

Governor's Budget Proposal for DBHDS

House Appropriations HHR Subcommittee

January 20, 2021

Alison Land, FACHE
Commissioner
Virginia Department of Behavioral Health
and Developmental Services

DBHDS Governor's Budget Overview

Summary Budget Operating Actions*	FY 2021 GF	FY 2022 GF
DBHDS Hospitals and Facilities	\$5,337,386	\$7,310,013
Bed Census Pressure Management	\$0	\$6,047,000
STEP-VA	\$0	\$726,807
Marcus Alert Initiative	\$80,000	\$691,612
Behavioral Health Enhancement	\$0	\$129,253
DD Services	\$0	\$288,449
IT Security	\$0	\$549,788
Technical Adjustments	\$0	-\$1,300,000
TOTAL	\$5,417,386	\$14,442,922
Capital: Debt authorization for the expansion of Central State Hospital		\$58,500,000

DBHDS State Facilities Budget Proposal



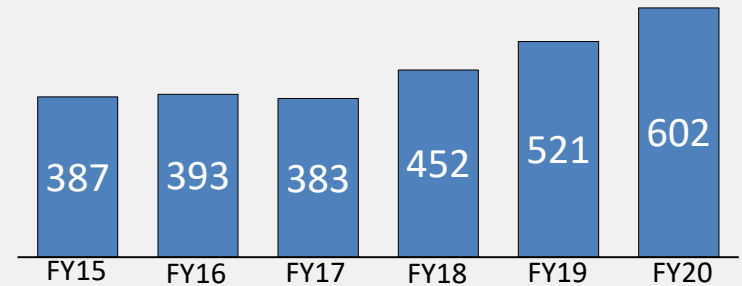
	FY 2021 GF	FY 2022 GF
Provide for increased pharmacy costs – Address increased pharmacy costs at DBHDS facilities as a result of growth in census and increased medication.	\$2,648,663	\$2,648,663
Provide comprehensive surveillance of COVID-19 – Supports COVID-19 surveillance and testing of symptomatic and asymptomatic staff and patients in DBHDS facilities.	\$2,142,601	\$4,285,202
Add funding to cover costs of required IT upgrades at Western State Hospital – Accounts for required costs to transition wireless access point services at WSH.	\$546,122	\$376,148

Challenges Supporting the Geriatric Population

A primary diagnosis of dementia is not a mental illness, but current Code definitions include it

- Assisted Living Facilities and Memory Care can be more appropriate options for geriatric care
- A number of barriers exist, including identifying appropriate and willing providers upon discharge for long-term living options
- 54 individuals were on the EBL due to no identified ALF/nursing home, representing almost 30% of the EBL
- DAP Workgroup recommended partnering with DARS and DMAS to develop services for individuals with dementia and traumatic brain injury, and supporting programs and mental health professionals in nursing facilities

Number of patients age 65+ admitted to state hospitals

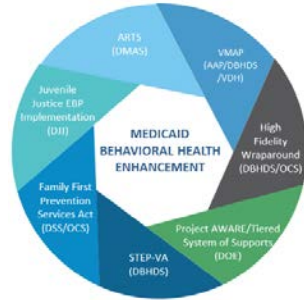


The number of patients 65 and older has increased, even with a temporary drop in April affecting the number for FY2020.

Bed Census Pressures Budget Proposal

	FY 2021 GF	FY 2022 GF
Transfer Local Inpatient Purchase of Service (LIPOS) funding from Grants to Localities to Central Office – Transfers \$8,774,784 GF in LIPOS funds from CSBs to DBHDS to centralize LIPOS contracts and increase oversight and transparency.	\$0	\$0
Create diversion and discharge pilots for individuals with dementia – Contracts for diversion and discharge of individuals from DBHDS hospitals and creates a targeted stabilization program for those with dementia as a primary diagnosis. Includes \$2.8M to divert and discharge into a private setting and \$727,000 to prevent crises and stabilize should a crisis arise.	\$0	\$3,547,000
Increase funding for discharge assistance plans – Supports individuals transitioning from DBHDS mental health hospitals to community placements.	\$0	\$2,500,000
Provide options for children's acute inpatient care – Allows funds provided for children's LIPOS to also be used for discharge and step-down services. Chapter 1289 provides general fund support of \$6.3M in FY 2021 and \$8.4M in FY 2022.	Language Only	Language Only
Expand usage of Crisis Intervention Teams (CIT) training funds – Allows funds earmarked for law enforcement training in rural localities to be used for CIT programs.	Language Only	Language Only

STEP-VA and Behavioral Health Enhancement Budget Proposals



	FY 2021 GF	FY 2022 GF
Administrative and management support for STEP-VA – Provides 5 FTE positions in FY 2022 for critical STEP-VA administrative services in the DBHDS central office.	\$0	\$726,807
Train workforce to support Behavioral Health Enhancement – Provides funds to train DBHDS/CSB workforce and support the administrative costs of an enhanced behavioral health care system.	\$0	\$129,253

Marcus Alert Initiative Budget Proposal

Marcus Alert Timeline



	FY 2021 GF	FY 2022 GF
Fund administrative costs of Marcus Alert legislation - Funds will be used to maintain the crisis hotline, evaluate current crisis system capacity in localities, and contract for a public advertising campaign.		
One FTE for Administration	\$0	\$116,612
Public Service Campaign (One-Time)	\$80,000	\$75,000
Crisis System Software	\$0	\$500,000
TOTAL	\$80,000	\$691,612

DD Services Budget Proposal



Provide assessments for new waiver population – Provides funds for assessments for the support needs assessments of individuals served by the DD Medicaid waivers to ensure they are receiving appropriate treatment and services. This assessment is federally required by CMS.

Expand services for young adults with disabilities through the Jewish Foundation for Group Homes – Contracts with the Jewish Foundation for Group Homes to expand its one-year Transitioning Youth program that assists young adults with DD transition from school to community living.

Transfer \$140,000 GF from training centers to central office to provide community supports for individuals not covered by Medicaid – Funds the cost of community supports for individuals transferring out of state-operated training centers to the community who are not eligible for Medicaid services.

FY 2021 GF

FY 2022 GF

\$80,000

\$199,094

\$0

\$89,355

\$0

\$0

Additional Budget Proposals

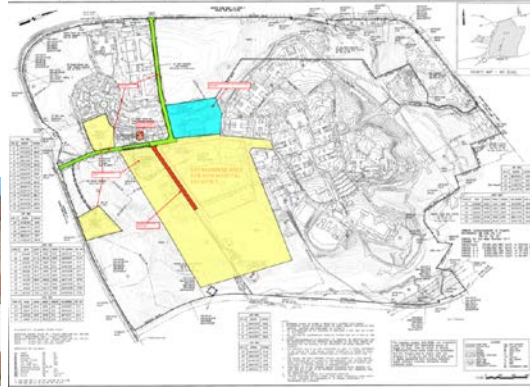


Ensure the integrity of information technology security systems – Provides funding to modify and improve capabilities of the DBHDS systemwide information technology and security programs.

Transfer funding for REVIVE! from DBHDS to VDH – Transfers funding to VDH for the purchase and distribution of naloxone. This zero sum transfer has no fiscal impact and eliminates the need for an administrative transfer.

	FY 2021 GF	FY 2022 GF
Ensure the integrity of information technology security systems	\$0	\$549,788
Transfer funding for REVIVE! from DBHDS to VDH	\$0	(\$1,300,000)

Central State Hospital (CSH) Replacement Facility



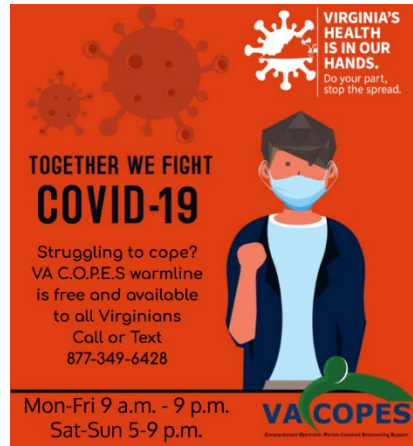
Expand Central State Hospital (CSH) Replacement Facility – Provides additional debt authorization to expand the CSH replacement facility to operate at 300-beds. Chapter 854 provides \$315M in debt authorization for 252 beds. This additional authorization allows for 48 more beds to ensure CSH has capacity to meet current and future needs.

- Managed by the Department of General Services
- Approval of working drawings Spring 2021
- Construction completion in 2024

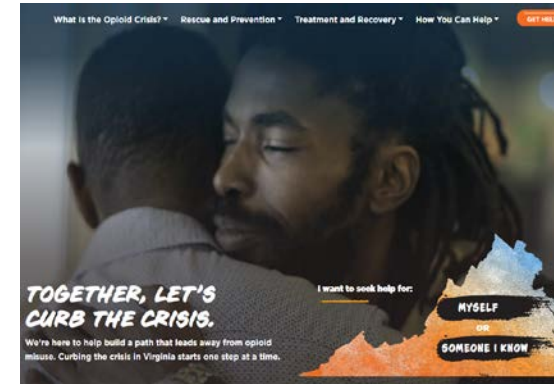
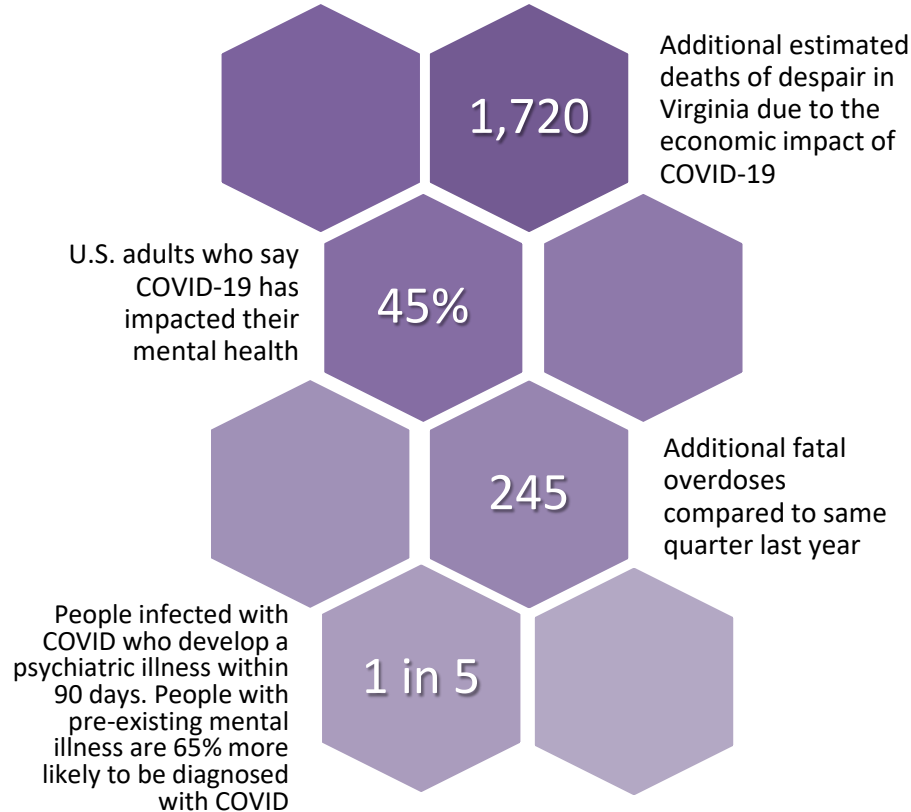
**Debt
Authorization**

\$58.5 million

Conclusion



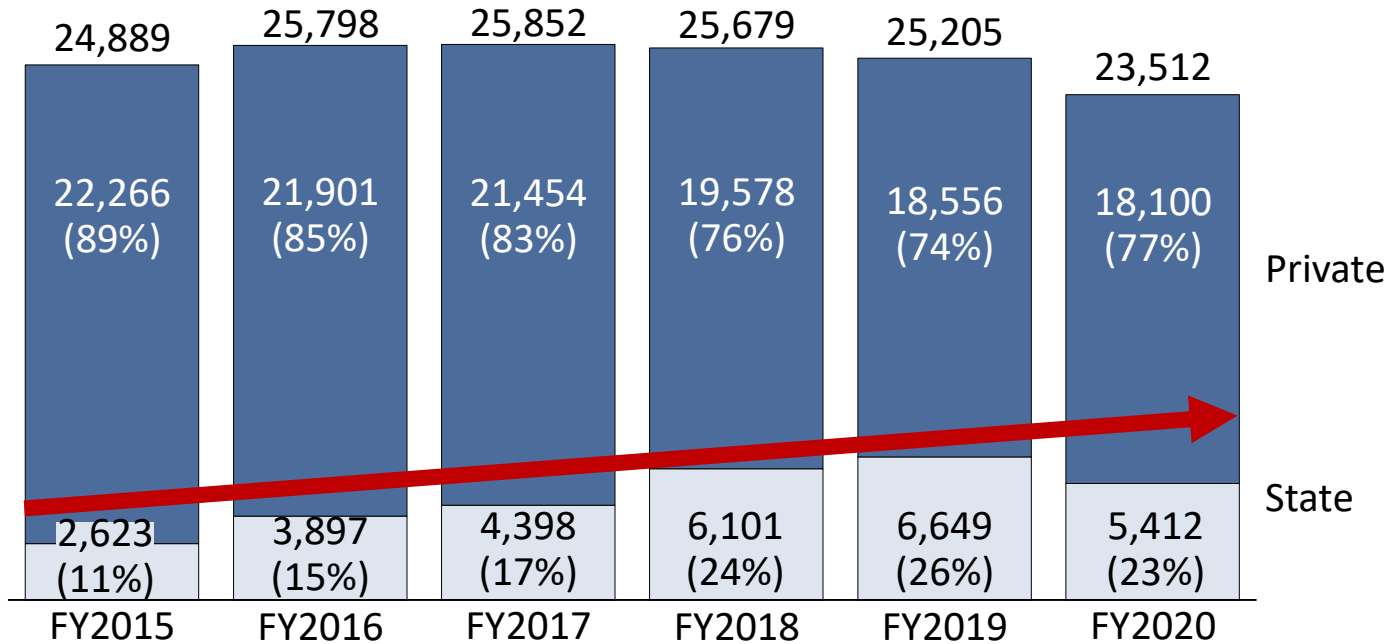
COVID-19 Warmline:
VA COPEs



Fighting the Opioid Crisis:
www.curbthecrisis.com

Additional Slides for Notes

Statewide TDOs and Hospital Admission Trends



- State hospitals serve about **1,500** additional individuals per year.
- The number of TDOs issued has been fairly level for several years (around 25,000).
- **81%** of TDO admissions to state hospitals are civil TDOs.

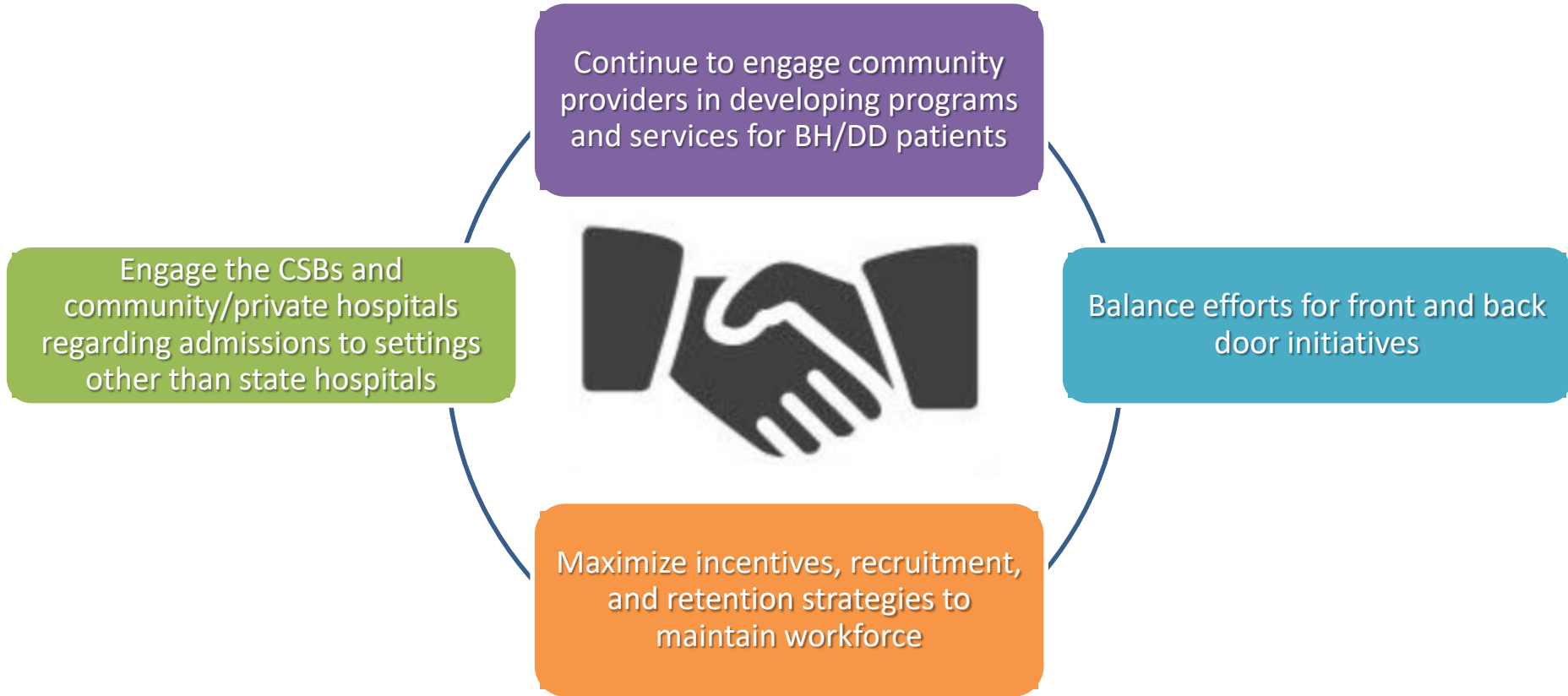
Census on January 6, 2021

	Total Capacity	Total Census	Total Utilization
Catawba (60 geriatric beds)	110	77	HOLD* 70%
Central State (excluding max security)	166	160	LTD* 93%
Eastern State (40 geriatric beds)	302	298	99%
Northern Virginia Mental Health Institute	134	115	86%
Piedmont (123 geriatric beds)	123	116	HOLD* 94%
Southern Virginia Mental Health Institute	72	70	97%
SW Virginia Mental Health Institute (41 geriatric beds)	175	163	93%
Western State	246	239	97%
Commonwealth Center for Children & Adolescents	48	23	LTD* 50%

Notes:

- State hospitals are funded to 90 percent capacity
- Admissions are currently closed at Catawba and Piedmont Geriatric Hospitals, and Central State Hospital was reopened with a limited number of beds on Jan. 6 following an outbreaks
- CCCA is currently open with reduced capacity of 50%

DBHDS Strategies to Address Census



DBHDS State Facility Response to COVID-19

Response Actions

- Visitation restrictions are in place across the system (as of 3/14/20)
- Aggressive plans in place for infection control and isolation of presumed positive and positive cases
- Daily temperature and symptom reporting of all staff and patients
- If significant outbreaks occur, VDH may recommend admission hold
- Weekly calls for collaboration and problem solving
- DBHDS received ~15,000 rapid COVID-19 tests to implement a robust screening program among staff and patients



Guidance and Resources

- In accordance with EO 70, current operational guidance is for delay of admissions at 100% census
- Current operational guidance is denial of admission for all positive patients
- PPE resources are tracked and have stabilized with ongoing procurement requests as needed
- Crisis Standards of Care were created in the Spring and operationalized in coordination with VDEM if needed to execute

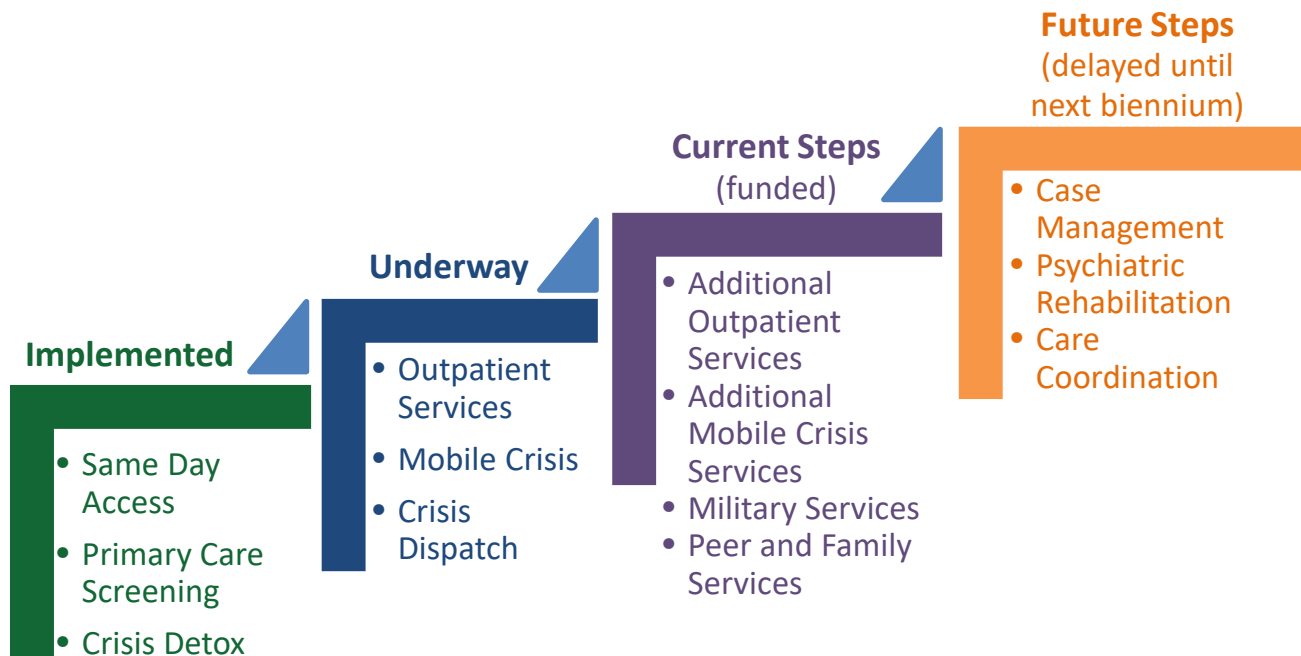
STEP-VA Funding

Agency	STEP-VA "Step"	Status	Existing Funding (prior to 2020)	General Assembly 2020 Session			General Assembly 2020 Special Session 1	General Assembly 2021 Session Governor's Budget
				Appropriated	Unallotted	Total		
790 Grants to Localities	Same Day Access	Implemented	\$10,795,651	\$10,795,651	\$0	\$10,795,651	\$10,795,651	\$10,795,651
	Primary Care Screening	Implemented	\$7,440,000	\$7,440,000	\$0	\$7,440,000	\$7,440,000	\$7,440,000
	Detoxification (Crisis Services)	Implemented	\$2,000,000	\$2,000,000	\$0	\$2,000,000	\$2,000,000	\$2,000,000
	Crisis Dispatch	Jul-21	\$0	\$4,697,020	(\$4,697,020)	\$0	\$4,732,000	\$4,732,000
	Mobile Crisis	Apr-21	\$7,800,000	\$13,954,924	(\$6,154,924)	\$7,800,000	\$13,954,924	\$13,954,924
	Outpatient*	Jul-20	\$15,000,000	\$21,924,980	(\$6,924,980)	\$15,000,000	\$21,924,980	\$21,924,980
	Veterans Services*	Jul-21	\$0	\$3,840,490	(\$3,840,490)	\$0	\$3,840,490	\$3,840,490
	Peer Support & Recovery Services	Jul-21	\$0	\$5,334,000	(\$5,334,000)	\$0	\$5,334,000	\$5,334,000
	Cross-Step Infrastructure	Ongoing	\$0	\$3,200,000	(\$3,200,000)	\$0	\$3,200,000	\$3,200,000
	Psychological Rehab/Skills	TBD	\$0	\$0	\$0	\$0	\$0	\$0
	Care Coordination	TBD	\$0	\$0	\$0	\$0	\$0	\$0
Case Management	TBD	\$0	\$0	\$0	\$0	\$0	\$0	
790 Grants to Localities Total			\$43,035,651	\$73,187,065	(\$30,151,414)	\$43,035,651	\$73,222,045	\$73,222,045
720 Central Office	Administration	Ongoing	\$0	\$0	\$0	\$0	\$0	\$726,807
	Crisis Dispatch**	Ongoing	\$0	\$5,000,000	\$0	\$5,000,000	\$5,000,000	\$5,000,000
	720 Central Office Total			\$0	\$5,000,000	\$0	\$5,000,000	\$5,726,807

*The budget requests for the funding the General Assembly provided for Outpatient and Veterans Services took estimated Medicaid claims into account.

** \$5 million in trust funds were provided to purchase the crisis dispatch software.

System Transformation Excellence and Performance (STEP-VA)



Behavioral Health Enhancement Priority Services:

- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Program of Assertive Community Treatment (PACT)
- Comprehensive Crisis Services
- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)

STEP-VA Crisis Services and Marcus Alert

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS
CALL CENTERS



24/7 MOBILE
CRISIS



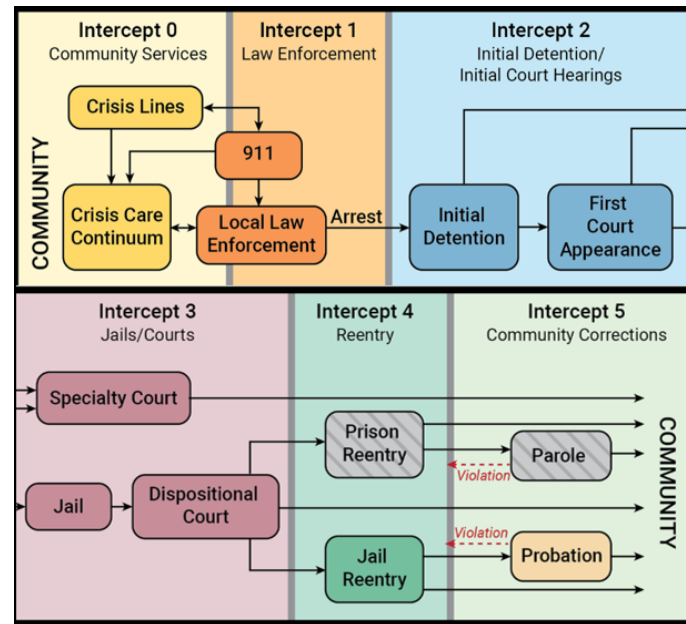
CRISIS STABILIZATION
PROGRAMS



ESSENTIAL
PRINCIPLES & PRACTICES

- The development of **mobile crisis teams** is one of the STEP-VA steps. DBHDS is working with CSBs on planning and implementation, and with DMAS on the four crisis Behavioral Health Enhancement rates.
- This step is critical to support the workforce and infrastructure necessary to meeting the goals of the Marcus Alert as well as diverting individuals from inpatient hospitalization.
- The Sequential Intercept Model shows how individuals with behavioral health needs can be diverted from the criminal justice system at different intercept points (e.g., arrest, initial court hearings, re-entry).
- STEP-VA's mobile crisis system is an "Intercept 0" intervention.

Sequential Intercept Model



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Department of Justice (DOJ) Settlement Agreement

- **“Build the Run”**
 - Completing the Build Summaries to document compliance
 - Operationalize what was built
- **Performance Management Dashboard**
 - Show progress against the measures (quantitative compliance indicators)
 - Demonstrate successful surveillance (qualitative compliance indicators)
- **Data Management**
 - Data as a controlled asset
- **Sustainability Backlog**
 - Build out the mid-to-long-term solutions to replace minimum viable product
 - Heavily reliant on Phase 1 data gap analysis and process opportunities from “Build the Run”
- **Public Launch Document Library**
 - Shows evidence of compliance
 - Updated over time to ensure ongoing compliance



Unallotted DD Funding Restored in Special Session

DMAS	FY2021	FY2022
250 Medicaid DD Waiver Slots	\$0	\$4,133,500
Medicaid Rate Increase for Community Integration DD Waiver	\$0	\$3,748,853
Medicaid Rate Increase to DD Waiver Provider Rates	\$10,697,611	\$22,037,077
Overtime Compensation for Personal Care Attendants	\$3,209,470	\$9,609,223
Medicaid Reimbursement for Skilled & Private Duty Nursing to 80% Benchmark Rate effective July 1, 2021	\$0	\$6,245,286

DD Waivers and Waiting List

DD Waiver Slot Numbers from Special Session (Enacted Chapter 56)
No Change in the Governor's Budget

	Base 2019	2020 Add	2020 Total	2021 Add	2021 Total
Community Living (CL)	11,736	145	11,881	95	11,976
Community Living - DBHDS Emergency Slots	0	15	15	15	30
Total Community Living Slots	11,736	160	11,896	110	12,006
Family & Individuals Support (FIS)	2,983	640	3,623	455	4,078
Family & Individuals Support - DBHDS Emergency Slots	0	10	10	10	20
Total Family & Individual Supports Slots	2,983	650	3,633	465	4,098
Building Independence	400	0	400	0	400
Total	15,119	810	15,929	575	16,504

As of January 4, 2021, there were **15,083** people enrolled on the DD Home and Community-Based services (HCBS) waiver and **13,355** individuals on the waitlist for DD waiver services in the priority level below:

Priority 1

Projected to need services in a year

3,252 Individuals

Priority 2

Expected to need services in 1-5 years

6,329 Individuals

Priority 3

Expected to need services in 5+ years

3,774 Individuals

New Funds Appropriated/Allotted in Chapter 1289

Agency	Title	FY 2021	FY 2022
DBHDS Central Office	Resources Required to Exit DOJ Settlement Agreement	\$4,133,819	\$4,153,756
	Data Warehouse Infrastructure & Data Movement	\$940,600	\$1,249,000
	Data Warehouse Infrastructure & Data Movement	\$1,200,000	\$0
	SVP Conditional Release	\$244,835	\$481,387
	SUD Funding to Drug Courts	\$150,000	\$150,000
	Cardinal interface with Kronos and FMS	\$73,951	\$73,951
	Increase State Rental Assistance Program (SRAP) (720)	\$55,000	\$55,000
	Eliminates Funding for ILPPP	-\$144,523	-\$144,523
DBHDS Grants to Localities	Mobile dentistry and one-time crisis services	\$1,000,000	\$0
	STEP VA - Grants to Localities (Agency 790)	\$5,000,000	
	Increase State Rental Assistance Program (SRAP) (790)	\$0	\$5,075,000
	Increase State Rental Assistance Program (SRAP) (790)	\$3,800,000	\$0
	Part C Early Intervention	\$2,545,548	\$3,895,188
DMAS	Employment Initiative for Transition Age Youth Pilot	\$250,000	\$250,000
	DMAS Waiver Slots	\$16,985,260	\$24,828,805
	Increase Rates for Personal, Respite and Companion Care	\$24,917,194	\$39,857,314
	Increase waiver rates for Adult Day Health Care	\$796,755	\$833,109

The Governor and General Assembly allotted \$19 million in FY 2021 and \$15 million in FY 2022 to DBHDS. Of that amount, STEP VA only received \$5 million in one-time trust fund dollars to purchase the crisis system software out of central office. This is what currently remains in the budget.

Funding Unallotted in Chapter 1289

Agency	Name	Unallotted	
		FY 2021	FY 2022
DBHDS Central Office	BH Redesign - Training Coordinator	\$129,253	\$129,253
	STEP VA Admin - 5 Positions	\$726,807	\$1,222,908
	Alternative Transportation	\$150,000	\$150,000
	New ACEs Position	\$143,260	\$143,260
	Jewish Foundation Group Homes	\$89,396	\$35,818
	Clinical Appropriate Housing	\$2,500,000	\$12,500,000
	Discharge Assistance Plans/LIPOS	\$5,000,000	
	Pilot Program to Reduce Census	\$7,500,000	\$7,500,000
	VMAP	\$4,224,388	\$4,224,388
Recovery Grant	\$250,000	\$250,000	
DBHDS Grants to Localities	STEP VA - Ancillary Services	\$3,200,000	\$3,200,000
	STEP VA - Outpatient	\$9,424,032	\$6,924,980
	STEP VA - Peer Support	\$2,817,000	\$5,334,000
	STEP VA - Veterans	\$4,263,141	\$3,840,490
	STEP VA - Crisis Dispatch	\$0	\$4,697,020
	STEP VA - Mobile Crisis	\$0	\$6,154,924
	PSH - SMI	\$8,500,000	\$17,000,000
	Jail Diversion	\$1,400,000	\$2,100,800
DMAS	Add 250 DD Waiver Slots in FY 2022	\$0	\$4,133,500
	Increase Mental Health Provider Rates	\$2,374,698	\$2,458,479
	Increase DD Waiver Provider Rates Using Updated Data	\$21,395,221	\$22,037,077
	Increase DD Waiver Rates	\$3,639,663	\$3,748,853
	Increase Rates for Psychiatric Residential Treatment Facilities	\$7,599,696	\$7,599,696
	Fund Costs of Medicaid Reimbursable STEP VA Svcs	\$486,951	\$2,293,826
	Increase Rates for Skilled & Private Duty Nursing	\$6,245,286	\$6,245,286

\$49 million in FY 2021 and \$74 million in FY 2022 were unallotted from DBHDS. This included all new general fund money for STEP VA, totaling \$20 million in FY 2021 and \$30 million in FY 2022.

Chapter 56 Restorations

Agency	Division	Office	Name	Restorations	
				FY 2021	FY 2022
720	Community Services	LIPOS	Clinical Appropriate Housing	\$2,500,000	\$10,000,000
			Discharge Assistance Plans/LIPOS	\$5,000,000	
			Pilot Program to Reduce Census	\$3,750,000	\$3,750,000
		Child & Family Services	VMAP	\$2,112,194	\$4,224,388
		Recovery Support	Recovery Grant	\$250,000	\$250,000
790	Community Services	Adult Community Behavioral Health Services	STEP VA - Ancillary Services	\$0	\$3,200,000
			STEP VA - Outpatient	\$0	\$6,924,980
			STEP VA - Peer Support	\$0	\$5,334,000
			STEP VA - Veterans	\$0	\$3,840,490
			STEP VA - Crisis Dispatch	\$0	\$4,697,020
			STEP VA - Mobile Crisis	\$0	\$6,154,924
			Housing	PSH - SMI	\$3,000,000
		Total			\$16,612,194

Chapter 56 New Items

Agency	Division	Name	Conference Funding	
			FY 2021	FY 2022
720	Community Services	Marcus Alert Oversight - 1 FTE	\$61,203	\$122,405
790	Community Services	Marcus Alert - Regional Allocation	\$3,000,000	\$3,000,000
Total			\$3,061,203	\$3,122,405

COVID-19 Facility Federal Funding

TOTAL FEDERAL RESOURCES: \$10.9 MILLION

- DBHDS has received \$1.4 million for eligible PPE and infection control expenses for its 12 facilities since July 1, 2020.
- DBHDS has received \$1.8 million for testing at facilities, \$1.0 million for hospitalization costs for patients, \$684,475 for census contracts, and \$669,312 for hazard pay for staff who work on units with patients who have COVID-19. All of these funds have been authorized and appropriated since July 1, 2020. Plans are in place to expend this funding.
- DBHDS has been appropriated \$5.2 million for the receipt of federal rural provider relief funds since July 1, 2020 for SWVMHI and SVMHI to cover eligible COVID expenses through June 30, 2021. It is unclear whether facilities will expend all of these dollars – and the funds cannot be repurposed / transferred to support other facilities.
- Not all of these dollars have yet been obligated and expended; however, with the extension of CAREs act funding through recent federal stimulus legislation, DBHDS will continue to expend against the approved appropriations until funds are exhausted or through the extension deadline of December 30, 2021.

TOTAL FISCAL YTD COVID EXPENSES at DBHDS FACILITIES FY 2021: \$4.4 MILLION

(This does not include absorbed re-alignment of staffing for additional duties because of COVID-19 OR use of Rural Relief funds for non-quarantine unit activities)

Facilities will continue have COVID expenses through this calendar year to include additional PPE and infection control expenses not currently authorized additional federal funding. DBHDS will continue to work with DPB on the process for identifying and documenting expenses for reimbursement from available unspent federal funding.

COVID-19 CSB Federal Funding

- Working with DPB, DBHDS developed a process to identify and gather information on eligible expenses for reimbursement from CARES Act funding for cost associated with PPE and telehealth/telework. DBHDS has established an Exhibit D as part of the Performance Contract to ensure accountability on the distribution of funding.
- DBHDS submitted to DPB CSB information for approximately \$1.0 million in eligible expenses for FY 2020. This was ultimately not approved for reimbursement.
- DBHDS submitted to DPB CSB information for approximately \$248,670 in eligible expenses for July and August (FY 2021). This was approved and is being distributed.
- DBHDS sought and received authorization to repurpose \$205,453 in authorized federal dollars to reimburse eligible expenses for September – October timeframe.
- Similar to process with facilities, DBHDS will continue to submit requests for CARES Act funding monthly to DPB for PPE and telehealth/teleworking related expenses from available unspent funding.

COVID-19 Impact on Facility Finances

	COVID-19 Expenses through November 30, 2020				COVID-19 Revenue as of December 16, 2020					
	Personnel	Supplies	Equipment	Total Expenses	CARES Act FY 2021			Rural Relief Medicare	Total Revenue	
					Infection Control	PPE	Other			
Catawba	\$20,052	\$78,131	\$29,368	\$127,551	\$29,865	\$33,420		\$0	\$5,679,029	
COCA	\$247,357	\$182,363	\$0	\$429,720	\$101,567	\$53,558		\$0		
*Central Office	\$0	\$537,431	\$1,503,271	\$2,040,702	\$389,100	\$244,027		\$0		
Central State	\$0	\$143,815	\$1,496	\$145,311	\$44,707	\$33,664	Census Control \$684,475	\$0		
Eastern State	\$0	\$254,934	\$0	\$254,934	\$4,658	\$313,467	Testing \$1,842,100	\$0		
Hiram Davis	\$0	\$76,837	\$2,564	\$79,401	\$0	\$0	Hazard Pay \$669,312	\$0		
NVMHI	\$244,587	\$238,694	\$7,220	\$490,501	\$0	\$0	Special Hospitalizati: \$1,003,815	\$0		
Piedmont	\$0	\$147,273	\$2,426	\$149,699	\$5,364	\$116,397		\$0		
SEVTC	\$96,044	\$42,091	\$0	\$138,135	\$14,361	\$34,825		\$0		
VCBR	\$0	\$15,086	\$0	\$15,086	\$4,710	\$0		\$0		
Western State	\$0	\$164,233	\$0	\$164,233	\$2,789	\$52,840		\$0		
SVMHI	\$0	\$108,398	\$2,414	\$110,812	\$0	\$0	\$0	\$2,782,177		
SWVMHI	\$268,123	\$61,352	\$15,127	\$344,602	\$0	\$0	\$0	\$2,468,108		
Total	\$876,163	\$2,040,638	\$1,563,886	\$4,480,687	\$597,122	\$882,199	\$4,199,702	\$5,250,285		\$10,929,308

*Through December 30

New Funds Appropriated/Allotted in Chapter 1289/Chapter 56

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	Data Warehouse Infrastructure & Data Movement	\$1,200,000	\$0
	SVP Conditional Release	\$244,835	\$481,387
	SUD Funding to Drug Courts	\$150,000	\$150,000
	Cardinal interface with Kronos and FMS	\$73,951	\$73,951
	Increase State Rental Assistance Program (SRAP) (720)	\$55,000	\$55,000
	Eliminates Funding for ILPPP	-\$144,523	-\$144,523
DBHDS Grants to Localities	Mobile dentistry and one-time crisis services	\$1,000,000	\$0
	STEP VA - Grants to Localities (Agency 790)	\$5,000,000	
	Increase State Rental Assistance Program (SRAP) (790)	\$0	\$5,075,000
	Increase State Rental Assistance Program (SRAP) (790)	\$3,800,000	\$0
	Part C Early Intervention	\$2,545,548	\$3,895,188
DMAS	Employment Initiative for Transition Age Youth Pilot	\$250,000	\$250,000
	DMAS Waiver Slots	\$16,985,260	\$24,828,805
	Increase Rates for Personal, Respite and Companion Care	\$24,917,194	\$39,857,314
	Increase waiver rates for Adult Day Health Care	\$796,755	\$833,109

The Governor and General Assembly allotted \$19 million in FY 2021 and \$15 million in FY 2022 to DBHDS. Of that amount, STEP VA only received \$5 million in one-time trust fund dollars to purchase the crisis system software out of central office. This is what currently remains in the budget.

CCCA SLIDE

- CCCA is currently enrolled with DMAS as a psychiatric hospital for billing purposes and is accredited as a BHO, but is not eligible to receive federal financial participation as a psychiatric hospital.
- DBHDS is working to achieve accreditation for CCCA as a psychiatric hospital; otherwise, DMAS will need to dis-enroll CCCA as a Medicaid provider and relegate it to serve as a TDO-only provider that is limited to receiving state-only funds and is excluded from all federal DMAS program participation.
- DBHDS estimates \$888,000 in one-time capital needs to achieve certification to be absorbed in the operating plan, and a \$2.8M revenue gap during the approx. 12-months when CCCA is not billing Medicaid to be addressed through internal revenue resources.
- The Governor's submitted budget includes language authorizing the transfer of anticipated unused GF match at DMAS to partially offset in revenue gap at CCCA, if needed.
- Under federal law, DMAS could be liable to refund the federal share of any overpayment within one year of notifying CMS of discovery of the overpayment. DMAS will work with federal regulators on any federal share that may need to be refunded to the federal government.
- DMAS notified CMS on December 14, 2020 and will work with federal regulators on any federal share that may need to be refunded to the federal government.