million from the general fund the second year and a like amount of federal Medicaid matching funds each year.)

Chief Patron: Peace

Item 306 #21h

Co-Patron(s): Landes

Eliminate Independent Clinical Assessment for Children's Services

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 262, line 9, after "process.", insert:

"The department shall eliminate the Independent Clinical Assessment."

Explanation:

(This amendment adds language to eliminate the use of an independent clinical assessment performed by Community Services Boards for children's behavioral health services. The assessment was implemented prior to the Department of Medical Assistance Services contract with a behavioral health administrator who is responsible for care coordination of behavioral health services.)

Chief Patron: Peace

Item 306 #22h

Co-Patron(s): Landes

Targeted Case Management Choice and Accountability Program

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS.1. Notwithstanding § 37.2-500, Code of Virginia, the Department of Medical Assistance Services shall implement the Case Management Choice and Accountability

Request to Amend House Bill 30, as Introduced

Program to improve the value of behavioral health care delivered to Medicaid recipients by measuring outcomes, enhancing quality, and monitoring expenditures. The program shall phase-in choice and accountability in targeted case management services starting with up to 5,000 individuals beginning July 1, 2016 and with additional phases every six months until all individuals have a choice of their provider of case management services. The Department of Medical Assistance Services shall report on the phase-in of the program to the chairmen of the House Appropriations and Senate Finance Committees on November 1, 2016 and November 1, 2017 and each November thereafter until choice is universal. The department shall seek input from the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Association of Community Service Boards (VACSB) and the Virginia Association of Community Based Providers (VACBP) in reporting on the program implementation.

2. The Targeted Case Management program shall include the following elements: (i) private provider case managers shall perform the services in 12VAC30-50-420(D); (ii) private provider case managers shall provide services to no more than 25 individuals at one time; (iii) private provider case managers shall meet individuals face-to face at least one time per month; (iv) private provider case manager qualifications shall exceed current practice and meet qualifications in 12VAC30-50-420(E), and shall be at least a Qualified Mental Health Professional (QMHP-A, C or E); (v) private provider case managers shall utilize outcome based measures to track an individual's progress; and (vi) private providers shall be reimbursed directly from the Department of Medical Assistance Services or its behavioral healthcare coordination contractor at a rate of \$280 per individual per month.

3. Private providers who qualify under the Administrative Code section 12VAC30-50-420 and who are licensed to perform case management services by the DBHDS are eligible to provide case management services to qualified individuals. The DBHDS shall license private providers who meet qualifications in 12VAC30-50-420 and who apply for a license within 90 days of the enactment of the legislation or private provider application whichever occurs first.

4. Individuals eligible to participate in the program shall: (i) be currently receiving targeted case management services from a case manager who is providing services to more than 25 individuals or (ii) currently receiving community-based services and eligible, but not currently receiving targeted case management services.

5. All individuals currently receiving targeted case management services from a case manager who is providing services to more than 25 individuals shall be given first priority for consideration to participate in the Choice and Accountability program. These individuals shall be selected through a lottery process according to the geographic area where they live and contact information shall be shared between these individuals and eligible providers no later than September 1, 2016. The lottery process shall be designed by the department with input from DBHDS, the VACSB and the VACBP. No selected person shall be denied access to any other Community Service Board services for which they are eligible, including psychiatry.”

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Explanation:

(This amendment adds language to creates the Targeted Case Management Choice and Accountability Program to provide choice in selecting a case manager, address non-compliance with Virginia's Human Rights laws and Virginia regulation 12VAC30-50-420(F)1, and improve the quality and reduce the cost of Targeted Case Management services.)

Chief Patron: Peace

Item 306 #23h

Co-Patron(s): Landes, O'Bannon

Medicaid Resource Eligibility

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services shall seek federal authority through a State Plan Amendment under Title XIX of the Social Security Act to permit individuals to use certified appraisals conducted by appraisers licensed by the Virginia Real Estate Appraiser Board as an alternative to the use of the tax assessed value to establish the value of any non-commercial real property for purposes of Medicaid resource eligibility. The cost of the appraisal shall be borne by the applicant or his designee."

Explanation:

(This amendment requires the Department of Medical Assistance Services to seek federal authority to use an alternative methodology for valuing real property for the purpose of determining resources of a Medicaid applicant.)

Chief Patron: Peace

Item 306 #24h

Co-Patron(s): Landes

Require 90 Days Notice of Effective Date of New Regulations

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

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Page 257, line 7, after "adults.", insert:

"The department shall implement a required 90-day period between the time regulations are finalized and when they may become effective."

Explanation:

(This amendment adds language to require a 90-day period between the time regulations are finalized and when they may become effective. This will prevent retroactive application of regulations and allow behavioral health providers time to make necessary changes to comply with new regulations.)

Chief Patron: Peace

Item 306 #25h

Co-Patron(s): Landes

Report on Impact of Mental Health Skill-Building Services Changes

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 268, line 41, strike "2015" and insert "2017".

Page 268, line 44, strike "2014" and insert "2016".

Page 268, line 48, delete "Virginia." and insert:

"Virginia, including any increases in criminal justice system costs, social services costs, crisis service costs and death."

Explanation:

(This amendment modifies language in the introduced budget to provide specific information not referenced or included in previous reports or descriptions of the impact of Mental Health Skill Building Services changes.)

Chief Patron: Peace

Item 306 #26h

Strategic Plan for Comprehensive Brain Injury Services

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. "The Department of Medical Assistance Services, in collaboration with the Departments of Health, Behavioral Health and Developmental Services and Aging and

Request to Amend House Bill 30, as Introduced

Rehabilitative Services, shall develop a work group with community stakeholders to create a five-year strategic plan for delivering comprehensive brain injury services. The department will report progress annually on achievement of measurable objectives, including but not limited to: (i) improving data capture of annual incidence of brain injury as defined in the Code of Virginia, (ii) analysis of instate and out-of-state health care utilization and expenditure data of Virginians with brain injury, (iii) projections of need and costs of a comprehensive array of brain injury services within Virginia, including a publicly funded instate neurobehavioral treatment program and a brain injury home and community-based waiver for persons with brain injury, and (iv) the design and implementation of a pilot project to repatriate Virginians receiving care out of state. The first report will be due to the Chairmen of the House Appropriations and Senate Finance Committees by November 30, 2016."

Explanation:

(This amendment adds language to require a state agency and community stakeholder work group to create a five-year strategic plan for delivering comprehensive brain injury services in Virginia with a report due November 30, 2016 and annually thereafter.)

Chief Patron: Peace

Item 313 #9h

Modify Auxiliary Grant to Allow Supportive Housing

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 281, after line 26, insert:

"T.1. The Department of Behavioral Health and Developmental Services may enter into an agreement for the provision of supportive housing for individuals receiving auxiliary grants pursuant to § 51.5-160 with any provider licensed to provide mental health community support services, intensive community treatment, programs of assertive community treatment, supportive in-home services, or supervised living residential services. Such agreement shall include requirements for (i) individualized service plans for every individual receiving services, (ii) access to skills training for every individual receiving services, (iii) assistance with accessing available community-based services and supports for every individual receiving services, (iv) recipient-level outcome data reporting, (v) adherence to identified supportive housing components, (vi) initial identification and ongoing review of the level of care needs for each recipient, (vii) ongoing monitoring of services described in the recipient's individualized service plan, and (viii) annual inspections by the department or its designee to determine whether the provider is in compliance with the requirements of the agreement.

2. Supportive housing provided by providers entering into agreements with the department

Request to Amend House Bill 30, as Introduced

pursuant to this section shall (i) include appropriate support services in the least restrictive and most integrated setting practicable for the recipient, (ii) comply with federal habitability standards, (iii) provide cooking and bathroom facilities in each unit, (iv) afford dignity and privacy to the recipient, (v) include rights of tenancy and rights of appeal prior to termination of a recipient's tenancy, (vi) provide rental levels that leave sufficient funds for other necessary living expenses, and (vii) not admit or retain recipients who require ongoing, on-site, 24-hour supervision and care or recipients who have any of the conditions or care needs described in subsection D of § 63.2-1805.3.

3. The department may immediately revoke any agreement pursuant to paragraph G.1. if the department determines that the provider has violated the terms of the agreement of any federal or state law or regulation.

4. The Commissioner of the Department of Behavioral Health and Developmental Services shall work with the Commissioner of the Department for Aging and Rehabilitative Services to assist in the development of regulations for the administration of the auxiliary grants program that shall include (i) the services to be provided to the auxiliary grant recipient and paid for by the auxiliary grant and not charged to the recipient's personal needs allowance, and (ii) the process for supportive housing providers, assisted living facilities, and adult foster care homes to report and certify their costs, including allowable costs and resident charges.

5. In order to receive an auxiliary grant while residing in supportive housing or an assisted living facility, an individual shall have been evaluated by a case manager or other qualified assessor using the uniform assessment instrument to determine his need for residential living care upon admission and annually thereafter. An individual may select supportive housing or an assisted living facility subject to evaluation and assessment of the individual and availability of the selected housing option as allowed by regulations, but in no event shall any public agency incur a financial obligation if the individual is determined ineligible for an auxiliary grant."

Explanation:

(This amendment adds language extending housing options for individuals receiving auxiliary grants to include supportive housing, provided the supportive housing provider has entered into an agreement for the provision of supportive housing with the Department of Behavioral Health and Developmental Services. It also establishes requirements for providers of supportive housing that enter into agreements with the Department.)

Chief Patron: Peace

Item 333 #1h

Co-Patron(s): Boysko, Carr, Farrell, Fowler, Hope, Kory, Lopez, McQuinn, Miyares, Murphy, O'Bannon, Rasoul, Sickles, Spruill, Ward, Yost

Virginia Lifespan Respite Voucher Program

Request to Amend House Bill 30, as Introduced

Health and Human Resources	FY16-17	FY17-18	
Department for Aging and Rehabilitative Services	\$100,000	\$100,000	GF

Language:

Page 291, line 19, strike "\$33,758,218" and insert "\$33,858,218".
Page 291, line 19, strike "\$34,819,218" and insert "\$34,919,218".

Explanation:

(This amendment provides \$100,000 each year from the general fund to the Department for Aging and Rehabilitative Services for the Virginia Lifespan Respite Voucher Program that was initially established through a federal grant in 2011. The federal grant was extended in 2012 establish Virginia to develop a plan to create an innovative voucher program that provides reimbursement vouchers up to \$400 to home-based caregivers to cover the cost of temporary and short-term respite. It is unlike other respite programs in Virginia in that it serves people across the lifespan of all ages, backgrounds and disabilities. This funding will allow an additional 500 families to be served.)

Chief Patron: Peace

Item 333 #3h

Virginia Public Guardianship and Conservator Program

Health and Human Resources	FY16-17	FY17-18	
Department for Aging and Rehabilitative Services	\$700,000	\$700,000	GF

Language:

Page 291, line 19, strike "\$33,758,218" and insert "\$34,458,218".
Page 291, line 19, strike "\$34,819,218" and insert "\$35,519,218".
Page 291, line 31, strike "\$1,476,733" and insert "\$2,176,733".
Page 291, line 31, strike "\$1,726,733" and insert "\$2,426,733".

Explanation:

(This amendment adds \$700,000 from the general fund each year for the Virginia Public Guardian and Conservator Program to support 50 slots for individuals with mental illness and 50 slots for vulnerable, indigent Virginians who have been adjudicated as incapacitated and have no one who is willing or able to serve as their guardian. The introduced budget included funding for 50 individuals with mental illness the first year and 98 individuals the second year who are discharged from state hospitals, and for 100 individuals the first year and 195 individuals the second year for individuals transitioning to the community from state training centers.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Peace

Item 333 #4h

Co-Patron(s): Carr, Carr, Greason, Ingram, O'Bannon, Plum, Sickles, Sullivan

Long-term Care Ombudsman Program

Health and Human Resources	FY16-17	FY17-18
Department for Aging and Rehabilitative Services	\$2,012,645	\$2,012,645 GF

Language:

Page 291, line 19, strike "\$33,758,218" and insert "\$35,770,863".
Page 291, line 19, strike "\$34,819,218" and insert "\$36,831,863".

Explanation:

(This amendment provides \$2.0 million each year from the general fund to the Department for Aging and Rehabilitative Services to expand the Long-Term Care Ombudsman Program that is operated at the local level by Area Agencies on Aging. This amendment would complete statewide funding of this program, and provide sufficient funds for each local program to employ one ombudsman for every 2,000 licensed nursing home and adult care residence beds in the community. This level of staffing has been recommended by the National Institute of Medicine. Funding will also support four state-level staff to provide oversight, policy guidance, training and technical assistance to the local ombudsmen and to work on statewide long-term care policy issues.)

Chief Patron: Peace

Item 343 #1h

Local DSS Administrative Funding

Health and Human Resources	FY16-17	FY17-18
Department of Social Services	\$1,790,913	\$1,790,913 GF

Language:

Page 298, line 28, strike "\$432,787,665" and insert "\$434,578,578".
Page 298, line 28, strike "\$435,848,095" and insert "\$437,639,008".

Explanation:

(This amendment provides \$1.8 million each year from the general fund for local departments of social services administrative operations. Local departments have experienced an increased volume of applications for benefit programs as a result of open enrollment on the federally facility exchange and a subsequent increase in Medicaid applications.)

Chief Patron: Peace

Item 343 #2h

Kinship Care Reporting

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$27,200

\$27,200 GF

Language:

Page 298, line 28, strike "\$432,787,665" and insert "\$432,814,865".

Page 298, line 28, strike "\$435,848,095" and insert "\$435,875,295".

Page 299, after line 10, insert:

"G. 1. Local departments of social services shall report data collected on children in facilitated kinship care arrangements to the Virginia Department of Social Services on a quarterly basis. The Virginia Department of Social Services shall maintain the aggregate data by locality and make such data available to the public. Data reported must include, but is not limited to: the age, gender, race and ethnicity of the child; the nature of the child's relationship to the kinship caregiver; the family's history of involvement with child protective services; what if any services were provided to the family before the child moved into the home of the kinship caregiver; and where the child is residing and who has legal custody of the child at the time of the local board's final contact with the family. If available, the following data must also be provided: the duration of the kinship arrangement, whether any court order was entered to support the kinship arrangement, whether the child or parent has a disability and if so what that disability is, and what, if any services, were provided to the child or kinship caregivers after the child moved into the home.

2. The Virginia Department of Social Services shall develop informational brochures explaining how relative caregivers and parents can seek legal advice through the legal aid system and the Virginia State Bar lawyer referral service. The Virginia Department of Social Services shall provide sufficient amounts of these informational brochures to local social services agencies to allow them to provide the brochures to parents and relatives whenever they facilitate a kinship care arrangement. Whenever a local social services agency facilitates a kinship care arrangement, it shall provide this brochure to both the parent consenting to the kinship care arrangement and the relative caregiver."

Explanation:

(This amendment provides \$27,200 from the general fund per year to support the data collection and reporting requirements of local departments of social services regarding kinship care arrangements. The language directs local departments of social services to collect and report the information to the state Department of Social Services and for that information to be made public.)

Chief Patron: Pogge

Item 332 #8h

Expand Funding for Brain Injury Services

Health and Human Resources	FY16-17	FY17-18	
Department for Aging and Rehabilitative Services	\$1,500,000	\$1,500,000	GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$107,363,335".
Page 289, line 23, strike "\$105,863,335" and insert "\$107,363,335".
Page 290, line 32, strike "\$5,058,981" and "\$5,058,981" and insert:
"\$6,558,981" and "\$6,558,981".

Explanation:

(This amendment adds \$1.5 million each year from the general fund to expand funding for programs providing brain injury services through the Department for Aging and Rehabilitative Services. Funding would address existing wait lists, expand core safety net services (case management and transitional day programs) and provide funds for critical long-term supports and services (telehealth, supported living, peer support) in unserved and underserved areas of the Commonwealth.)

Chief Patron: Rush

Item 319 #2h

State & Community Consensus Planning Team - Add Stakeholders

Health and Human Resources

Mental Health Treatment Centers

Language

Language:

Page 286, line 19, after "2." insert "a."
Page 286, after line 21, insert:
"b. Notwithstanding § 37.2-316 of the Code of Virginia, the following stakeholders will be added to the state and community consensus and planning team: the Virginia Hospital and Healthcare Association, the National Alliance on Mental Illness of Virginia, the Virginia Health Care Association and LeadingAge Virginia."

Explanation:

(This amendment adds several organizations as stakeholders to the state and community consensus and planning team that will be established as part of the process to develop a plan to close Catawba Hospital.)

Joint Task Force on I/DD Services

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 232, at the beginning of line 8, insert "A."

Page 232, after line 32, insert:

"B.1. The Secretary of Health and Human Services and the Secretary of Education shall appoint an interagency task force to make recommendations to expand statewide capacity to delivery services and supports in integrated community settings for individuals with intellectual and developmental disability (I/DD). Recommendations shall address: (i) revisions in state statutes, regulations, administrative policies and interagency agreements deemed necessary to facilitate more effective interagency planning and financing of health, education, rehabilitation, housing and long-term services and supports across existing departmental boundaries; (ii) legislative and administrative specifications for establishing a statewide, quasi-governmental School-to-Work Transition Institute charged with creating and supporting the work of local, cross-agency collaborations. These specifications must detail the proposed institute's organizational structure, funding sources, reporting requirements and oversight responsibility to ensure public accountability; (iii) the steps necessary to create an integrated data platform for tracking, planning and synchronizing cross-agency services to youth and young adults who are likely to require specialized health, behavioral health and long-term supports as adults. This data platform shall be capable of linking special education, physical and behavioral health, rehabilitation, housing and long-term service providers with health care coordinators, Community Services Board case managers and vocational rehabilitation counselors, thereby supporting cross-system planning, joint financing and service delivery initiatives; (iv) the component parts of a comprehensive, long-range plan to create a seamless, multi-agency response to the health, education, housing and long-term support needs of youth and young adults with I/DD that harnesses and coordinates the efforts of local school districts, vocational rehabilitation, health, housing, employment and residential and day support agencies as well as Community Services Boards in localities across the state. In addition, the plan shall specify the timelines, roles and inter-related responsibilities of all involved parties; and (v) a permanent mechanism for facilitating joint, cross-system planning, service and financing initiatives among the state agencies represented on the task force.

2. The interagency task force shall: (i) be appointed no later than July 1, 2016; (ii) include representatives of the following state agencies: the Departments of Education (DOE), Aging and Rehabilitative Services (DARS), Behavioral Health and Developmental Services (DBHDS), Housing and Community Development (DHCD), Labor and Industry and the Virginia Housing Development Authority (VHDA); (iii) hold hearings in at least five geographic areas of the state to obtain input from disability stakeholders, including disability

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advocates, services providers, Community Services Boards, local officials and other interested citizens; (iv) issue for public comments an interim report summarizing its findings, conclusions and recommendations on or before July 1, 2017. Interested members of the public shall be given 30 days to submit written or electronic comments on the interim report; and (v) issue a final report that summarizes the public comments received and the task force's response to such comments.

C.1. The Secretary of Health and Human Resources shall require the Commissioners of the DBHDS, and DARS to convene a joint, public/private study group to recommend: (i) revisions in existing policies and practices aimed at eliminating barriers to cross agency planning and financing of residential, day and employment services for adolescents and adults with I/DD; (ii) the essential components of a quasi-public Institute on Community Inclusion with statewide responsibility for: (a) furnishing providers of segregated day and residential services with the training and technical assistance they need to transition to community agencies capable of supporting individuals with I/DD in fully integrated community settings; (b) assisting the DBHDS in recruiting high-quality out-of-state provider of integrated daytime and residential services; (c) gathering and disseminating best practice information gleaned from the experiences of exemplary in-state providers as well as providers in other states and nations; and (d) reporting annually to the Governor, the Secretary of Health and Human Services and the General Assembly on the Commonwealth's progress in developing capacity to support individuals with I/DD in integrated living, employment, social and recreational settings; and (iii) The component parts of a joint, cross-agency plan to eliminate the state's present reliance on sheltered workshops and other segregated employment programs by no later than July 1, 2020. The plan shall set forth cross-agency roles and responsibilities and well as the timelines for achieving stated goals.

2. The public/private study group shall: (i) be appointed no later than July 1, 2016; (ii) include representatives of the following state agencies: DOE, DARS, DBHDS, DHCD, Labor and Industry and the VHDA, along with representatives of non-governmental organizations and individuals representing advocates and providers of community I/DD services as well as Community Services Boards. State agency representatives shall constitute no more than one-third of study group members; (iii) hold hearings in at least five geographic areas of the state to obtain input from disability stakeholders, including disability advocates, providers of disability services, Community Services Boards, local elected and appointed officials and other interested citizens; (iv) issue for public comments an interim report summarizing its findings, conclusions and recommendations on or before July 1, 2017. Interested members of the public will be allowed 30 days in which to submit written or electronic comments on the interim report; and (v) issue a final report that summarizes the public comments received and the study group's response to such comments by no later than October 1, 2017.

3. The Secretary of Health and Human Resources shall direct the Commissioner of the DBHDS to: (i) update the department's existing I/DD community housing plan, in collaboration with DHCD and the VHDA, to ensure that it is consistent with the requirements of the federal home and community based services settings rule, as

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promulgated by the Centers for Medicare and Medicaid Services on January 17, 2014, and the statewide transition plan designed to ensure compliance of these regulatory provisions by no later than March 17, 2019; and (ii) transfer funds from the DBHDS Trust Fund to cover the cost of capacity building activities, including the amounts necessary to: (a) support the activities of the proposed Institute on Community Inclusion; (b) award time-limited, bridge funding grants to I/DD provider agencies that are developing and strengthening their capacity to provide day and/or residential services in integrated community settings; and (c) implementing the statewide plan to reduce the state's reliance on sheltered workshops and other segregated day and residential services. Such transfers shall be subject General Assembly approval as part of the department's biennial budget. Bridge fund grants shall be carried out in accordance with a time-sequenced plan submitted by a community provider agency and approved by DBHDS."

Explanation:

(This amendment adds language requiring the Secretary of Health and Human Services and the Secretary of Education to appoint an interagency task force to develop recommendations related to the planning and delivery of services for individuals with intellectual and developmental disabilities. Language also requires the Commissioners of Behavioral Health and Developmental Services and Aging and Rehabilitative Services to convene a work group to develop additional recommendations and take additional steps to assist in this effort.)

Chief Patron: Sickles

Item 306 #13h

Modify Rate Methodology for New I/DD Waiver for Northern Virginia Providers

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	\$21,796,890	\$43,583,781	GF
	\$21,796,890	\$43,583,781	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,783,999,478".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,639,422,562".

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services shall adjust the methodology used for calculating new Medicaid Intellectual and Developmental Waiver service rates in Northern Virginia from the 50th percentile to the 75th percentile of Bureau of Labor Statistics Wage Data for Job Classifications for direct care staff."

Explanation:

(This amendment provides funding to adjust the direct support staff wage assumptions included in the proposed I/DD waiver rates methodology and subsequent rates included in the waiver redesign from the 50th percentile to the 75th percentile of Bureau of Labor Statistics Wage Data for Job Classifications for these positions. This adjustment is critical to

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expanding community capacity in the high cost Northern Virginia region to serve individuals in the community in accordance with the U.S. Department of Justice Settlement Agreement. A competitive wage will assist in the recruitment and retention of competent staff to provide quality community-based services.)

Chief Patron: Sickles

Item 306 #15h

Require Annual Review of I/DD Waiver Rates

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Developmental Services and appropriate stakeholders, shall review the methodology used for calculating Intellectual and Developmental Disability Waiver service rates and make recommendations for applicable adjustments to be included in the Governor's introduced budget on an annual basis."

Explanation:

(This amendment adds language requiring the Department of Medical Assistance Services to review the methodology used to calculate Intellectual and Developmental Disability waiver service rates annually and make recommendations for including in the Governor's introduced budget in collaboration with the Department of Behavioral Health and Developmental Services and stakeholders.)

Chief Patron: Sickles

Item 315 #14h

Individual and Family Support Services

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$1,000,000

\$1,000,000 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$378,140,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$366,130,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$1,000,000 each year from the general fund is provided for individual and family supports for individuals with Intellectual or Developmental Disability who are not receiving Medicaid home and community-based waiver services. Funding shall be equally distributed to each Community Services Board (CSB) in the amount of \$25,000 to

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each CSB each year to serve approximately 25 families with annual funding of up to \$1,000 for services and supports to avert crisis situations and avoid unnecessary hospitalizations."

Explanation:

(This amendment provides \$1.0 million from the general fund each year to increase flexible family supports funding for individuals with Intellectual or Developmental Disability who are not receiving Medicaid home and community-based waiver services to reduce crisis situations and unnecessary hospitalizations by keeping families intact and individuals in the least restrictive environment. Funding of \$25,000 annually would be distributed to each Community Services Board to care for approximately 25 individuals with annual funding up to \$1,000 per individual.)

Chief Patron: Sickles

Item 342 #3h

Increase TANF Child Support Income Disregard to \$200

Health and Human Resources	FY16-17	FY17-18
Department of Social Services	\$4,800,000	\$4,800,000 NGF

Language:

Page 296, line 31, strike "\$270,568,621" and insert "\$275,368,621".

Page 296, line 31, strike "\$270,510,009" and insert "\$275,310,009".

Page 298, after line 27, insert:

"M. Beginning July 1, 2016, the Department of Social Services shall increase the child support earnings disregard used in determining cash assistance for Temporary Assistance to Needy Families beneficiaries with more than one child from \$100.00 per month to \$200.00 per month."

Explanation:

(This amendment adds \$4.8 million each year from the Temporary Assistance to Needy Families (TANF) block grant and language to increase the amount of child support earnings that may be disregarded in determining cash assistance through the Temporary Assistance to Needy Families (TANF) program for families with more than one child from \$100 to \$200 per month. Federal regulations allow states to retain the child support collected on behalf of children in families receiving cash assistance under the TANF program. However, many states, including Virginia, "pass through" a portion of the monthly payment to TANF families and disregard that child support in calculating TANF benefits. Federal law allows states to "pass through" and disregard \$100 for one child and \$200 for two or more children without owing the federal government for its share of the disregarded funds. Virginia is currently only passing through \$100 regardless of the number of children in the household. Funding to provide this additional support is provided from excess balances in the TANF block grant.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Sickles

Item 345 #1h

Auxiliary Grant Rate Differential

Health and Human Resources	FY16-17	FY17-18	
Department of Social Services	\$883,200	\$883,200	GF
	\$220,800	\$220,800	NGF

Language:

Page 299, line 53, strike "\$39,061,169" and insert "\$40,165,169".

Page 299, line 53, strike "\$39,061,169" and insert "\$40,165,169".

Page 300, after line 30, insert:

"4. Effective July 1, 2016, the Department of Social Services shall add a payment rate differential of \$1,000 per month per Auxiliary Grant resident to the maximum rate for each licensed assisted living facility that has a three year history of serving a resident population for which (i) more than 75 percent of the resident days were provided to persons with a mental health diagnosis and/or an intellectual disability, (ii) more than 95 percent of the resident days were funded in part under the Auxiliary Grants program; (iii) funding from local governments was needed to cover its operating expenses, and (iv) a capital grant from the Department of Housing and Urban Development limited admissions only to qualified indigent persons."

Explanation:

(This amendment provides funding for a \$1,000 per month per recipient rate differential in the Auxiliary Grant for assisted living facilities that meet certain criteria. The criteria for the differential includes having a three year history where: (i) 75 percent of the bed days were provided to individuals with mental illness or an intellectual disability; (ii) 95 percent of the residents had an Auxiliary Grant; (iii) funding from local governments were needed to help cover expenses; and (iv) a capital grant from the U.S. Department of Housing and Urban Development limited admissions only to qualified indigent persons.)

Chief Patron: Simon

Item 306 #28h

Paid Sick Leave for Consumer-Directed Care Providers

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	\$1,487,766	\$1,487,766	GF
	\$1,487,766	\$1,487,766	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,743,381,230".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,555,230,532".

Request to Amend House Bill 30, as Introduced

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services shall have the authority to provide five days of sick leave each year for consumer-directed home- and community-based Medicaid providers who work an average of 20 or more hours per week, effective July 1, 2016."

Explanation:

(This amendment provides funding to provide five days of sick leave per year to providers of consumer-directed Medicaid home- and community-based waiver services who work an average of 20 or more hours per week. This change is effective July 1, 2016.)

Chief Patron: Stolle

Item 306 #7h

Restore Hospital Inflation Adjustment

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance Services

\$15,004,581
\$14,668,870

\$32,651,145 GF
\$31,880,708 NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,770,079,149".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,616,786,853".

Page 250, line 53, strike "\$65,269,972" and insert "\$68,249,435".

Page 250, line 53, strike "\$65,805,426" and insert "\$72,335,351".

Page 251, line 7, strike "\$36,537,063" and insert "\$39,299,852".

Page 251, line 7, strike "\$35,302,648" and insert "\$41,348,106".

Page 272, strike lines 52 through 55.

Page 272, strike lines 1 through 6.

Explanation:

(This amendment eliminates language in the introduced budget which would eliminate an inflation adjustment to inpatient hospital operating rates, graduate medical education payments (GME), disproportionate share hospital (DSH) payments and outpatient hospital rates. Language is modified in the introduced budget which sets out the appropriation for the state's teaching hospitals' indigent care reimbursement to reflect the change. The elimination of these adjustments would negatively impact Virginia's freestanding children's hospitals by effectively reducing, not only rates, but their DSH, GME and indirect medical education payments.)

Chief Patron: Stolle

Item 306 #19h

Medicaid Physician & Managed Care Liaison Comm. - ER Care Coordination Workgroup

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 265, line 57, after "committee.", insert:

"The Committee shall establish an Emergency Department Care Coordination work group comprised of representatives from the Committee, including the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Academy of Family Physicians and the Virginia Association of Health Plans to achieve the following goals: (i) develop a plan for improved coordination of care across provider types for "super utilizers"; (ii) identify the fiscal impact of primary care provider incentives and of funding improved interoperability between hospital and provider systems; and (iii) identify best practices for formalizing a statewide emergency department collaboration. Such best practices to consider may include: (i) Washington State's "Seven Best Practices" in the emergency department; (ii) adoption of a system to electronically exchange patient information and more easily access the prescription monitoring program among emergency departments on a statewide basis, such as the EDIE system used in other states; (iii) development of a process to create care plans for super utilizers, including patients who are in the Medicaid Client Medical Management program, and (iv) establishment of regional care coordination teams comprised of emergency medicine physicians, hospital leaders, primary care physicians, the Department of Medical Assistance Services representatives, substance abuse professionals and mental health service providers to develop and review care plans for identified super utilizers, electronically accessible to providers in the region's emergency department to help ensure consistent care to this population regardless of where they present for care."

Explanation:

(This amendment adds language directing the Medicaid Physician and Managed Care Liaison Committee to establish an Emergency Department Care Coordination work group and sets forth its representatives and tasks to improve coordination of care across provider types for "super utilizers" of services and identify best practices for collaborating on care across hospital and provider systems.)

Chief Patron: Torian

Item 342 #2h

Fund TANF Impact of HB 828

Health and Human Resources

FY16-17

FY17-18

Department of Social Services

\$125,312

\$125,312 NGF

Language:

Page 296, line 31, strike "\$270,568,621" and insert "\$270,693,933".

Request to Amend House Bill 30, as Introduced

Page 296, line 31, strike "\$270,510,009" and insert "\$270,635,321".

Explanation:

(This amendment adds \$125,312 each year from the Temporary Assistance to Needy Families (TANF) block grant to fund the fiscal impact of House Bill 838 which provides that a person who is otherwise eligible to receive TANF benefits shall not be denied such benefits solely because he has been convicted of a felony offense of possession of a controlled substance, provided that he is not using illegal drugs, complies with all obligations imposed by the criminal court and the Department of Social Services, and is actively engaged in or has completed substance abuse treatment.)

Chief Patron: Toscano

Item 332 #9h

Co-Patron(s): Wilt

Fund Transition Services by Centers for Independent Living (CILs)

Health and Human Resources	FY16-17	FY17-18	
Department for Aging and Rehabilitative Services	\$850,000	\$850,000	GF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$106,713,335".

Page 289, line 23, strike "\$105,863,335" and insert "\$106,713,335".

Page 290, line 24, strike "\$4,482,021" and "\$4,482,021" and insert: "\$5,982,021" and "\$5,982,021".

Page 291, line 32, strike the second "\$4,482,021" and insert "\$5,982,021".

Explanation:

(This amendment provides funding of \$850,000 each year from the general fund to provide each Center for Independent Living with \$50,000 each to add newly required transition services. Transition services are required to (i) facilitate the transition of people with significant disabilities from nursing homes and other institutions to home and community-based residences with supports and services, (ii) provide assistance to people with significant disabilities who are at risk of institutional placements so they may remain in the community, and (iii) facilitate the transition of youth with significant disabilities who are eligible for individualized education programs in the federal Individuals with Disabilities Education Act and who have completed their secondary education or otherwise left school to post-secondary life.)

Chief Patron: Villanueva

Item 332 #7h

Add Funding for Vocational Rehabilitation Program

Request to Amend House Bill 30, as Introduced

Health and Human Resources	FY16-17	FY17-18	
Department for Aging and Rehabilitative Services	\$3,200,000 \$1,540,038	\$3,200,000 \$1,540,038	GF NGF

Language:

Page 289, line 23, strike "\$105,863,335" and insert "\$110,603,373".

Page 289, line 23, strike "\$105,863,335" and insert "\$110,603,373".

Page 289, line 31, strike "\$8,984,358" and "\$8,984,358" and insert: "\$10,524,396" and "\$10,524,396".

Page 289, after line 51, insert:

"4. Out of this appropriation, \$1,659,962 each year from the general fund shall be provided to supplement the vocational rehabilitation grant program. Should additional federal funding become available, this funding shall be used to match the federal Vocational Rehabilitation Grant to provide vocational rehabilitation services."

Explanation:

(This amendment increases state funding for the Vocational Rehabilitation (VR) program by \$3.2 million each year from the general fund and \$1.5 million each year from matching federal funds. Since federal matching funds are limited, a portion of the general fund dollars will be matched with the federal funds. Should additional federal grant dollars become available, the Department of Rehabilitative Service may use the general fund dollars to match federal grant dollars. The VR program assists individuals with disabilities to get ready for, find, and keep jobs by providing training, placement, and job-coaching services along with workplace accommodations (i.e. assistive technology). Last year more than 4,000 individuals with disabilities became employed with the assistance of the VR program. The department operates the VR program under an Order of Selection, serving individuals with the most significant disabilities (MSD-Category 1) before others, when demand for services exceeds available funding. Individuals are placed on waiting lists until dollars are available to provide services. As demand for services have exceeded available resources, all categories have remained closed during fiscal year 2015. Currently the waiting list fluctuates between 2,500 to 3,000 individuals.)

Chief Patron: Watts

Item 315 #17h

Peer Supports Specialists

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$1,800,000	\$1,800,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$378,940,261".

Request to Amend House Bill 30, as Introduced

Page 282, line 4, strike "\$365,130,854" and insert "\$366,930,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$1.8 million from the general fund each year is provided to support two peer support specialists at each Community Services Board."

Explanation:

(This amendment provides \$1.8 million from the general fund each year to support two additional peer support specialists at each Community Services Board. Peer supports provide daily management, social and emotional support and linkages to clinical care and community programs. Peers help to reduce psychiatric hospitalizations, repeated detox admissions, and arrests.)

Chief Patron: Wright

Item 331 #1h

Defray Costs to Nottoway of Confinement of VCBR Residents

Health and Human Resources	FY16-17	FY17-18
Virginia Center for Behavioral Rehabilitation	\$100,000	\$100,000 GF

Language:

Page 288, line 33, strike "\$15,992,008" and insert "\$16,092,008".

Page 288, line 33, strike "\$15,999,871" and insert "\$16,099,871".

Page 289, after line 5, insert:

"C. Out of the amounts appropriated in this Item, \$100,000 the first year and \$100,000 the second year from the general fund is provided for the purpose of reimburse the County of Nottoway for the expense of confining residents of the Virginia Center for Behavioral Rehabilitation arrested for new offenses and held in Piedmont Regional Jail at the expense of the County."

Explanation:

(This amendment provides \$100,000 each year to be reimbursed to Nottoway County. The County currently bears the costs of confining in Piedmont Regional Jail those residents arrested for new offenses and confined in the jail facility.)

Chief Patron: Yancey

Item 306 #27h

Pilot Clinical Assessment for Adult Mental Health Services

Health and Human Resources	Language
Department of Medical Assistance Services	

Request to Amend House Bill 30, as Introduced

Language:

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Developmental Services, shall implement a pilot project involving five Community Services Boards in fiscal year 2017 applying the existing Virginia Independent Clinical Assessment Program (VICAP) to adults who are eligible for Medicaid community behavioral health care services. The pilot projects shall be operational for two years and the department shall provide an interim and final report on the results of the pilot project to the Governor and the General Assembly by December 1 of each year."

Explanation:

(This amendment requires the Department of Medical Assistance Services to develop a pilot project to expand the existing the VICAP program as implemented through five Community Services Boards for adults who are eligible for Medicaid community behavioral health services. It also requires an interim and final report on the pilot project by December 1 of each year.)

Chief Patron: Yost

Item 306 #6h

Restore Hospital Inflation Adjustment

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance
Services

\$15,004,581
\$14,668,870

\$32,651,145 GF
\$31,880,708 NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,770,079,149".

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,616,786,853".

Page 250, line 53, strike "\$65,269,972" and insert "\$68,249,435".

Page 250, line 53, strike "\$65,805,426" and insert "\$72,335,351".

Page 251, line 7, strike "\$36,537,063" and insert "\$39,299,852".

Page 251, line 7, strike "\$35,302,648" and insert "\$41,348,106".

Page 272, strike lines 52 through 55.

Page 273, strike lines 1 through 6.

Explanation:

(This amendment eliminates language in the introduced budget which would eliminate an inflation adjustment to inpatient hospital operating rates, graduate medical education payments (GME), disproportionate share hospital (DSH) payments and outpatient hospital rates and restores the funding for this rate adjustment. Language is modified in the introduced budget which sets out the appropriation for the state's teaching hospitals' indigent care reimbursement to reflect the change.)

Chief Patron: Yost

Item 313 #4h

Report on Children's Mental Health Workforce

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 281, after line 26, insert:

"T. The Department of Behavioral Health and Developmental Services shall conduct a study and provide a report on ways to expand the number of mental health and primary care professionals trained to treat children's mental health disorders. The study shall include ways to increase the number of child and adolescent psychiatrists and psychiatric nurse practitioners working in Virginia; ways to allow adult psychiatrists to gain additional training in child psychiatry so that they can serve children effectively; ways to increase the number of mental health professionals at all levels who are trained in best practices to treat children and adolescents, including children under age 5; and models from other states that Virginia could adapt to provide children's mental health training to pediatricians and primary care doctors, and improving and expanding child psychiatry consultation models. The Department shall seek input from a wide variety of stakeholders, including: Virginia's psychiatry residency programs, practicing adult and child psychiatrists, pediatricians, family physicians, nurse practitioners, social workers, child advocates, early childhood mental health experts, and any other relevant parties. The Department shall report its findings to the Chairmen of the Senate Finance and House Appropriations Committees by July 1, 2017."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services to conduct a study of ways to expand mental health and primary care professionals that are trained to treat children's mental health issues. The department is required to report the results by July 1, 2017.)

Chief Patron: Yost

Item 313 #5h

Co-Patron(s): O'Bannon

Child Psychiatry Loan Repayment Program

Health and Human Resources

FY16-17

FY17-18

Department of Behavioral Health and
Developmental Services

\$500,000

\$500,000 GF

Language:

Request to Amend House Bill 30, as Introduced

Page 278, line 14, strike "\$79,468,375" and insert "\$79,968,375".

Page 278, line 14, strike "\$79,458,942" and insert "\$79,958,942".

Page 281, after line 26, insert:

"T. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund shall be provided for a loan repayment program to recruit and retain graduate medical students in child psychiatry to serve in a Community Services Board, Behavioral Health Authority, or at the Commonwealth Center for Children and Adolescents, or with an entity that has contracted with a Community Services Board, Behavioral Health Authority, or the Commonwealth Center for Children and Adolescents."

Explanation:

(This amendment provides \$500,000 from the general fund each year to fund a loan repayment program to recruit and retain graduate medical students in child psychiatry to serve in the community mental health system.)

Chief Patron: Yost

Item 313 #6h

Behavioral Health Practitioner Student Loan Repayment Program

Health and Human Resources

FY16-17

FY17-18

Department of Behavioral Health and
Developmental Services

\$2,500,000

\$2,500,000 GF

Language:

Page 278, line 14, strike "\$79,468,375" and insert "\$81,968,375".

Page 278, line 14, strike "\$79,458,942" and insert "\$81,958,942".

Page 281, after line 26, insert:

"T. Out of this appropriation, \$2,500,000 the first year and \$2,500,000 the second year shall be provided to establish a Virginia Behavioral Health Practitioner Loan and Repayment Fund and Program. The program shall award grants of up to \$10,000 to practitioners that agree to work in areas of the state with provider shortages."

Explanation:

(This amendment provides \$2.5 million from the general fund each year to create a program that would provide grants to assist with student loans of behavioral health practitioners that agree to work in areas of the state in need of such practitioners.)

Chief Patron: Yost

Item 315 #5h

Mobile Crisis Intervention Services

Health and Human Resources

FY16-17

FY17-18

Request to Amend House Bill 30, as Introduced

Grants to Localities \$5,969,817 \$5,456,543 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$383,110,078".

Page 282, line 4, strike "\$365,130,854" and insert "\$370,587,397".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$5,969,817 the first year and \$5,456,543 the second year from the general fund is provided to standardize 24-hour mobile crisis intervention services for the eight Community Services Boards selected to be eligible for certification as Community Behavioral Health Clinics."

Explanation:

(This amendment provides \$6.0 million from the general fund the first year and \$5.5 million from the general fund the second year to standard mobile crisis intervention services for eight Community Services Boards (CSB) in order to qualify for certification as Community Behavioral Health Clinics. Mobile crisis services allow on-scene evaluation, treatment and intervention services in the community rather than at CSB offices or emergency rooms.)

Chief Patron: Yost

Item 315 #6h

Co-Patron(s): O'Bannon

Child Psychiatry and Children's Crisis Response Services

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$3,325,000

\$3,325,000 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$380,465,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$368,455,854".

Page 284, line 8, strike "\$6,650,000" and "\$6,650,000" and insert:

"\$9,975,000" and "\$9,975,000".

Explanation:

(This amendment increases funding by \$3.3 million from the general fund each year for child psychiatry and children's crisis response services. The need for these services exceeds current funding levels and these funds will be used to create new or expand existing community-based services.)

Chief Patron: Yost

Item 315 #7h

Medical Detoxification Capacity

Request to Amend House Bill 30, as Introduced

Health and Human Resources

FY16-17

FY17-18

Grants to Localities

\$4,000,000

\$4,000,000 GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$381,140,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$369,130,854".

Page 285, after line 20, insert:

"Out of this appropriation. \$4,000,000 the first year and \$4,000,000 the second year from the general fund shall be used to expand the existing Medical detoxification capacity across the state."

Explanation:

(This amendment provides \$4.0 million from the general fund each year to expand the Medicaid detoxification capacity of the state. There is currently no dedicated funding stream to ensure medical facilities across the state have sufficient capacity to provide medical detoxification services. Medical detoxification is the first step for an individuals dependent on alcohol or drugs to enter treatment. This service should be provided in an appropriate setting with qualified health professional overseeing the process.)

Chief Patron: Yost

Item 315 #9h

Report on Outpatient Mental Health Services for Youth

Health and Human Resources

Grants to Localities

Language

Language:

Page 284, line 44, after "adults.", insert:

"The Department of Behavioral Health and Developmental Services shall report on the use and impact of this funding to the Chairmen of the House Appropriations and Senate Finance Committees beginning October 1, 2016 and each year thereafter."

Explanation:

(This amendment adds an annual reporting requirement to existing funding for mental health outpatient services for youth and young adults. The report shall include information on the use and impact of these funds by October 1 of each year.)

Chief Patron: Yost

Item 315 #10h

Suicide Prevention and Mental Health Wellness Media Campaign

Request to Amend House Bill 30, as Introduced

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$100,000	\$100,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$377,240,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$365,230,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$100,000 each year from the general fund shall be provided for a statewide media campaign to prevent suicide and promote mental health wellness with the involvement of the Community Services Boards to promote Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) and safeTALK and other evidence based programs. A portion of the funding shall be used to develop a centralized website to provide access to information and materials."

Explanation:

(This amendment increases funding by \$100,000 from the general fund each year for a statewide media campaign to promote suicide prevention and mental health wellness.)

Chief Patron: Yost

Item 315 #11h

Permanent Supportive Housing

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$2,142,900	\$7,143,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$379,283,161".

Page 282, line 4, strike "\$365,130,854" and insert "\$372,273,854".

Page 284, line 50, strike the first "\$2,127,600" and insert "\$4,270,500".

Page 284, line 50, strike the second "\$2,127,600" and insert "\$9,270,600".

Explanation:

(This amendment adds \$2.1 million from the general fund the first year and \$7.1 million from the general fund the second year to increase support for permanent supportive housing. Permanent supportive housing provides rental assistance and in-home clinical services and support staff to assist individuals with mental illness in maintaining stability in the community. This program helps keep individuals with mental illness out of jail and hospitals, and prevents homelessness. This funding would support 150 additional individuals in fiscal year 2017 and another 500 in fiscal year 2018.)

Chief Patron: Yost

Item 315 #12h

Expand Programs of Assertive Community Treatment

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$5,700,000	\$5,700,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$382,840,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$370,830,854".

Page 284, line 39, strike "\$6,800,000" and "\$6,800,000" and insert: "\$12,500,000" and "\$12,500,000".

Page 284, line 40, strike "seven" and insert "thirteen".

Explanation:

(This amendment provides \$6.8 million from the general fund each year to fund an additional six Programs for Assertive Community Treatment (PACT). These programs focus on individuals with serious mental illness at-risk of being frequent utilizers of hospitals, homeless shelters and jails. PACT teams are self-contained interdisciplinary teams of clinical staff that provide intensive treatment in the community to promote stability for individuals that typically do not access the mental health system.)

Chief Patron: Yost

Item 315 #13h

Expand Medication Assisted Treatment

Health and Human Resources	FY16-17	FY17-18	
Grants to Localities	\$4,100,000	\$4,100,000	GF

Language:

Page 282, line 4, strike "\$377,140,261" and insert "\$381,240,261".

Page 282, line 4, strike "\$365,130,854" and insert "\$369,230,854".

Page 285, after line 20, insert:

"GG. Out of this appropriation, \$4,100,000 the first year and \$4,100,000 the second year shall be used to increase the Medication Assisted Treatment in all of the Community Services Boards."

Explanation:

(This amendment provides \$4.1 million from the general fund each year to increase the use of Medication Assisted Treatment across all 40 Community Services Boards. This treatment combined with behavioral therapies provides a comprehensive approach to the treatment of substance use disorders.)

Request to Amend House Bill 30, as Introduced

Chief Patron: Yost

Item 319 #1h

Co-Patron(s): Austin, Gilbert, Habeeb, Head, Kilgore, Poindexter, Rasoul, Rush, Wright

Eliminate Language and Funding Related to Closing Catawaba Hospital

Health and Human Resources	FY16-17	FY17-18
Mental Health Treatment Centers	(\$1,000,000)	\$0 GF

Language:

Page 285, line 44, strike "\$234,305,479" and insert "\$233,305,479".

Page 286, strike lines 14 through 29.

Explanation:

(This amendment eliminates language and associated funding in the introduced budget directing the Department of Behavioral Health and Developmental Services to begin the detailed planning process to close Catawba Hospital.)
