



VIRGINIA HOUSE  
APPROPRIATIONS  
COMMITTEE

CHAIRMAN LUKE E. TORIAN

January 14, 2026

# HEALTH AND HUMAN RESOURCES (HHR)

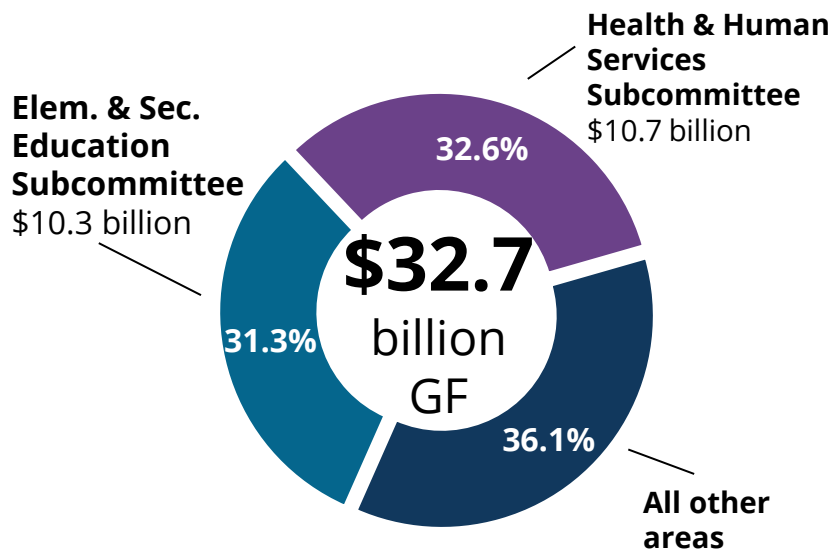
PREPARED BY

House Appropriations Committee Staff

# HEALTH & HUMAN RESOURCES SUBCOMMITTEE OVERVIEW

**The Health & Human Resources Subcommittee** oversees about 32.6% of all General Funds appropriated for FY 2026

Along with the Elementary & Secondary Education Subcommittee, these two areas encompass about 2/3 of the General Fund budget



Ch. 725, FY 2026

**The subcommittee** is responsible for these agencies:

Agency/Area (\$ in millions)	FY 2026 GF	FY 2026 NGF
Dept. of Medical Assistance Services (DMAS)	\$7,622.6	\$19,926.3
Dept. of Behavioral Health & Developmental Svs. (DBHDS)	1,584.0	261.2
Department of Social Services (DSS)	604.0	2,001.1
Children's Services Act (CSA)	444.0	57.6
Virginia Dept. of Health (VDH)	309.7	771.5
Dept. for Aging & Rehab. Svs. (DARS)	84.9	209.7
Dept. for the Blind & Vision Impaired (DBVI)	11.6	85.8
Secretary's Office / Other Disability Agencies / Dept. of Health Professions	2.8	55.3
<b>Total</b>	<b>\$10,663.6</b>	<b>\$23,368.5</b>

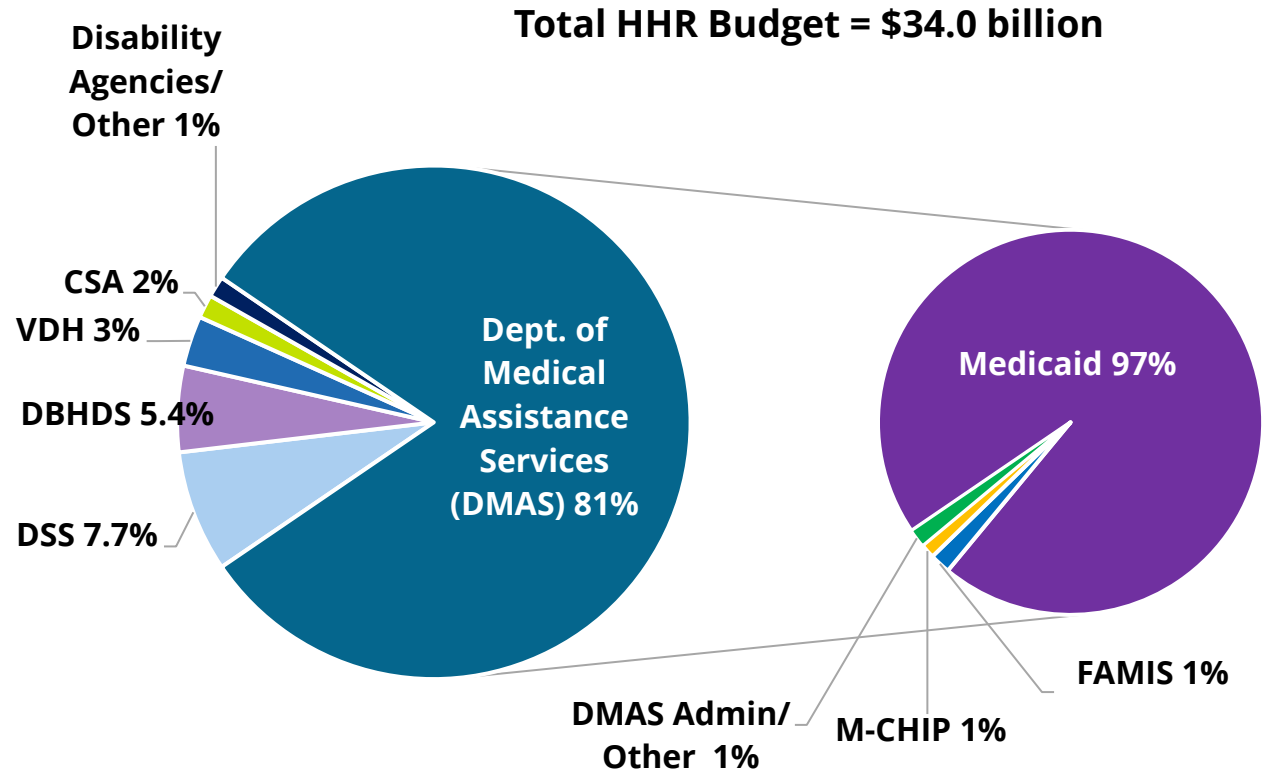
# HHR BUDGET BY AGENCY & DMAS PROGRAMS

Health & Human Resources (HHR) budget totals \$34.0 billion in FY 2026

81% of the HHR budget is comprised of funding for DMAS

77% of the HHR budget is comprised of funding for Medicaid (administered by DMAS)

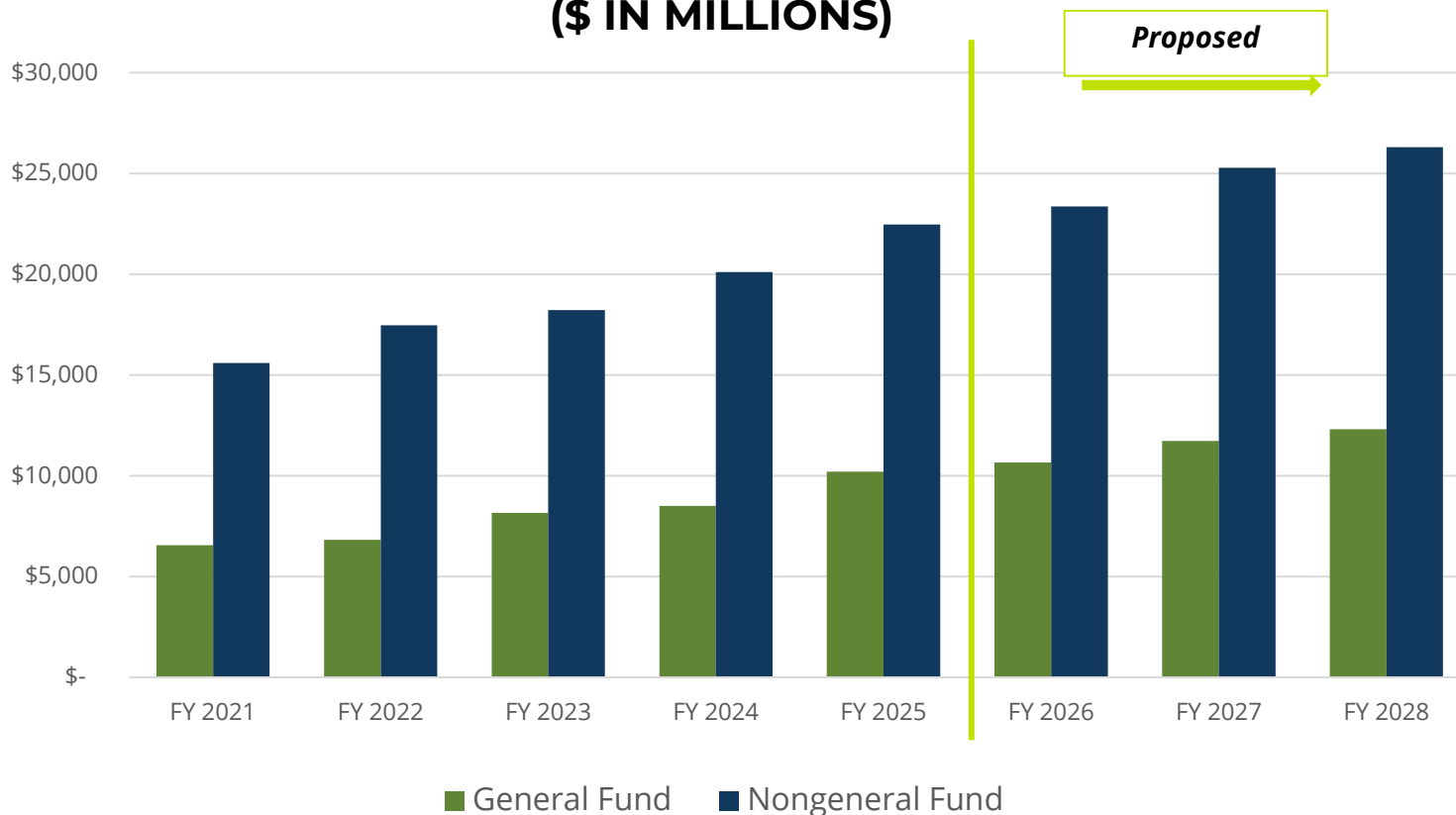
- Medicaid accounts for 97% of the funding for DMAS (all funds)



Ch. 725, FY 2026

# HEALTH & HUMAN RESOURCES BUDGET (FY 2021-FY 2028)

## HEALTH AND HUMAN RESOURCES BUDGET (\$ IN MILLIONS)



HB 29 and HB 30, as introduced, 2026 Session



# DMAS PROGRAMS: MEDICAID & CHIP

# MEDICAID TRENDS & FORECAST



Medicaid & CHIP Program  
Overview

Medicaid Forecast

# MEDICAID & CHIP PROGRAMS

- Medicaid and the Children’s Health Insurance Program (CHIP) provide health care benefits to about one in five Virginians
- Virginia administers CHIP through 2 programs:
  - Medicaid CHIP (M-CHIP) for children with family incomes between 100% to 148% of the federal poverty level (FPL) who were previously covered by Medicaid as a state optional service
  - Family Access to Medical Insurance Security (FAMIS) for children with family incomes between 149% and 205% FPL
- Medicaid and CHIP are administered by the Department of Medical Assistance Services (DMAS) and jointly funded by the state and federal government through a federal matching program
- Federal guidance and oversight is provided by the Centers for Medicare and Medicaid (CMS)
- State Medicaid programs are based on a CMS-approved “State Plan for Medical Assistance,” and amendments as well as “Waivers”
  - Waivers allow states flexibility “waive” federal statutory requirements to:
    - Provide specialized benefits to certain beneficiaries (e.g., Developmental Disability or DD Waiver)
    - Explore new approaches to the delivery of and payment for acute care & long-term services and supports (LTSS)
    - Restrict enrollees to a specific network of providers
    - Extend coverage to groups beyond those defined in Medicaid law

# MEDICAID & CHIP PROGRAMS

## Medicaid Base

- 49.61% State Share
- 50.39% Federal Share
- Adults with children, children, aged & disabled
  - Incomes less than 100% FPL (\$21,150 family of 2)
- Pregnant Women incomes up to 148% FPL (\$21,597 max. for 1 person)
- Nursing home residents incomes less than 300% SSI Payment Level (\$34,884 max. for 1)

## Medicaid Expansion

- 10% Acute Care Hospitals
- 90% Federal Share
- Adults 19-64 with incomes between 100% and 138% FPL (\$21,597 max. for 1 person)

## M-CHIP/FAMIS

- 35% State Share
- 65% Federal Share
- MCHIP
  - Children/Pregnant Women with incomes between 100% to 148% FPL (\$23,162 max. for 1 person)
- FAMIS
  - Children/Pregnant Women with incomes between 149% to 205% FPL (\$32,083 max. for 1 person)

Note: FPL is the Federal Poverty Level. SSI is the federal Supplement Security Income Program serving low-income aged and disabled individuals. Income amounts are for calendar year 2025.

# MEDICAID ACCOUNTS FOR MAJORITY OF THE DMAS AND HEALTH AND HUMAN RESOURCES (HHR) BUDGETS

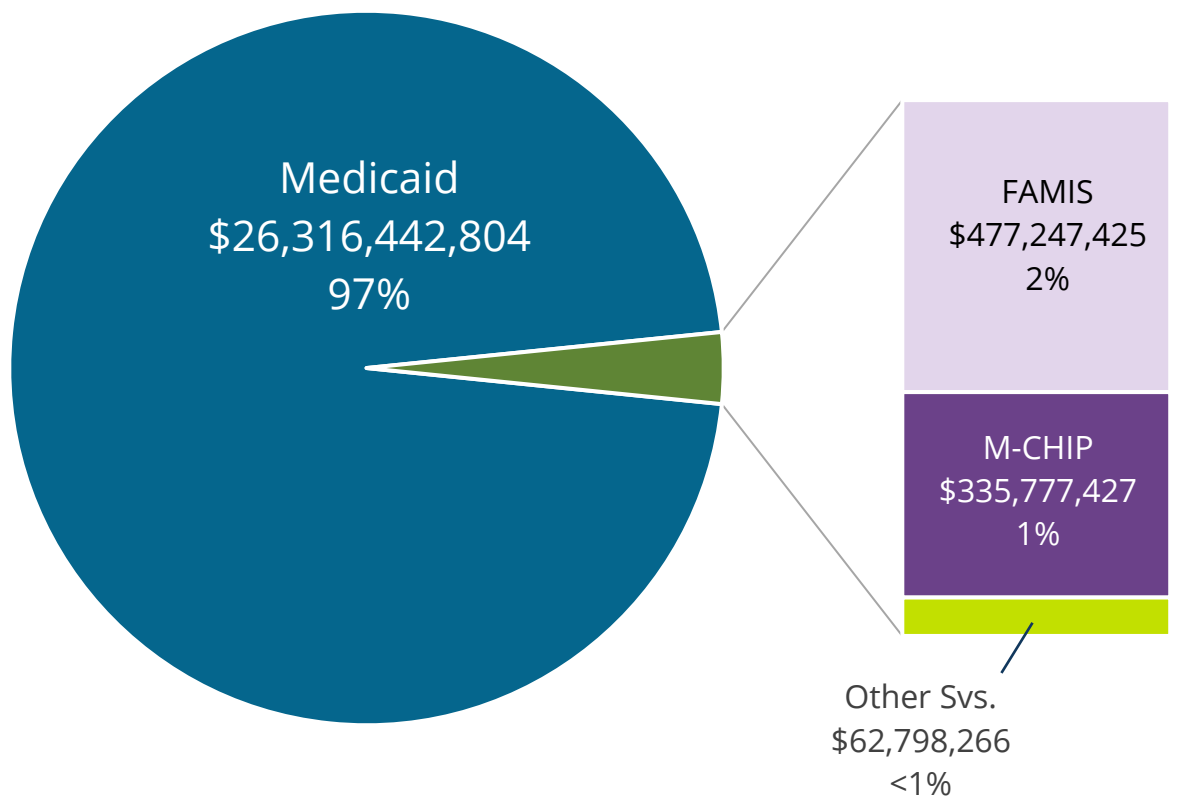
The Department of Medical Assistance Services (DMAS) is designated as the single state agency within the executive branch of government to operate the Medicaid and CHIP programs in Virginia

Medicaid comprises about 77% of the HHR budget (all funds)

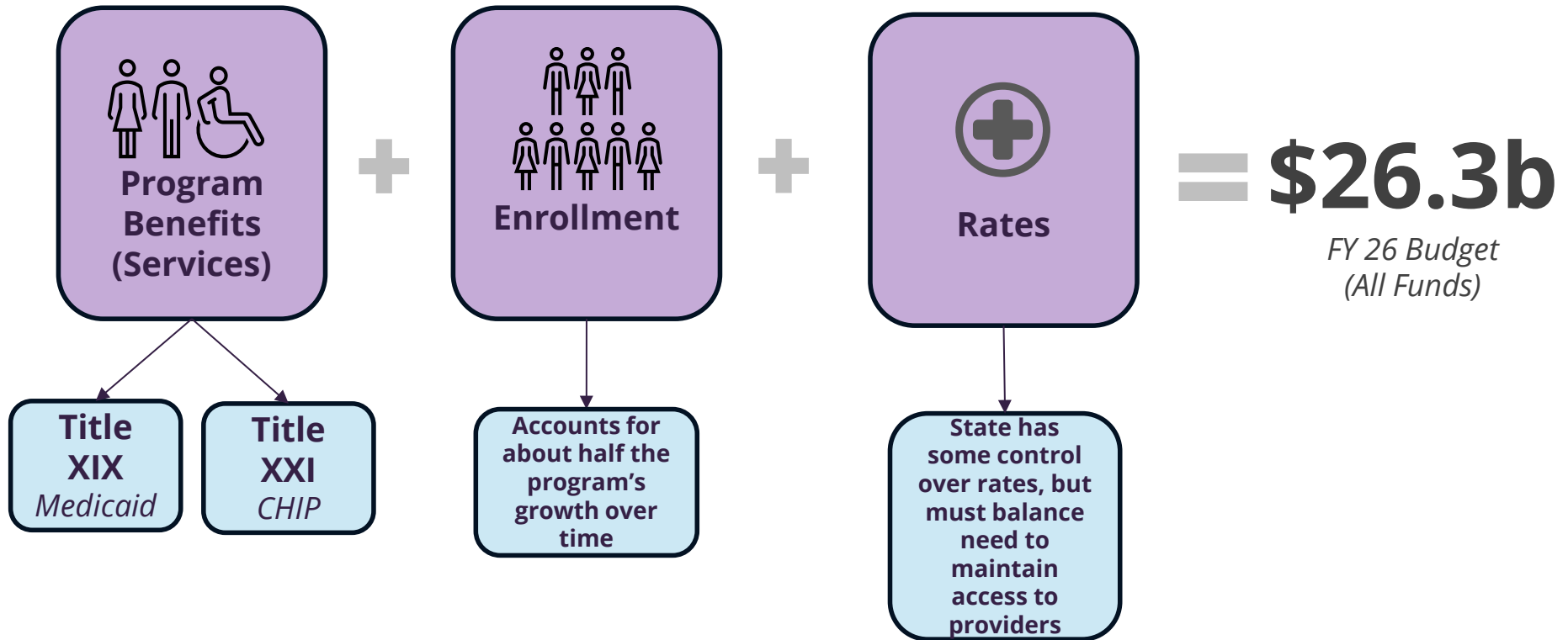
Medicaid accounts for 97% of DMAS budget (all funds)

FAMIS & M-CHIP comprise about 3% of DMAS budget

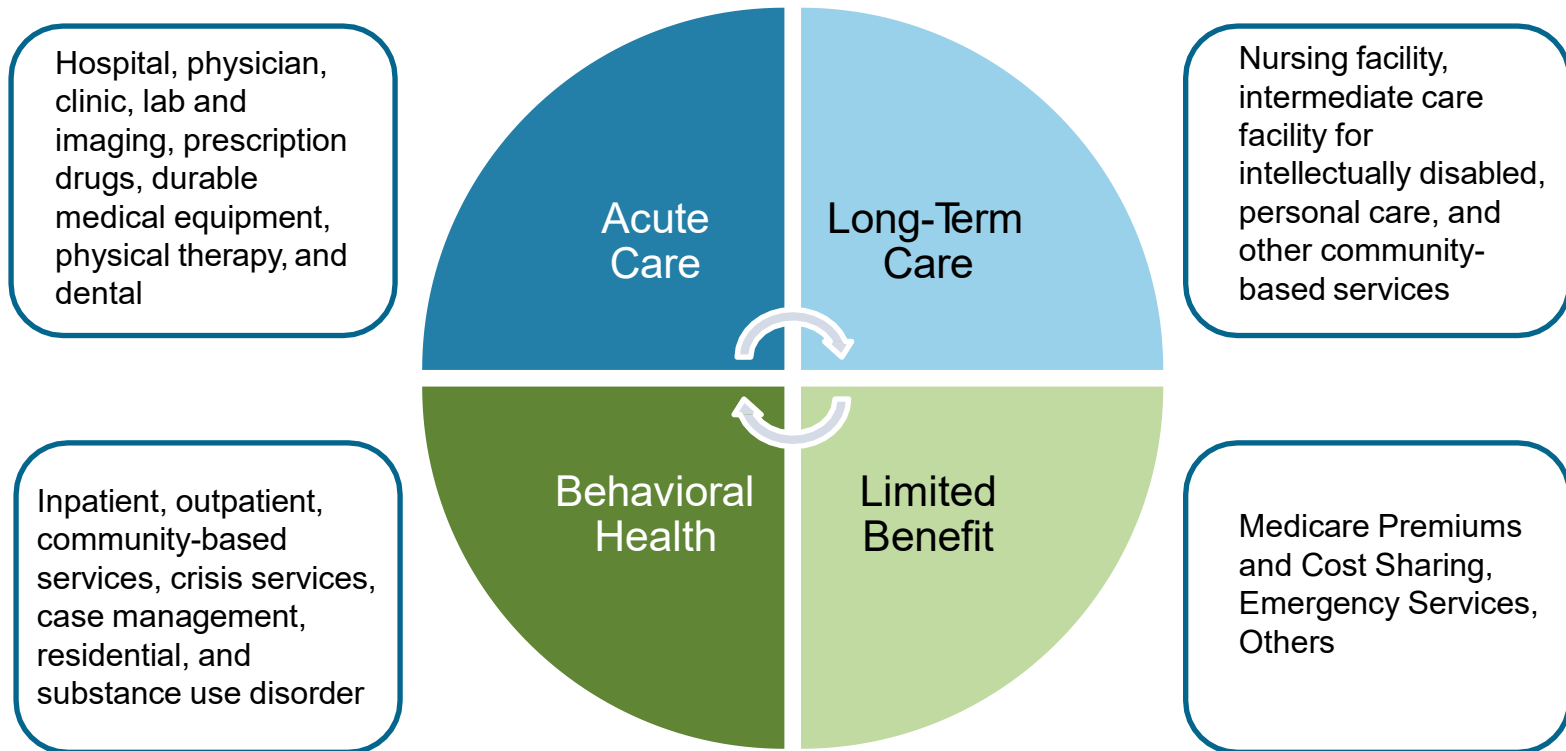
FY 2026 DMAS Services Budget  
(All Funds, Ch. 725, 2025 Session)



# THREE MAIN COST DRIVERS



# COMPREHENSIVE BENEFITS MORE EXPANSIVE THAN COMMERCIAL INSURANCE



# MEDICAID ENROLLEES

## Who is eligible for Medicaid services?

<u>Base Medicaid</u>		<u>M-CHIP and FAMIS</u>		<u>Medicaid Expansion</u>	
<b>Children</b>	income less than 100% FPL	<b>Children</b>	income 100%-205% FPL	<b>Adults Aged 19-64</b>	income 100%-138% FPL
<b>Caretaker Adults</b>		<b>Pregnant Women</b>			
<b>Aged &amp; Disabled</b>					
<b>Pregnant Women</b>	income up to 148% FPL				
<b>Nursing Home Residents</b>	income less than 300% SSI payment level				

FPL: Federal Poverty Level

In 2025, 100% FPL for a household of two was \$21,150

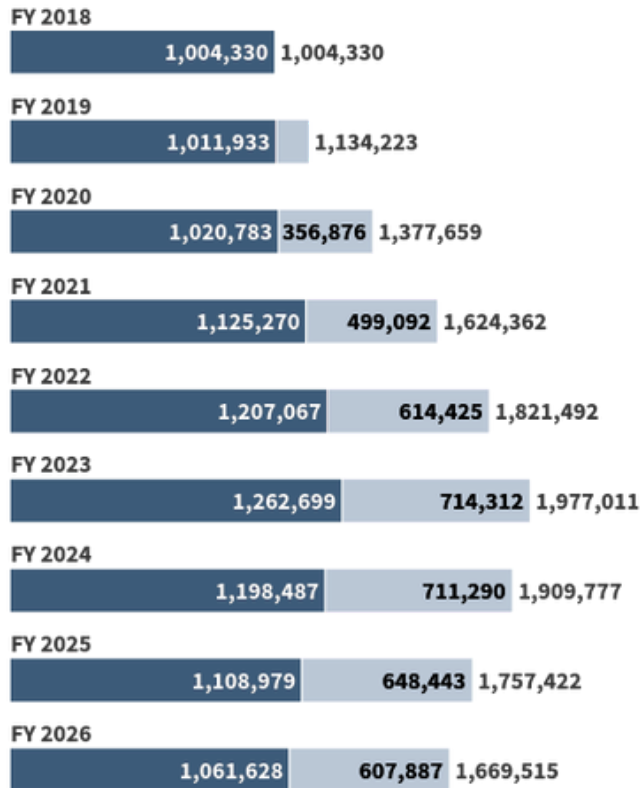
## How are these programs funded?

<u>Base Medicaid</u>		<u>M-CHIP and FAMIS</u>		<u>Medicaid Expansion</u>	
<b>49.61%</b> state share	<b>50.39%</b> federal share	<b>35%</b> state share	<b>65%</b> federal share	<b>10%</b> provider assessment	<b>90%</b> federal share
The <b>state share</b> is primarily supported with <b>General Fund</b> resources				Private acute care hospitals support expansion via a <b>provider assessment</b>	

# MEDICAID ENROLLMENT

**1.7 million Virginians participate in Medicaid:** 1.0 million in base Medicaid, 600,000 in Medicaid Expansion program -- FY 2026 impact to the General Fund: **\$8.0 billion**

## Medicaid Average Monthly Enrollment



Base Medicaid | Medicaid Expansion

## Medicaid General Fund Expenditures

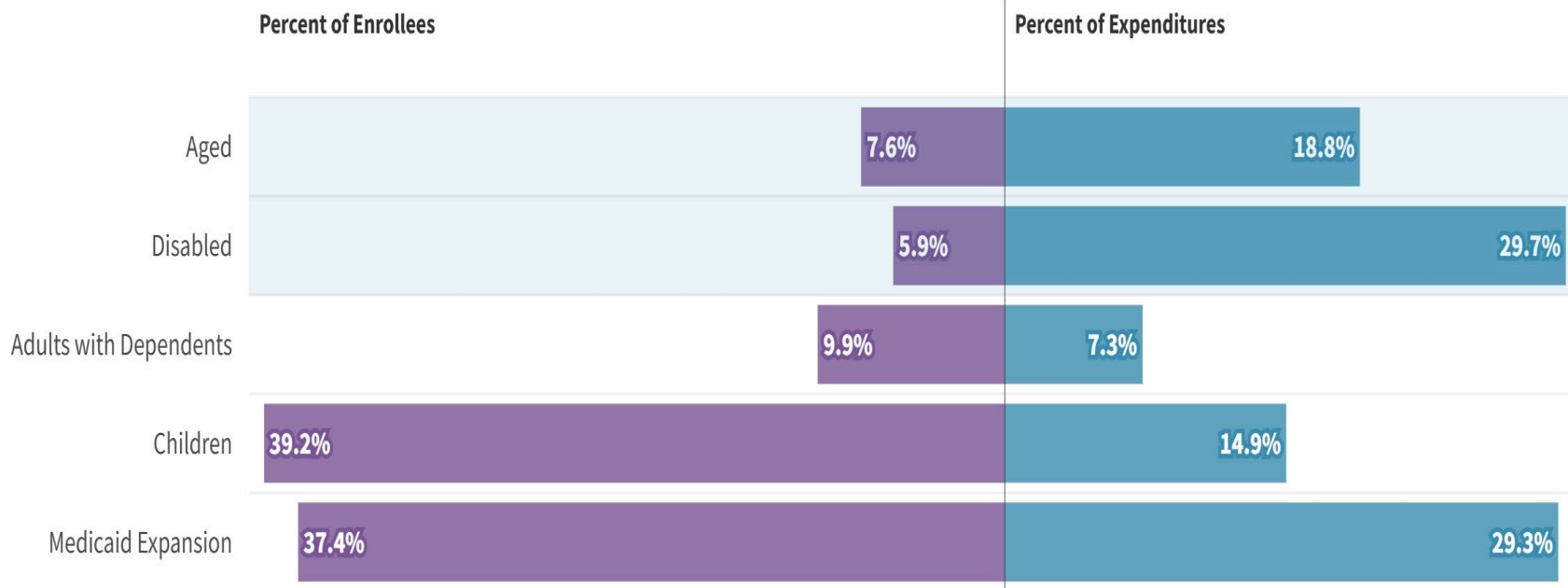
**During the pandemic, enrollment grew by nearly 25%**

**General fund costs did not increase, due to enhanced federal match rate**

**Enrollment has since declined, yet costs have increased due to end of enhanced match and other factors**



# ENROLLEE GROUP PERCENTAGE OF MEDICAID EXPENDITURES



- Aged and disabled enrollees comprise 13.5% of Medicaid enrollees but account for 49% of Medicaid expenditures
- Adults with dependents and children comprise 49% of Medicaid enrollees but account for only 22% of Medicaid expenditures

# MEDICAID COST AND ENROLLMENT

Enrollments are decreasing among lower-cost enrollees and increasing among higher-cost enrollee groups

Enrollee Group	Per Member Per Month Cost	FY 2025 Enrollment	Share of Total Enrollees	Change in Enrollment FY 2018-FY 2026 YTD
Children	\$299	571,521		
Aged and Disabled - Acute Care Only	\$1,832	149,386		
Adults with Children	\$586	163,327		
Medicaid Expansion	\$629	648,443		
Aged and Disabled - Nursing Facilities	\$5,299	16,803		
Aged and Disabled - Home & Community Based Services	\$6,758	42,541		
Persons Receiving Developmental Disability Waivers	\$11,608	16,015		

# MOST SERVICES DELIVERED THROUGH MANAGED CARE ORGANIZATIONS

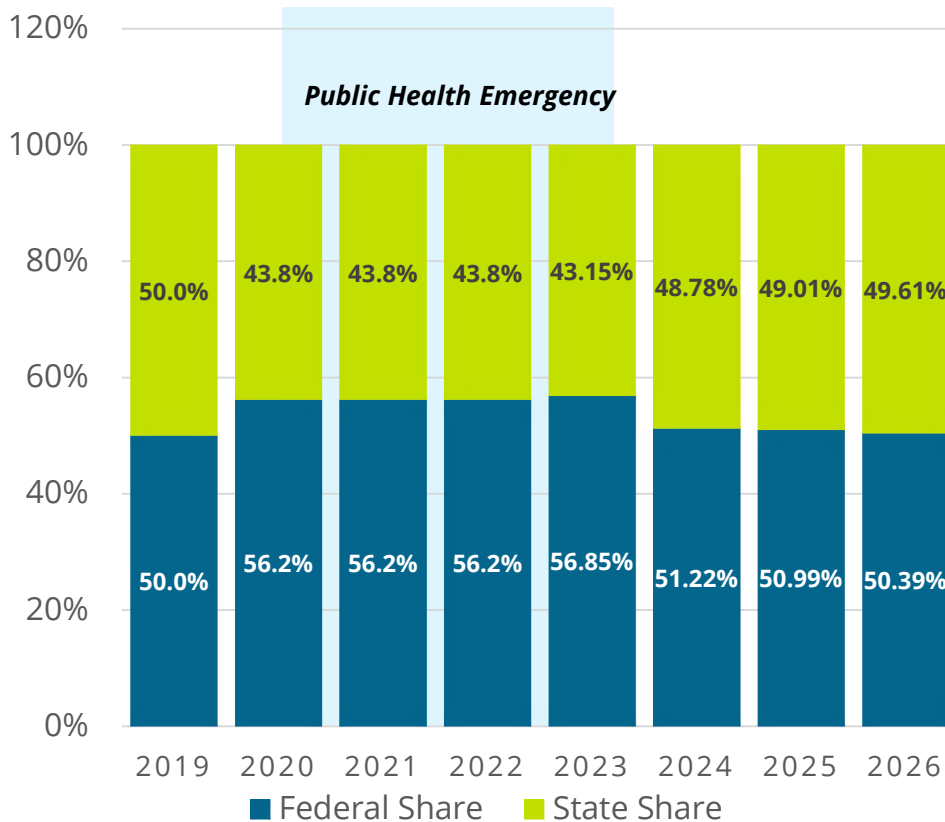
- Currently 5 managed care organizations (MCOs) administer Medicaid benefits for enrollees
  - Aetna Better Health
  - Anthem Healthkeepers Plus
  - Humana Healthy Horizons
  - Sentara Health Plans
  - United HealthCare Community Plan
- Paid a monthly capitated rate for enrolled members
- 89% of Medicaid enrollees receive covered services through MCOs
  - Remainder receive services by providers in the fee-for-service program
    - For example, DD Waiver services, such as day support, residential services and in-home services, are received from providers who bill Medicaid directly; however, individuals with a DD Waiver receive acute care services provided through a managed care organization

# MANAGED CARE RATE REQUIREMENTS

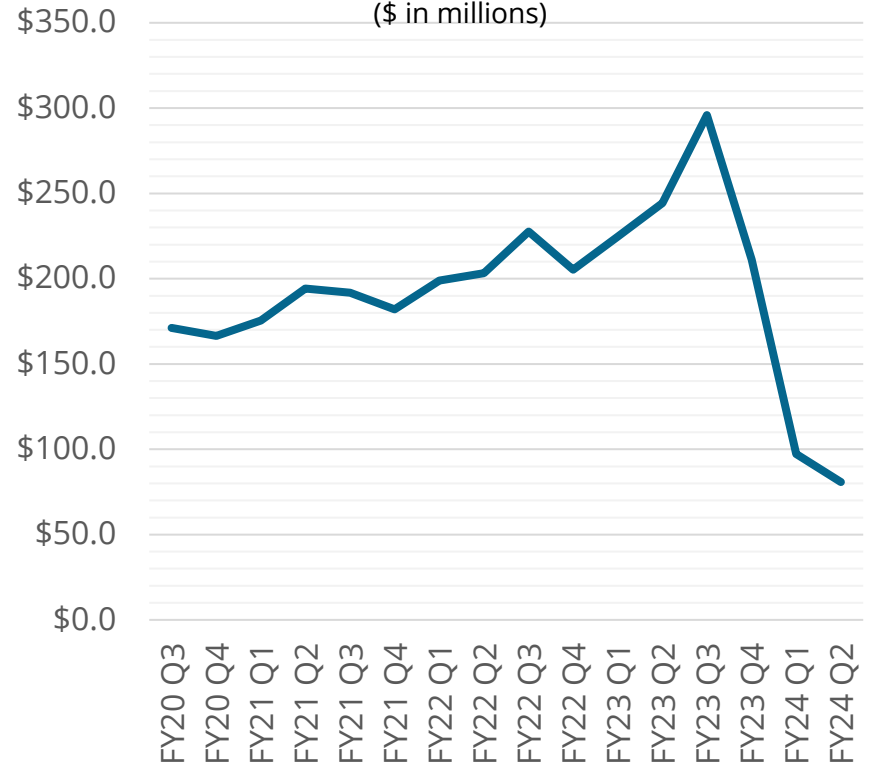
- Medicaid managed care capitated payment rates are required to be actuarially sound by federal government
  - Actuarial analysis conducted annually
- Payment rates generally assume a 1.0% profit margin
- DMAS contracts require that if managed care actual profit exceeds 3.0%, the Commonwealth will receive a repayment of the excess profits on a sliding scale
- Contracts also set forth a medical loss ratio, which requires the MCOs to expend 85% of their payments on medical claims
  - Triggers a repayment to the Commonwealth if not met
  - MCO repayments occurred during the Public Health Emergency due to this provision

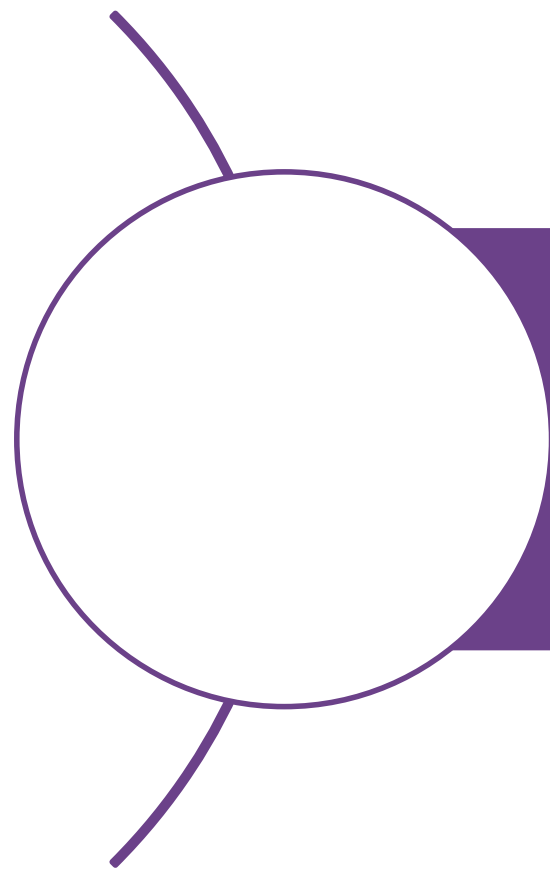
# FEDERAL MATCH RATE RETURNING TO NORMAL LEVELS POST PANDEMIC

- State share of Base Medicaid spending was significantly less during the pandemic due to the 6.2% enhanced federal share (eFMAP) Virginia received; now returning to more historic level of 50%



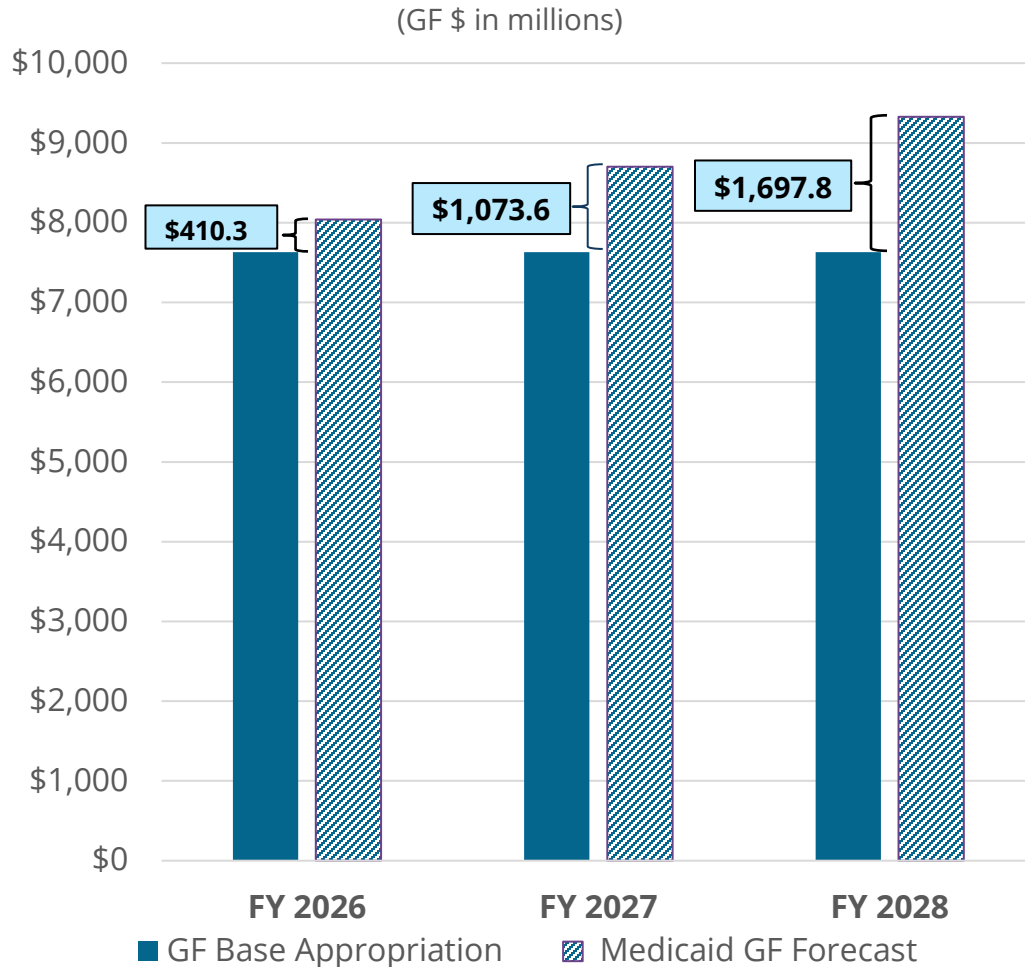
**Quarterly eFMAP Payments**  
**Total of \$3.1 billion over 16 Qtrs.**  
 (\$ in millions)





## Medicaid Forecast

# NOV. 2025 BASE MEDICAID GF FORECAST TOTALS \$3.2 BILLION



General fund spending on Medicaid's non-expansion enrollees is estimated to increase by \$410.3 million in FY 2026 and by \$2.8 billion over the 2026-28 biennium

While enrollment has been dropping since the peak of the Public Health Emergency, remaining enrollees have more complex medical needs

The forecast is driven by higher managed care rates that reflect higher utilization of services, utilization of higher cost services, and enrollment growth of individuals with higher medical needs

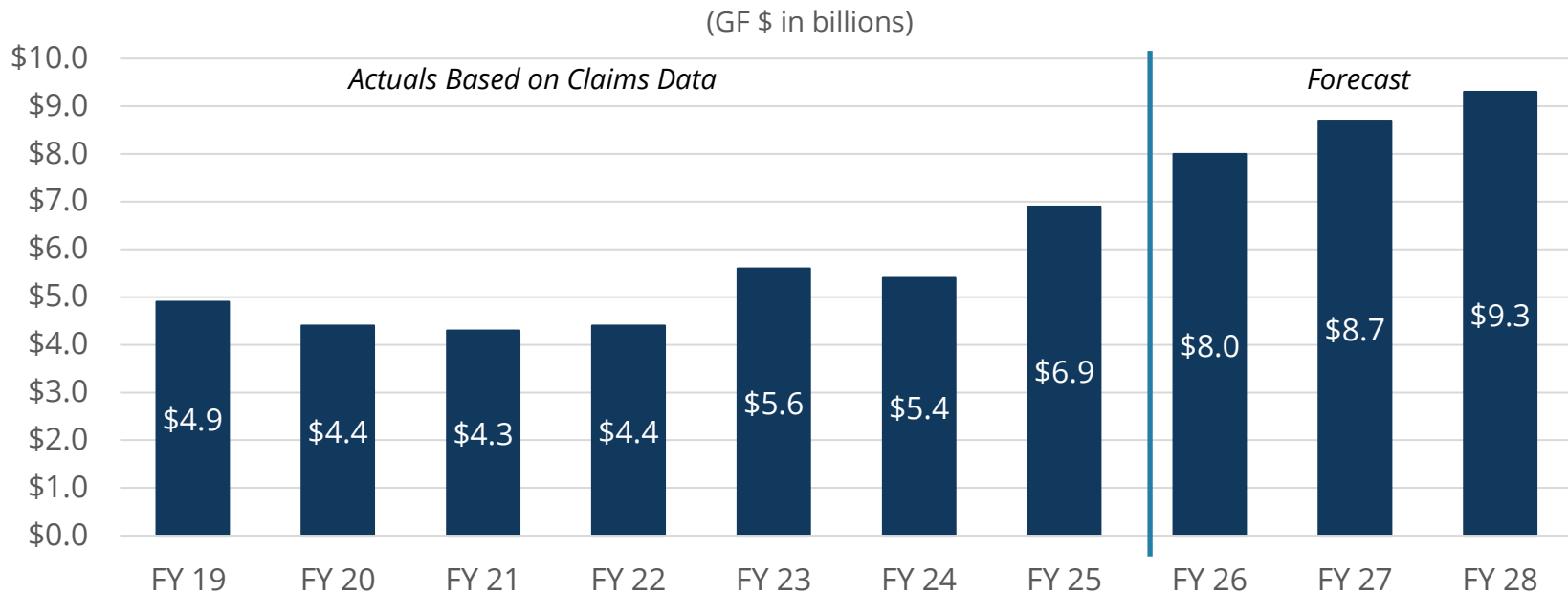
Spending on this chart does not include Medicaid expansion, funded through a hospital assessment and federal funds

# NOV. 2025 BASE MEDICAID GF FORECAST TOTALS \$3.2 BILLION

(\$ in millions)

FY 2026	Forecast	Appropriation	Difference
<b>General Fund</b>	<b>\$8,039.7</b>	<b>\$7,629.4</b>	<b>\$410.3</b>
Federal Funds	\$8,104.0	\$7,635.2	468.8
FY 2027	Forecast	Appropriation	Difference
<b>General Fund</b>	<b>\$8,703.0</b>	<b>\$7,629.4</b>	<b>\$1,073.6</b>
Federal Funds	\$8,597.2	\$7,635.2	\$962.0
FY 2028	Forecast	Appropriation	Difference
<b>General Fund</b>	<b>\$9,327.2</b>	<b>\$7,629.4</b>	<b>\$1,697.8</b>
Federal Funds	\$9,280.6	\$7,635.2	1,645.4

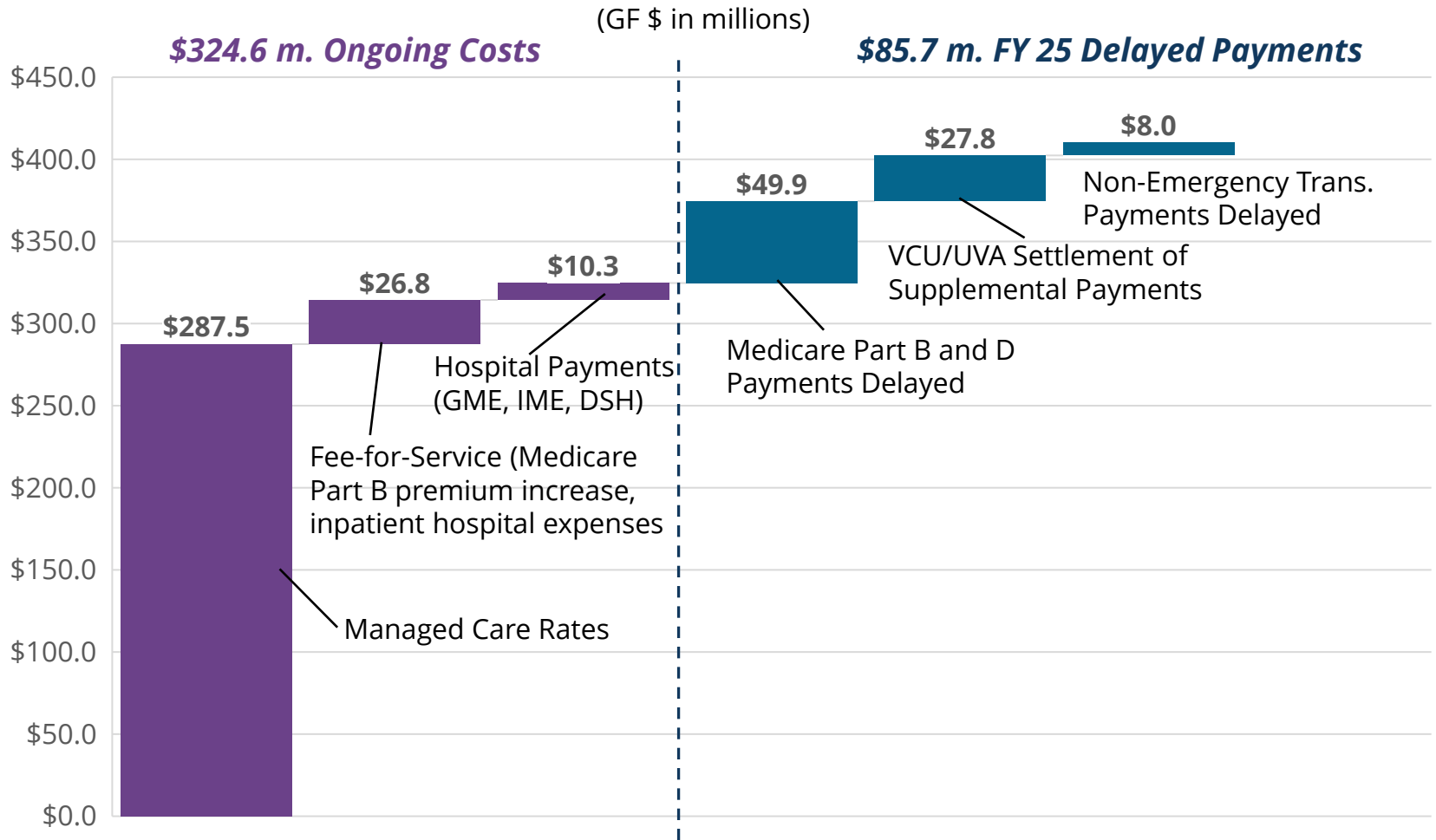
# BASE MEDICAID GF EXPENDITURE GROWTH



Note: Actuals based on GF expenditures from the 2025 Virginia Medicaid and CHIP Data Book.

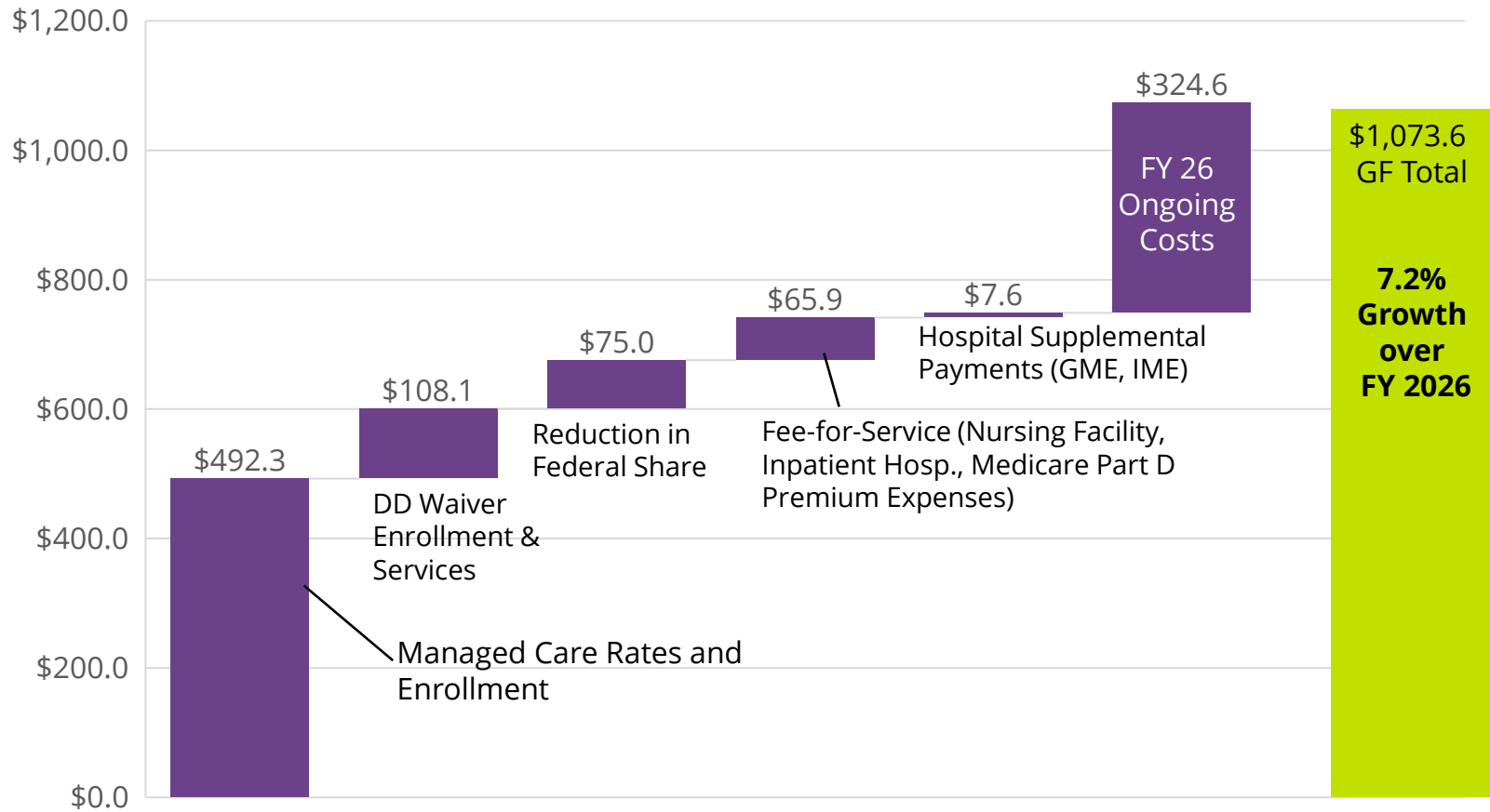
- State funded Medicaid expenditures declined during the Public Health Emergency, due primarily to enhanced federal reimbursement (eFMAP), including:
  - About \$3.1 billion in eFMAP provided in all of FY 2021, FY 2022 and FY 2023, and two quarters of FY 2020 and FY 2024
  - \$407.0 million in a one-time 10% enhanced federal match for Home and Community Based Services from April 1, 2021 through March 31, 2022, and \$80.0 million in ARPA funding
  - Expenditures in FY 2024 were artificially low due to the use of one-time actions in the program to maximize enhanced federal reimbursement in FY 2023. FY 2025 expenditures reflect a return to normal. For example, FY 2024 expenditures included 11 monthly MCO capitated payments, FY 2025 expenditures include the full 12 payments usually paid to MCOs.

# MEDICAID ESTIMATED TO GROW BY \$410.3 MILLION IN STATE SPENDING IN FY 2026



# BASE MEDICAID ESTIMATED TO REQUIRE ALMOST \$1.1 BILLION GF IN FY 2027

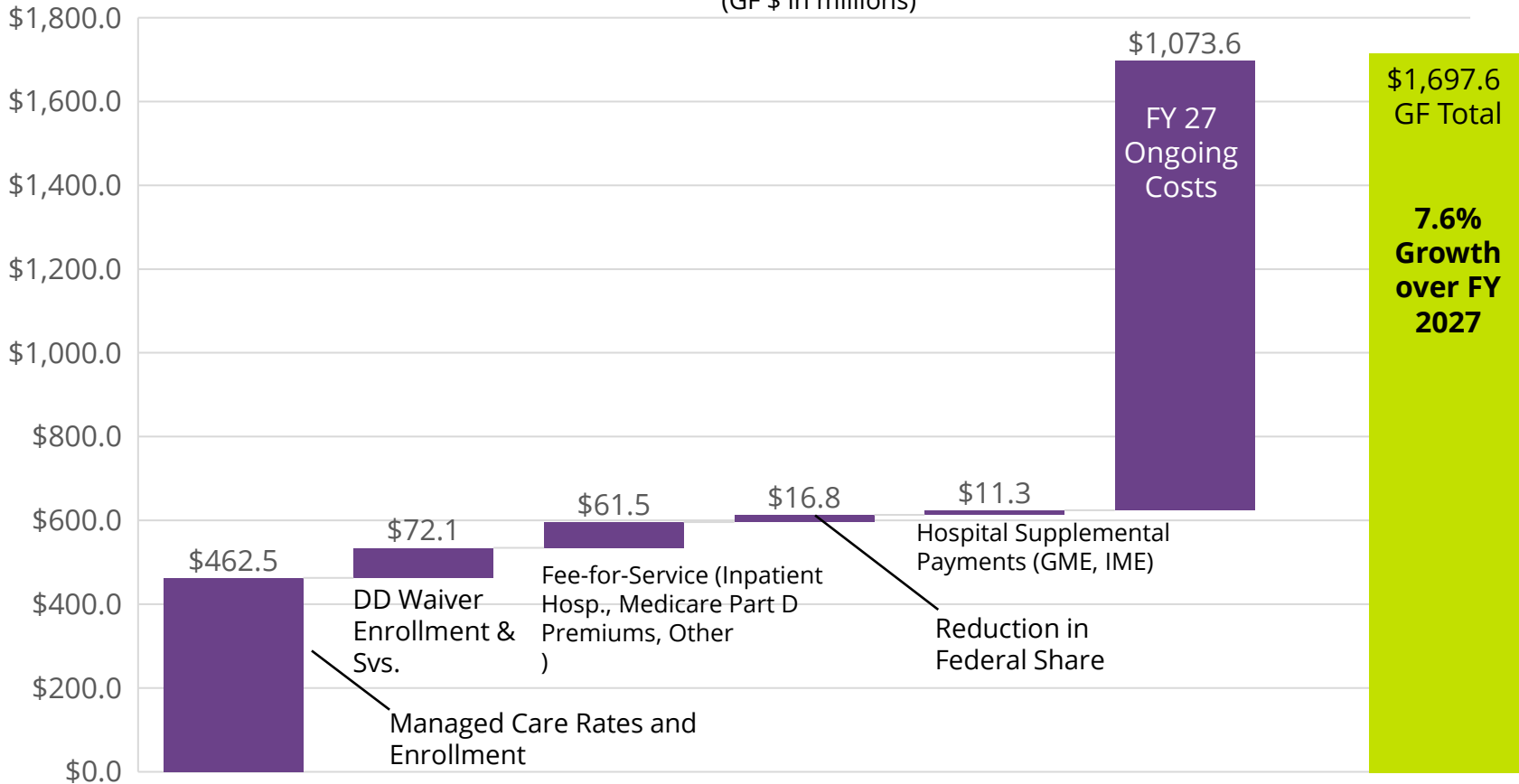
**Factors Driving FY 2027 Forecast Total \$749 Million over FY 2026 Ongoing Costs**  
(GF \$ in millions)



# BASE MEDICAID ESTIMATED TO REQUIRE \$1,697.8 MILLION GF IN FY 2028

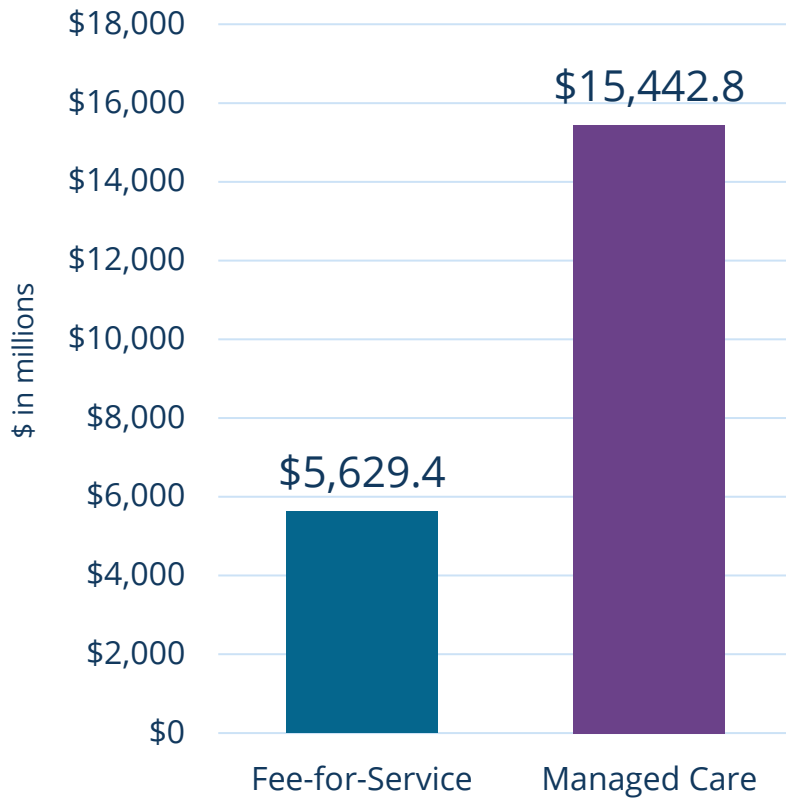
## Factors Driving FY 2028 Forecast Total \$624 Million over FY 2027 Ongoing Costs

(GF \$ in millions)



# MANAGED CARE ACCOUNTS FOR MOST PROGRAM EXPENDITURES

## FY 2026 Estimate\*



\*Estimate based on claims expenditures to date, extrapolated for full year. Does not include lump sum payments to hospitals & nursing homes, among others.

## Services As Percentage of Managed Care Expenditures

Type of Service	% of Exp.
LTC - Home and Community Based Services	15.9%
Inpatient Hospital	13.6%
LTC - Nursing Facility	12.1%
Pharmacy	12.4%
Physician Services	12.2%
Outpatient Hospital	10.9%
Institutional Community Behavioral Health/Addiction Recovery Treatment Services (ARTS)/Case Management	9.5%
Other Medical	4.5%
MCO Administration	8.9%

# MANAGED CARE RATE INCREASES DRIVE MEDICAID FORECAST

	Nov. 2024 Forecast	Nov. 2025 Forecast		
Managed Care Rates	FY 2026	FY 2026	FY 2027	FY 2028
Base Medicaid	4.5%	8.2%	7.1%	7.0%
Medicaid Expansion	5.8%	15.0%	10.6%	10.6%
<b>Blended Rate</b>	<b>5.0%</b>	<b>10.6%</b>	<b>8.2%</b>	<b>8.2%</b>

- Key drivers of managed care rates in FY 2025 are expected to continue into FY 2026 and 2026-28
- Medical services - higher utilization by enrollees with complex medical needs and higher costs per claim
  - 15.6% increase in inpatient hospital cost per claim and 7.6% increase in PMPM amount
  - 13.5% increase in physician services per member per month (PMPM) amount for those receiving for receiving long-term care services
  - 12% increase in Pharmacy PMPM amount and 7% increase in cost per claim
- Home and community-based services – higher utilization and higher costs
  - 22% increase in claims
  - 10% increase in PMPM for home and community-based services
  - 10.6% increase in cost per claim for home and community-based services
- Behavioral health – higher utilization
  - Mobile/crisis services
  - Addiction and Recovery Treatment Services (ARTS)
  - Applied Behavioral Analysis (ABA) services

# IMPACT OF PROVIDER INFLATION ADJUSTMENTS

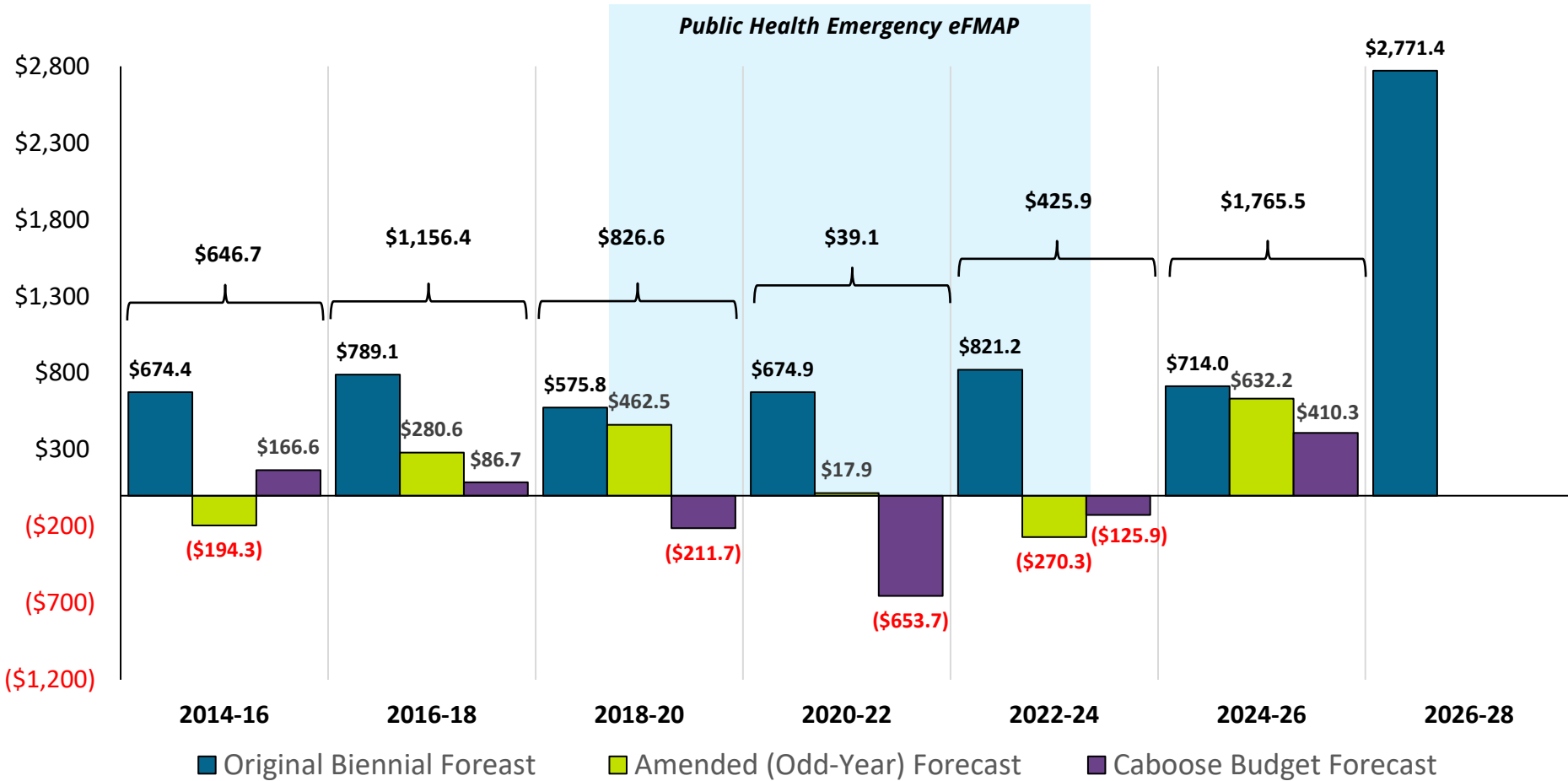
- Hospital and nursing home inflationary adjustments (required by regulations) impact both managed care and fee-for-service expenditures

	Nov. 2024	Nov. 2025 Forecast			
Provider Inflation Adjustments	FY 2027 %	FY 2027 %	FY 2027 GF Impact	FY 2028 %	FY 2028 GF Impact
Hospital & Other Facilities*	3.0%	3.2%	\$37.2	3.2%	\$80.8
Nursing Facility, Hospice and Home Health**	3.1%	3.3%	\$36.8	3.3%	\$83.3
<b>Total</b>			<b>\$74.0</b>		<b>\$164.1</b>

\*Includes inpatient, outpatient, and freestanding psychiatric hospitals, and outpatient rehab. facilities.

\*\*Inflation rates and the GF impact for Nursing facilities, hospice and home health are merged to illustrate the combined GF impact each year. The majority of the GF impact each year is due to nursing facility inflation of 3.3% each year. The projected inflation for hospice is 2.9% each year and the projected inflation for home health is 3.4% each year.

# BASE MEDICAID BIENNIAL FORECAST CHANGES OVER TIME



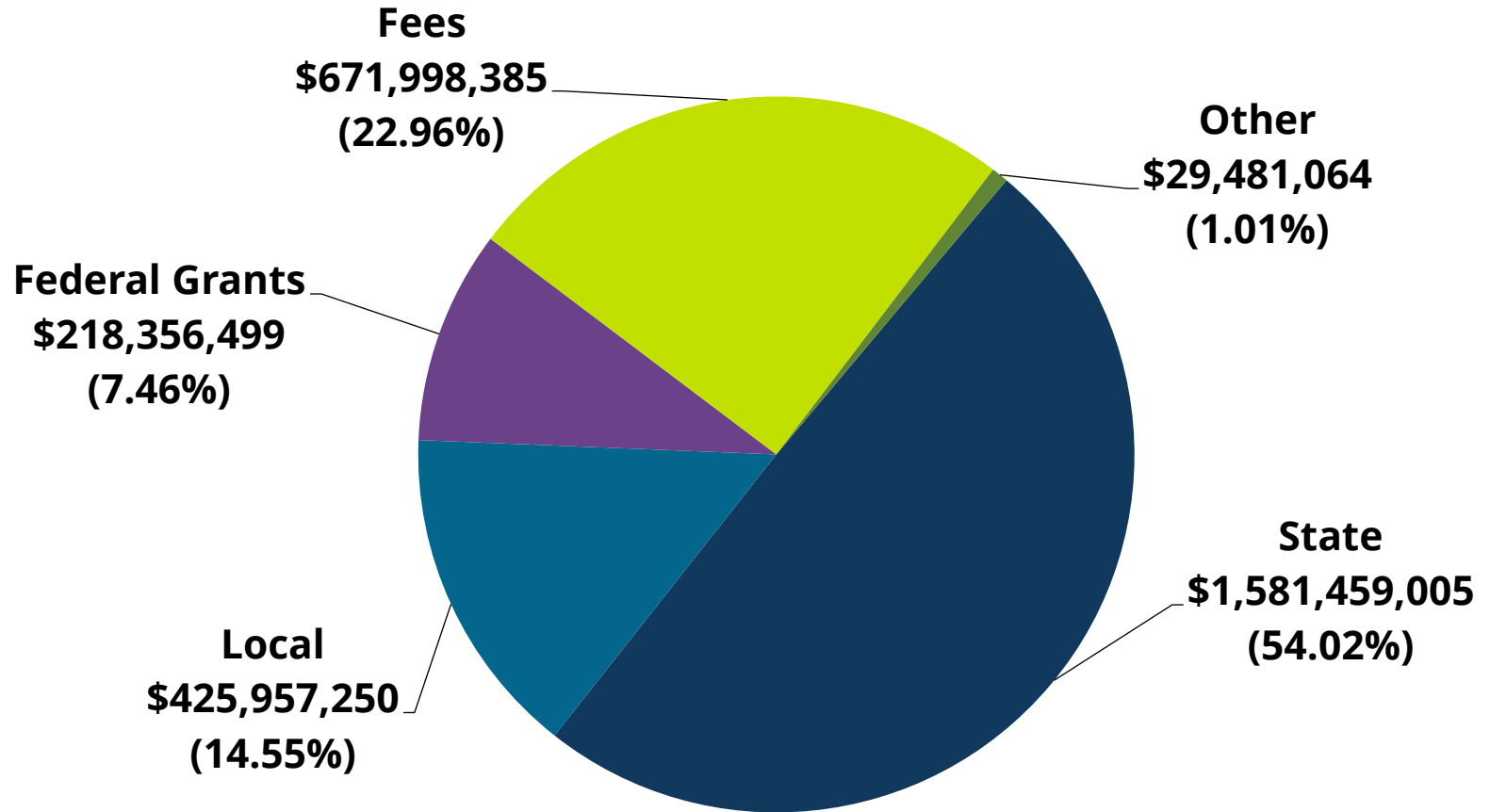


DEPARTMENT OF BEHAVIORAL  
HEALTH AND DEVELOPMENTAL  
SERVICES

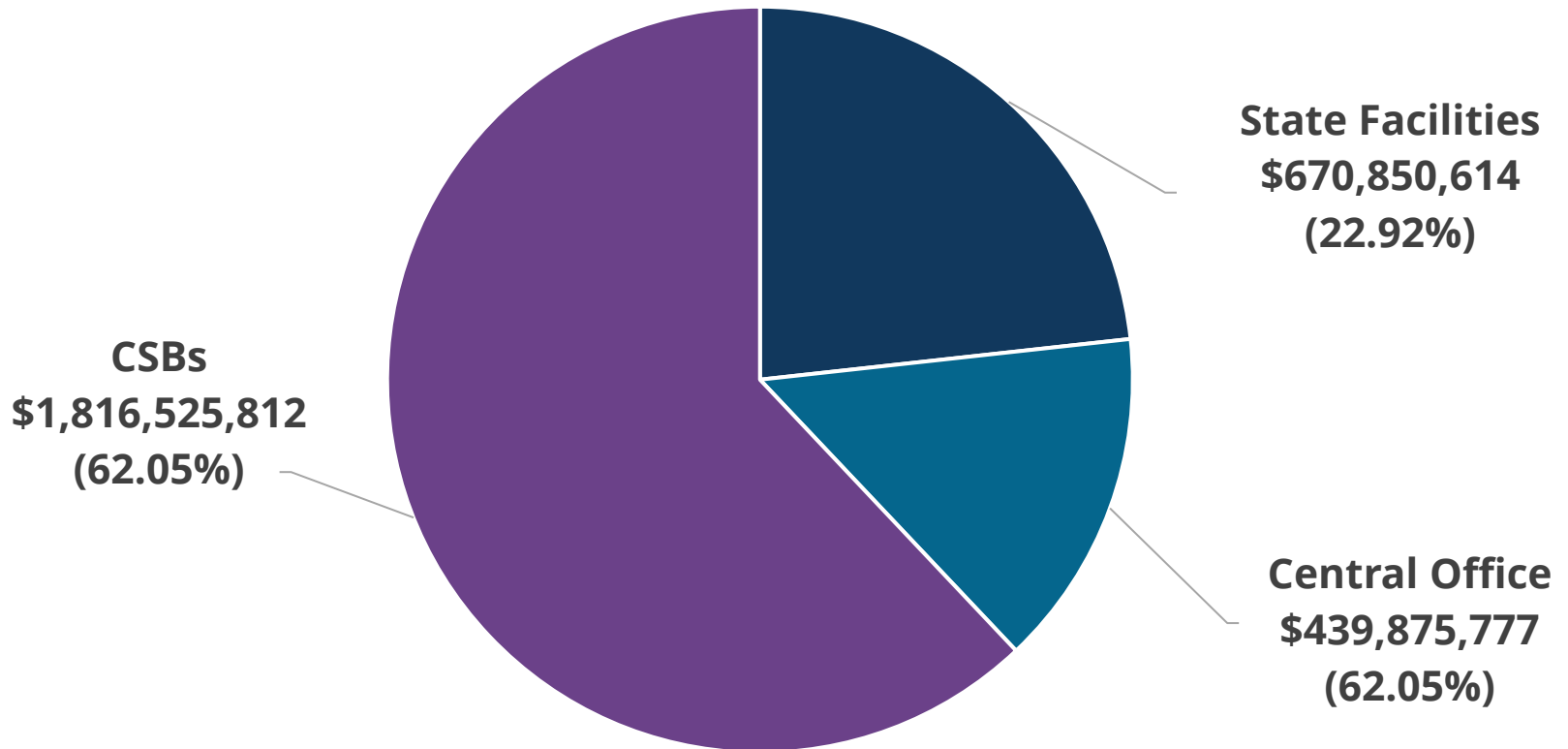
# DPT. OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

- Publicly-funded system of behavioral and developmental services includes a mix of public and private providers
  - 39 Community Services Boards (CSBs), 1 Behavioral Health Authority
  - Private providers
  - 9 state hospitals, 1 training center, Hiram Davis Medical Center, and 1 center for behavioral rehabilitation (treats sexually violent predators)
- Services include
  - Treatment for mental illness, substance use disorders, and co-occurring disorders
  - Forensic services (evaluations of competency and/or sanity, restoration to competency, services for jail transfers, treatment for those not guilty by reason of insanity)
  - Health care, residential, habilitative and other services for individuals with developmental disabilities
  - Early intervention services for infants and toddlers with disabilities
  - Sex offender treatment

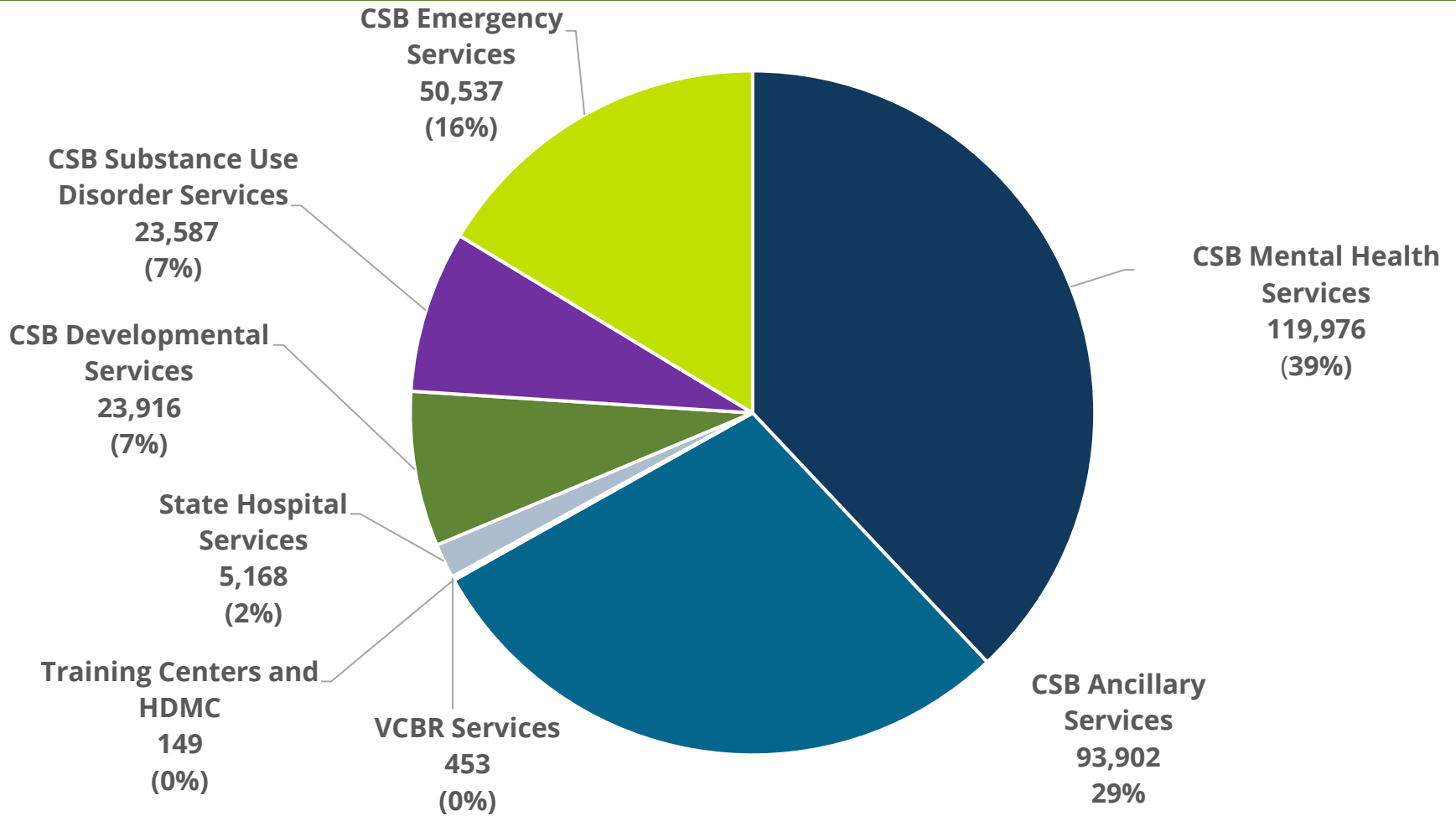
# DBHDS SYSTEM FUNDING FY 24: \$2.9 BILLION



# MAJOR FUNDING COMPONENTS OF FUNDING FY 24



# INDIVIDUALS SERVED IN FY 24



# MANDATED CSB SERVICES

- Emergency Services
- Case Management (subject to available funding)
- Preadmission Screening and Discharge Planning

## STEP-VA (July 2019)

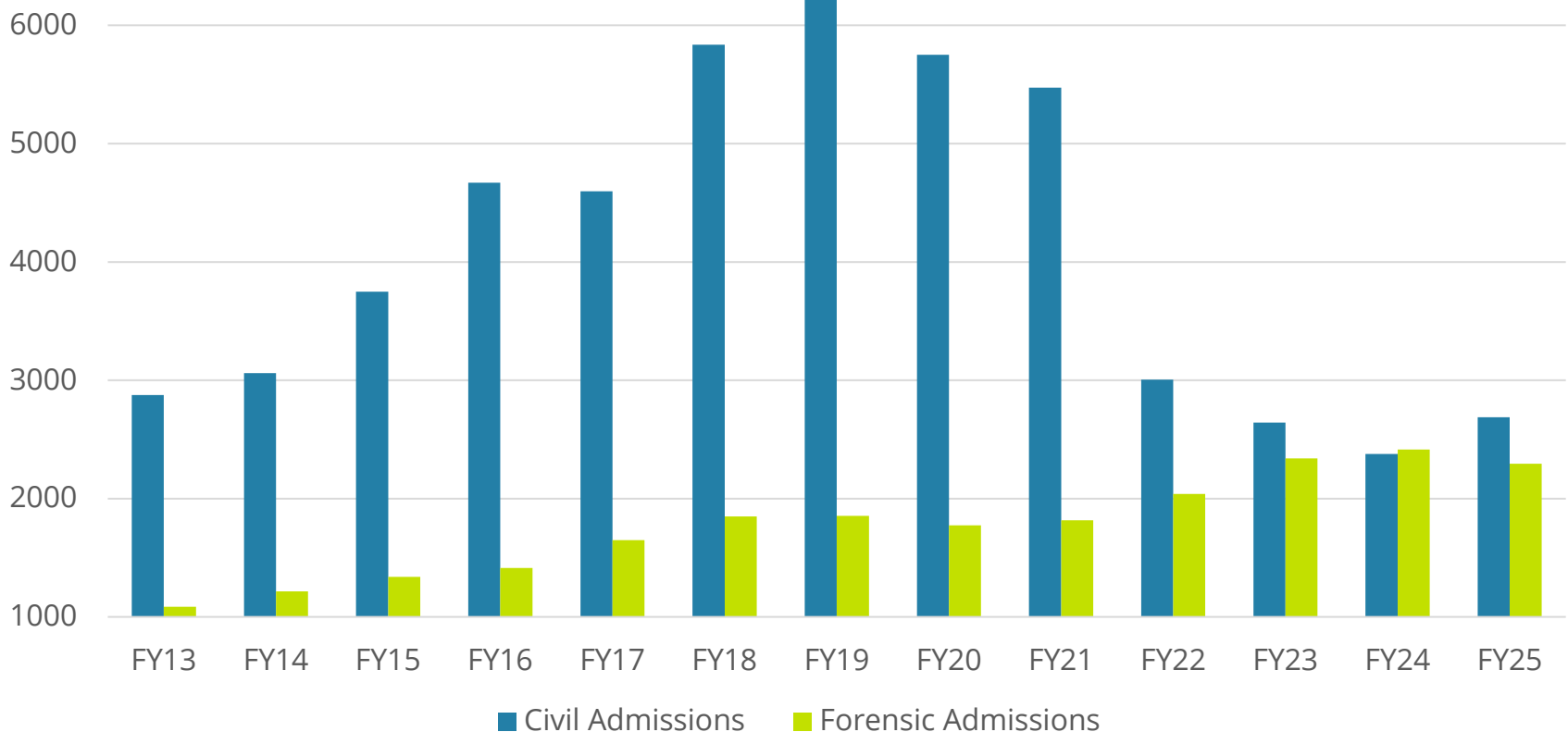
- Same Day Access
- Primary Care Screening

## STEP-VA (July 2021)

- Outpatient Services
- Detoxification
- Crisis Services
- Peer and Family Support
- Services for service members, veterans, and families
- Psychiatric Rehabilitation\*
- Care Coordination\*
- Case Management\*

*\*delayed until 2024*

# GROWING NUMBER OF FORENSIC PATIENTS IN STATE FACILITIES



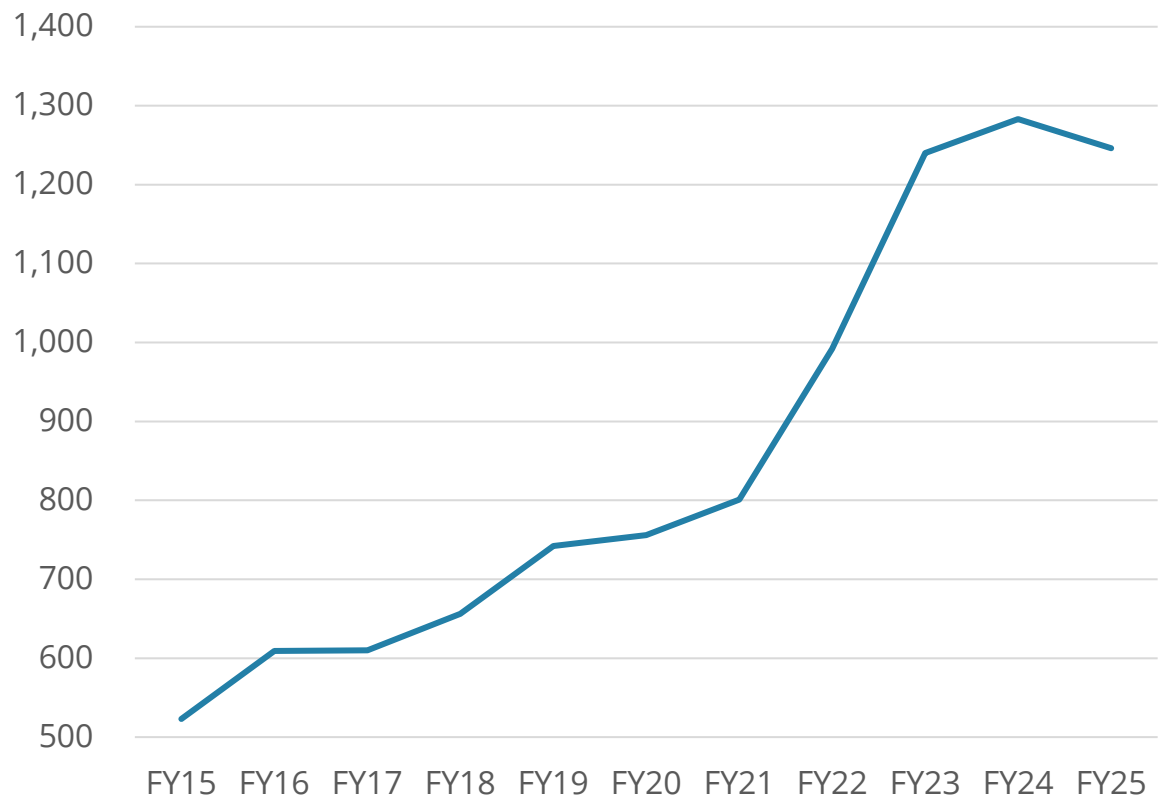
# COMPETENCY RESTORATION DRIVING INCREASE IN FORENSIC CASES

Forensic admissions use the majority of bed days at state hospitals, primarily due to increase in competency restoration patients

This increase has lowered the capacity to accept civil admissions, increased the civil waitlist, and delayed forensic patient discharge

Recent investment to support CSBs performing outpatient competency restoration has helped ease the burden on state facilities

## Competency Restoration Admissions in State Facilities



# COMPREHENSIVE CRISIS SYSTEM

## Call Centers

- In November 2025, there were 30,582 calls received and 23,527 calls were answered
- Around 90% of calls are resolved on the phone

## Mobile Crisis

- Mobile crisis teams will respond to 988 calls that can't be resolved over the phone
- Currently have 104 teams statewide
- Goal is to reach the individual within an hour and solve 70% of cases at the scene

## Crisis Stabilization

- CSUs, CITACs, and CRCs for 23 hour or short term (less than a week) stabilization
- Currently have 181 active CRC chairs and 230 in development, and have 205 active CSU beds active and 122 more in development
- If more intensive treatment is needed, individual will then be referred to inpatient treatment at state or private hospital

# DD WAIVER UPDATE AS OF JANUARY 5, 2026

Waiver	Number of Slots Assigned
Community Living	12,226
Family and Individual Supports	7,251
Building Independence	268
<b>Total</b>	<b>19,745</b>

Priority Waitlist	Number of Individuals
Priority One	2,661
Priority Two	6,639
Priority Three	4,950
<b>Total</b>	<b>14,250</b>

The logo for the Department of Social Services features a dark blue horizontal bar with the text "DEPARTMENT OF SOCIAL SERVICES" in white, uppercase, sans-serif font. To the left of this bar is a vertical olive green bar. Below the blue bar is a horizontal lime green bar.

DEPARTMENT OF SOCIAL  
SERVICES

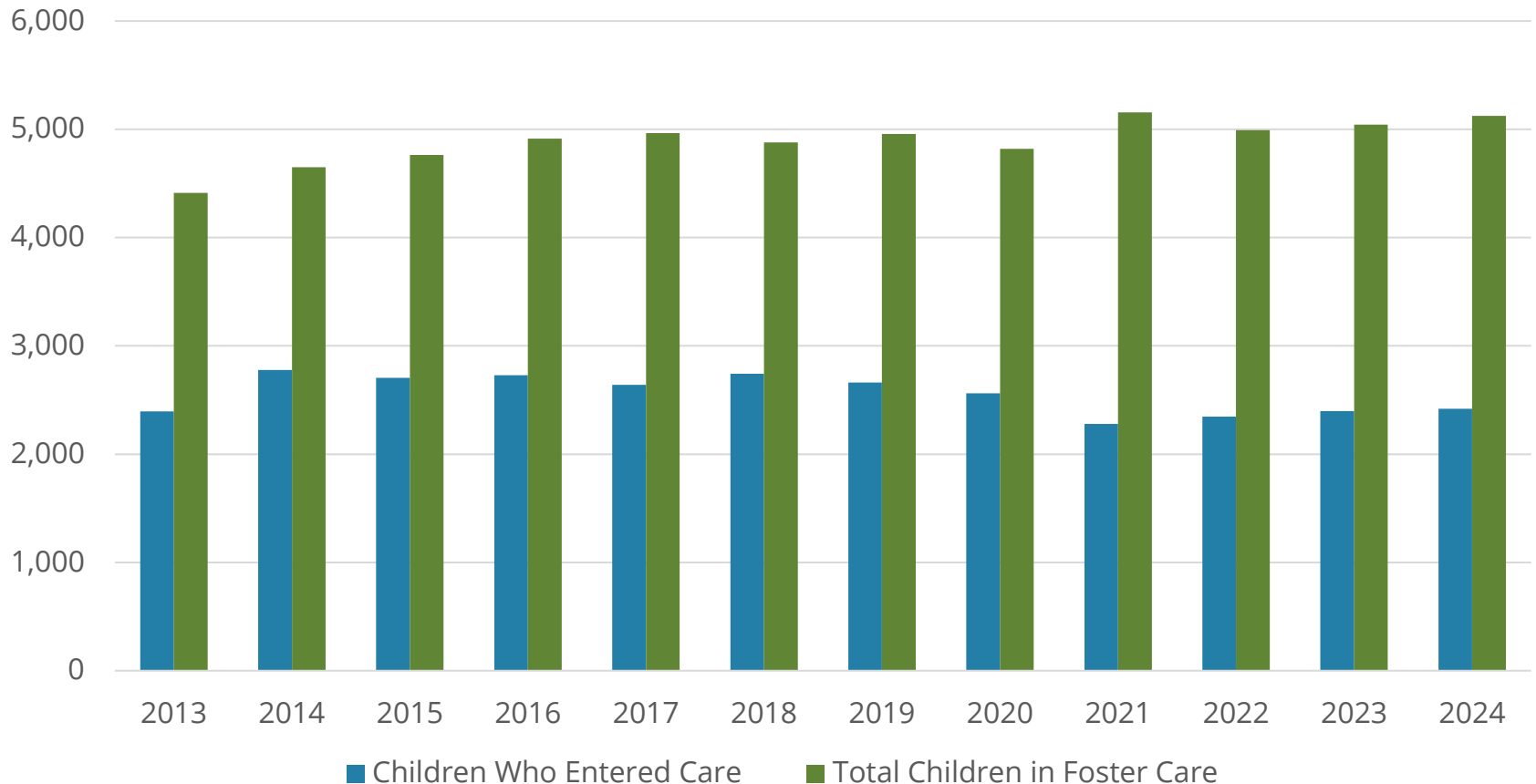
# DSS SPENDING (GF AND NGF)

Program Area (\$ in millions)	FY 2025 GF and NGF	FY 2026 GF and NGF
Program Management	\$61.0	\$64.8
Self-Sufficiency Programs	150.0	249.7
Local Social Services Staff	639.3	662.3
Child Support Enforcement	781.7	762.1
Adult Programs	62.7	62.7
Child Welfare	288.9	293.3
Supplemental Assistance	263.4	260.9
Community Human Services Organizations	72.9	74.6
Regulation of Public Facilities	16.0	16.0
Emergency Preparedness	0.9	0.9
Administrative and Support Services	158.3	157.8

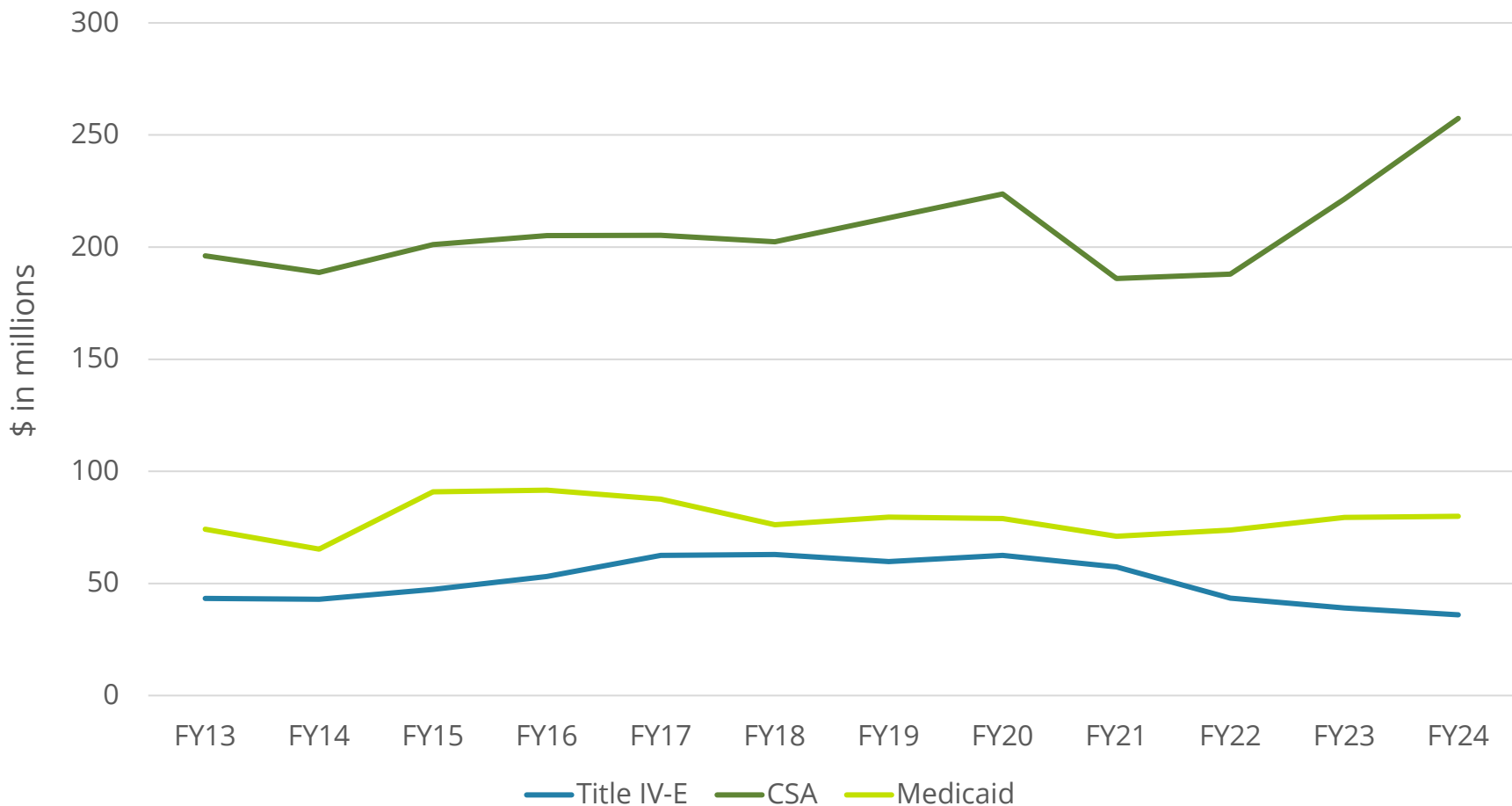
# CHILD WELFARE SERVICES

- Federal Family First Prevention Services Act requires state to reengineer its approach to child welfare programs
  - Serves children at imminent risk of entering foster care
  - For the first time, family focused, not just services for children
  - No income test to receive services
  - Prevention programs must be federally approved and evidence-based
  - Federal Title IV-E funding available to support services
    - These services are paid through the Children's Services Act with general fund dollars
    - To qualify for federal match, residential treatment programs must be accredited and provide high quality services, if services needed beyond 12 months will require DSS Commissioner approval
    - Traditional group homes will not be eligible for federal reimbursement

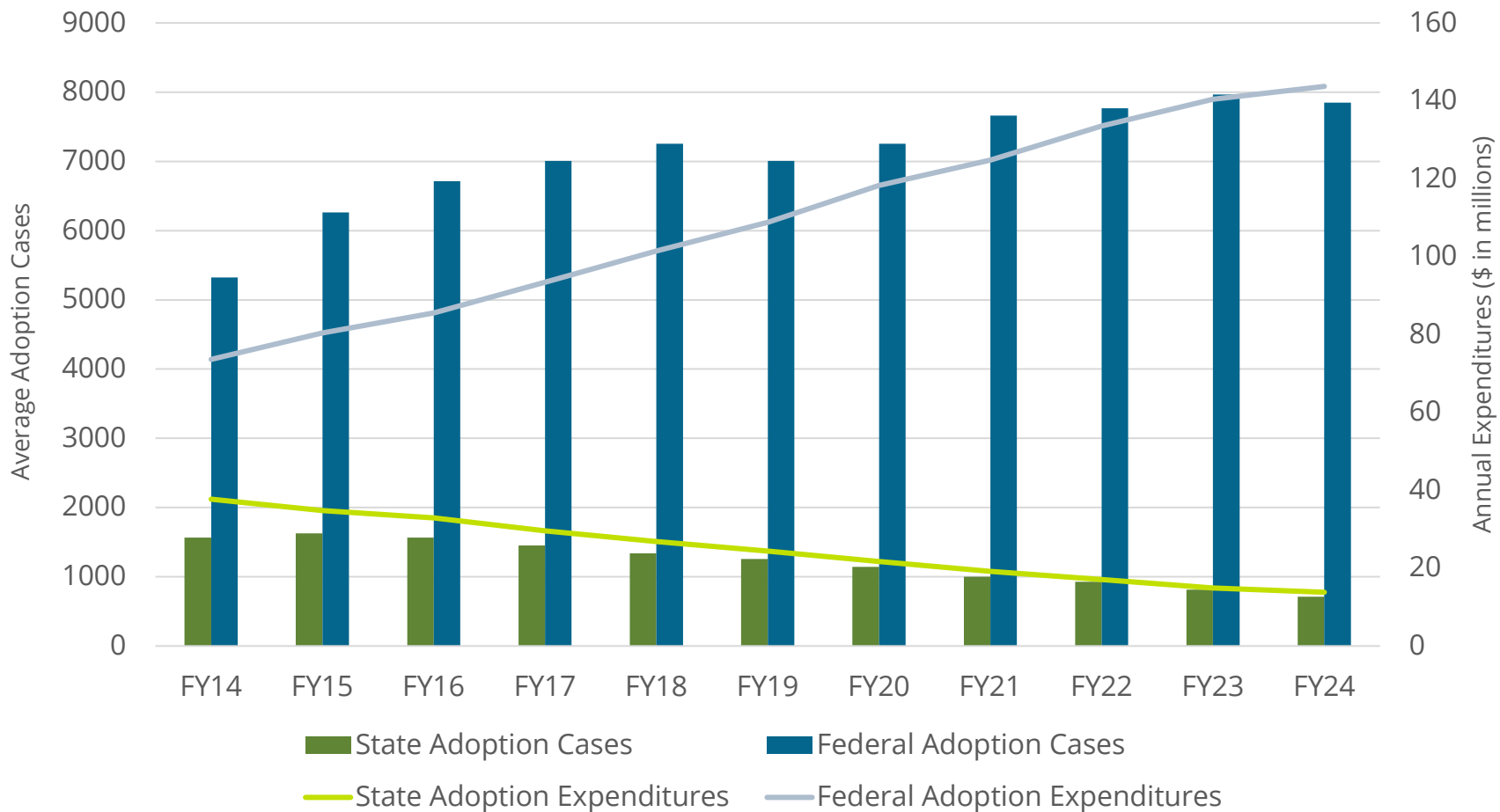
# NUMBER OF CHILDREN IN FOSTER CARE



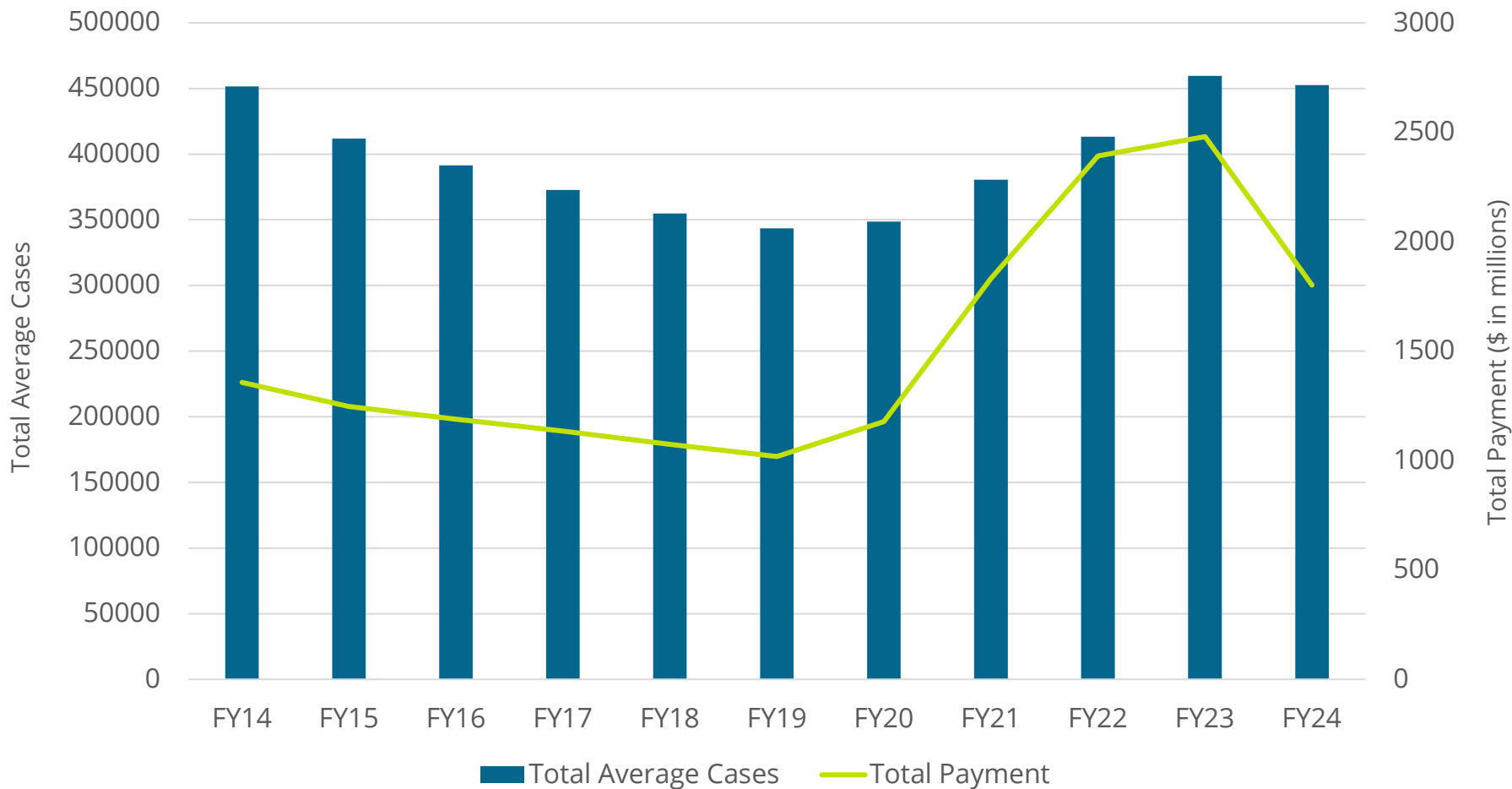
# FOSTER CARE: TITLE IV-E, CSA, AND LOCAL EXPENDITURES



# ADOPTION CASES AND EXPENDITURES



# SNAP CASELOAD AND EXPENDITURES



# DSS ISSUES

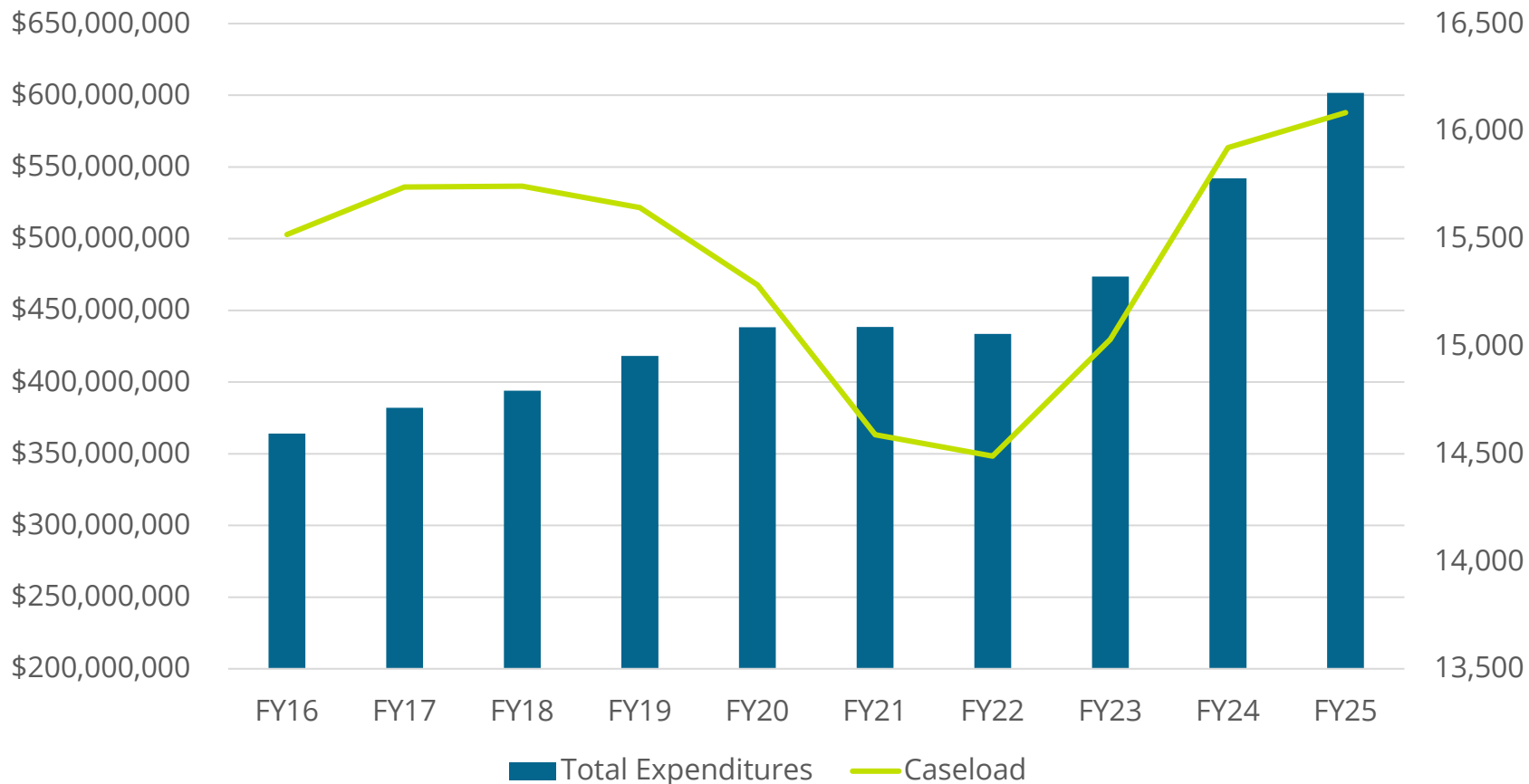
- Agency heavily dependent on federal funding for programs
- IT systems need improvements/replacements
  - Comprehensive Child Welfare Information System
  - CommonHelp and VaCMS
- Local departments of social services experiencing staffing issues
- Child welfare and child protective services are primary GF budget drivers
- SNAP Payment Errors
  - With the passage of H.R. 1 in July 2025, states with a SNAP error rate above 6% will have to contribute to the cost of the SNAP benefit allotments. Virginia's error rate is currently over 10%, meaning the state will have to contribute \$270 million starting in FY 2028 if the error rate does not improve
- SNAP Administrative Costs
  - Starting in FY 2027, H.R. 1 requires states to contribute 75% of SNAP administrative costs. Previously, states split the administrative costs with the federal government 50/50

# CHILDREN'S SERVICES ACT

# CHILDREN'S SERVICES ACT (CSA)

- CSA was enacted in 1993 to establish a single state pool of funds to coordinate and support services for eligible youth and their families
- CSA is a state-supervised, locally administered program
- Localities are mandated to serve eligible children:
  - Children in foster care or at risk of entering foster care
  - Children requiring a private placement for special education services
  - Children deemed in need of services by a court system
  - Children at risk of placement in a residential facility
- Children are referred to CSA through local departments of social services, school systems, Community Services Boards, a Court Services Unit, or a juvenile and domestic relations court

# CSA CASELOAD AND EXPENDITURES



# RECENT CSA GROWTH BY SERVICE AREA

Service (\$ in millions)	FY 23	FY 24	FY 25	State Match
Residential	\$76.2	\$95.2	\$104.6	60.0%
Foster Care	112.2	124.2	135.2	67.0%
Community-Based	71.6	83.0	93.7	81.3%
Private Day	213.5	239.7	268.2	63.9%
<b>Total</b>	<b>\$473.5</b>	<b>\$542.1</b>	<b>\$601.7</b>	<b>66.7%</b>

# CSA ISSUES

- Pandemic artificially held down expenditures and census in the CSA program
- Recent CSA expenditure growth is unprecedented and is expected to continue at unsustainable levels
- Private day and community-based services are the biggest factors contributing to CSA cost growth
- Localities have significant discretion about how their local CSA program operates
  - All 133 localities must match CSA funding for children's services, but the match rates differ by locality and the type of services



VIRGINIA DEPARTMENT OF  
HEALTH (VDH)

# VDH MISSION & GOALS

## Goals

Goal 1:

Maintain a competent and valued workforce

Goal 2:

Provide internal systems that deliver consistent and responsive support

Goal 3:

Be a trusted source of public health information and services

Goal 4:

Foster healthy, connected and resilient communities

Goal 5:

Assure the conditions that improve health opportunity

- The Virginia Department of Health (VDH) is led by a State Health Commissioner appointed by the Governor of Virginia.
- Commissioner oversees the direction of the agency and provides advice and support to the Governor through the Secretary of Health and Human Resources.



### Mission

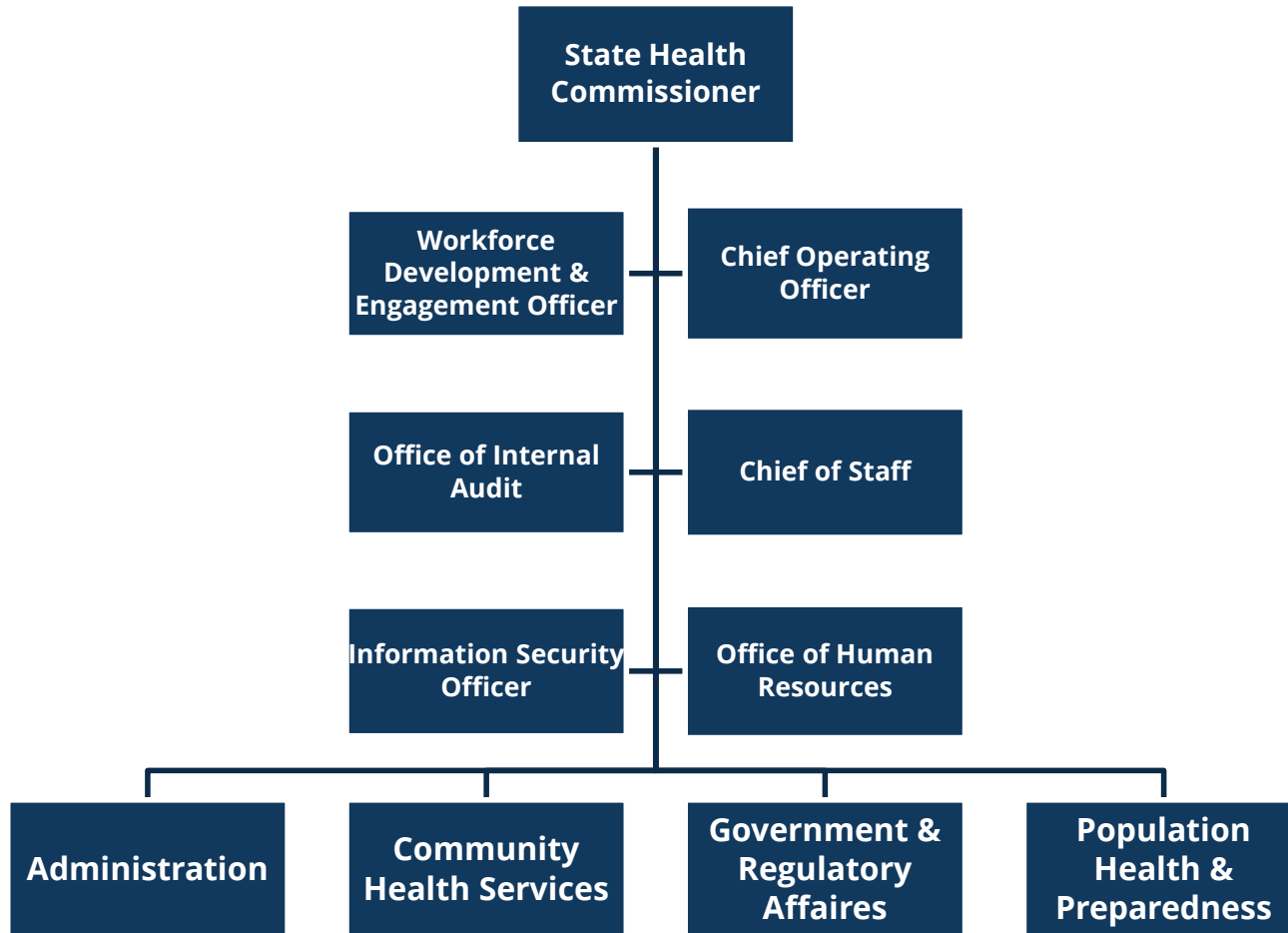
To protect the health and promote the well-being of all people in Virginia.



### Vision

Become the healthiest state in the nation.

# VDH ORGANIZATION



# VDH RESPONSIBILITIES

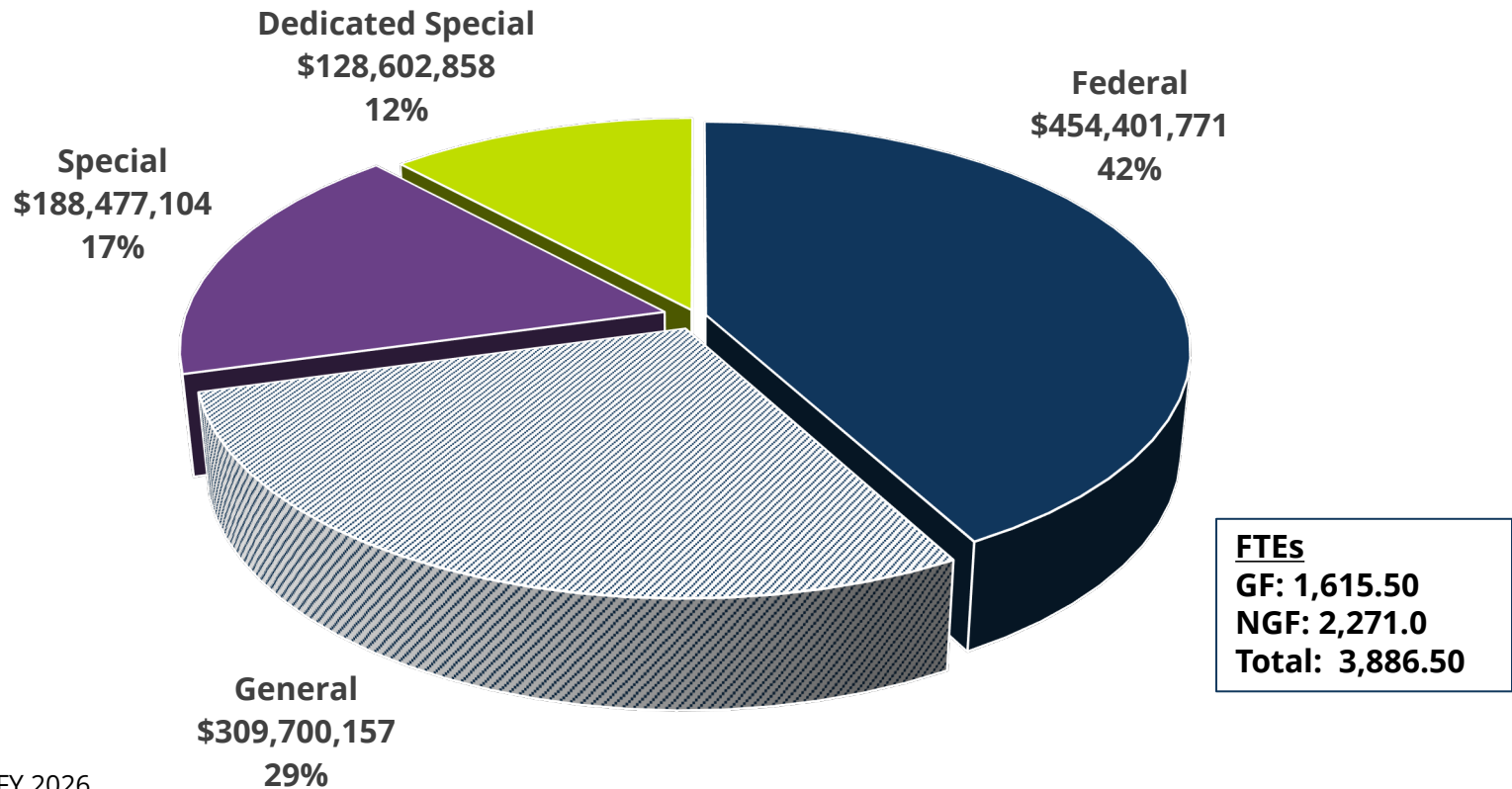
- Community Health Services
  - 35 health districts
  - 182 local health departments and satellite offices
  - 3,702 FTEs
- Communicable Disease Prevention and Control
  - Treatment and Control of TB, STD and other communicable diseases
  - VDH conducts more than 365 disease outbreak investigations annually (not including COVID-19 outbreak)
  - Environmental epidemiology: zoonotic diseases (e.g., rabies), toxicology, vector-borne diseases (e.g., Lyme disease) and water hazards control program
- Environmental Health Hazards Protection
  - Restaurant Inspections
  - Well and Septic Tank Permits and Inspections
  - Shellfish sanitation
  - Marina services
- Drinking Water Protection
  - Administers federal Drinking Water State Revolving Fund – federal grant/loan program to improve small, disadvantaged drinking water systems
- Vital Records and Health Statistics
  - Web-based electronic birth certificate reporting system recently implemented
  - Automating death certificates

# VDH RESPONSIBILITIES

- Emergency Preparedness and Response
  - Facilitate response to any emergency impacting public health
    - Surveillance, mitigation, planning and coordination across communities, medical surges, and vaccination
  - Infectious Disease Outbreaks (e.g., H1N1, COVID-19)
  - Bio-terrorism
- Emergency Medical Services
  - Training and Certification of Emergency Responders
  - Financial Assistance to Emergency Medical Service Providers and Localities
- Medical Examiners and Anatomical Services
  - Death investigations conducted through 4 district offices and 100 staff (66 classified)
  - Issues autopsy reports and death certificates
  - Accredited by the National Association of Medical Examiners
- Preventive Health Services
  - Family Planning
  - Prenatal Care
  - Immunizations
  - Obesity
  - Chronic Disease
  - Health Assessment, Promotion and Education
- Licensure and Certification
  - Nursing facilities, hospitals, home health agencies, hospice, End Stage Renal Disease facilities, outpatient surgery centers, labs, other outpatient facilities (rural health, psychiatric)
  - 5,764 providers/facilities

# VDH FUNDING & STAFFING: FY 2026 OPERATING BUDGET

**Total \$1,081,181,890**



Ch. 725, FY 2026

# COMMUNITY HEALTH SERVICES (CHS)

35 Health Districts

CHS Medical Director

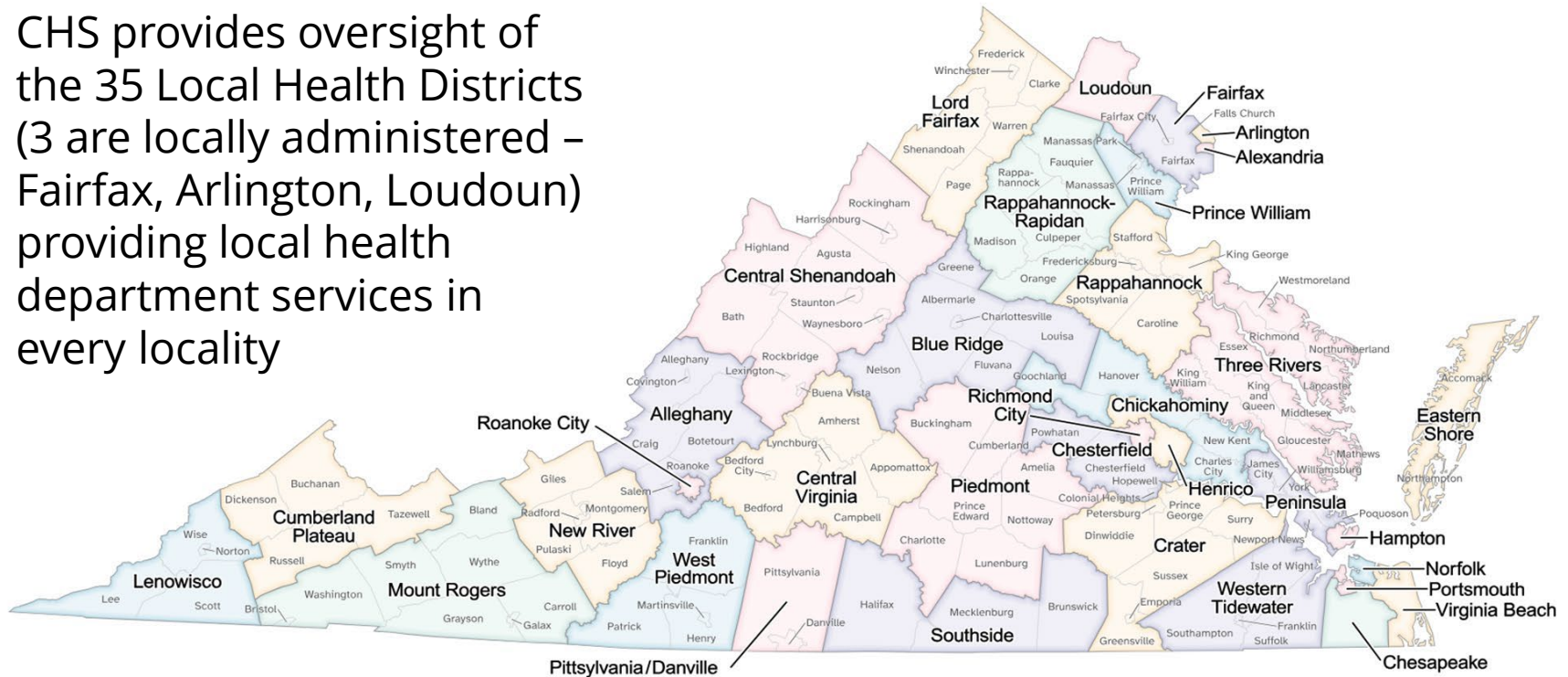
Director of Public Health Nursing

Business Process

Process & Evaluation Oversight

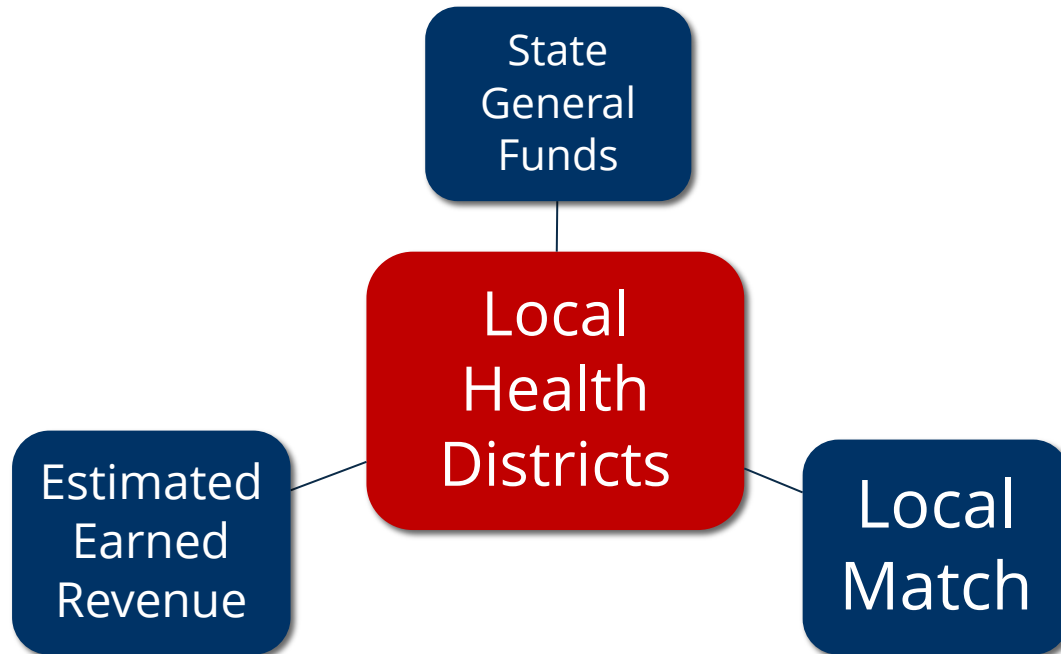
Health Care Reimbursement

CHS provides oversight of the 35 Local Health Districts (3 are locally administered – Fairfax, Arlington, Loudoun) providing local health department services in every locality



# COOPERATIVE LOCAL HEALTH DEPARTMENT BUDGET

- Local Health Districts (LHDs) are funded through a cooperative local health department budget pursuant to § 32.1-34.3 of the Code of Virginia



# LOCAL HEALTH DEPARTMENT SERVICES

- The Local Health Director serves as the Chief Health Strategist
- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- Restaurant & Food Safety, Well & Septic Permitting, Environmental Health Services
- Family Planning Services
- Clinical Services
- Support for Local Management, Business, and Facilities
- Nutrition Services (Women, Infants, and Children (WIC))
- Maternal and Child Health Services
- Immunization Services
- State Tuberculosis (TB) Control
- Communicable Disease Investigation, Treatment, and Control
- Chronic Disease and Prevention Control
- Population Health

The logo features a dark blue horizontal bar with the text 'DEPARTMENT OF HEALTH PROFESSIONS' in white, uppercase, sans-serif font. To the left of this bar is a vertical olive green bar. Below the blue bar is a horizontal lime green bar.

# DEPARTMENT OF HEALTH PROFESSIONS

# DHP MISSION & OPERATIONS

## Mission

- Ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public

## Operations

- Composed of 13 health regulatory boards
- \$38.2 million budget in FY 2024, funded largely through licensing fees from health care practitioners
- Administers the Prescription Monitoring Program and the Health Practitioners' Monitoring Program
- Operates the Healthcare Workforce Data Center, collecting data and measuring workforce supply and demand

## Regulates

- 500,000 healthcare practitioners
- Covers 62 professions



DEPT. FOR AGING AND  
REHABILITATIVE SERVICES (DARS)

# DARS MISSION

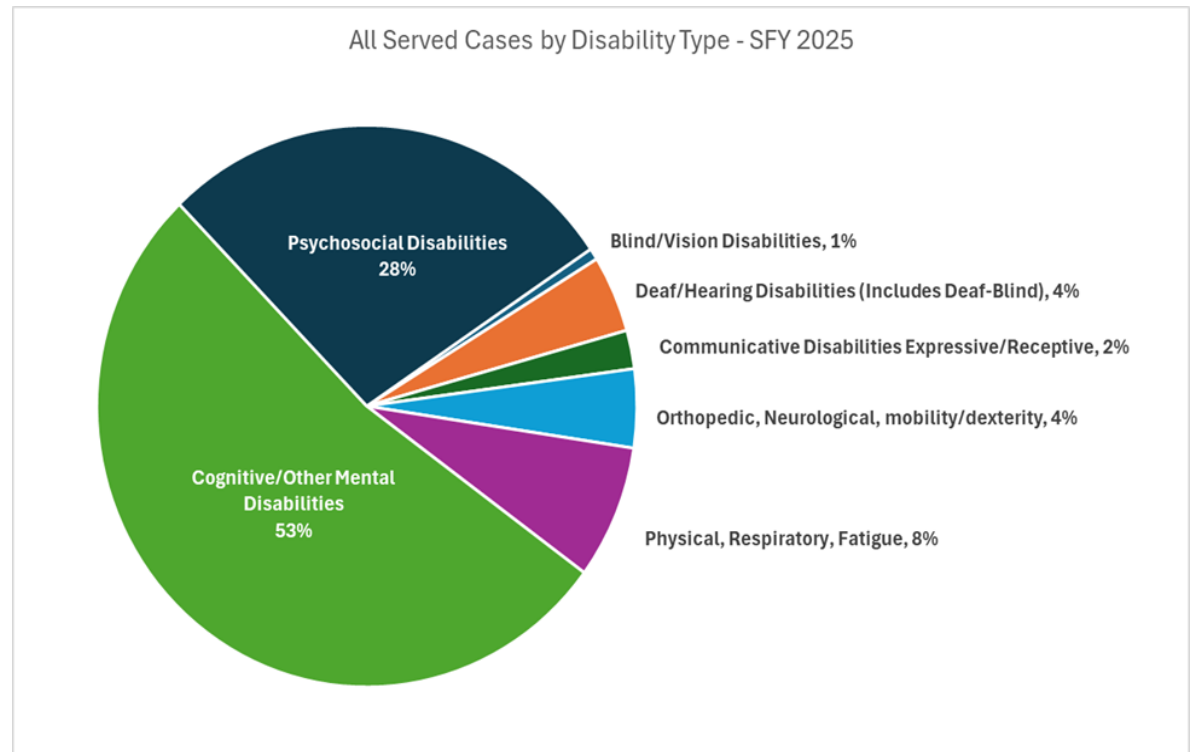
- To improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families
- Programs administered through the:
  - Division for Aging Services
  - Division for Community Living
  - Office of the State Long Term Care Ombudsman
  - Division of Adult Protective Services
  - Division of Rehabilitative Services
  - Division of Disability Determination Services

# VOCATIONAL REHABILITATION (VR) PROGRAM

- Largest program operated by DARS
- Employment program for people with disabilities, with an emphasis on serving people with significant disabilities
- Eligibility, not an entitlement program, authorized by the Rehabilitation Act of 1973, as amended
- Geared toward removing barriers to employment by assisting eligible individuals to achieve “employment outcomes”
  - Competitive integrated employment; or
  - Competitive integrated employment with supports (supported employment)
- 573 employees support the VR program
  - 30 local Division of Rehabilitative Services (DRS) offices, 3 rehabilitative engineering labs/offices and central office serve VR clients
  - Wilson Workforce Rehabilitation Center (WWRC) located in Fishersville

# INDIVIDUALS SERVED IN FY 2025

- 32,565 individuals served
  - 24,514 received vocational rehab services
  - 8,051 potentially eligible SWD
- 10,237 students with disabilities receiving pre-employment training support
- 2,183 individuals employed



# ORDER OF SELECTION

- When DARS does not have sufficient resources to serve all eligible persons, the agency operates under an order of selection
- Individuals are determined eligible and placed in 1 of 3 categories based on severity of disability
- Persons who are Most Significantly Disabled are at the top of the list
- There are currently no individuals on the waiting list for services

# DIVISION FOR AGING SERVICES

- Helps older Virginians live as independently as possible by coordinating and providing services to help them maintain their dignity and security.
- Administers Older Americans Act programs in partnership with Area Agencies on Aging (AAAs) to provide services in communities across Virginia.

## Programs and Initiatives

- **48,204** seniors received insurance counseling & assistance
- **31,844** people received Farm Market Fresh
- **404** Caregivers reimbursed by Lifespan Respite
- **922** households participated in Senior Cool Care program
- **900** ppl attended Falls Prevention classes
- **263** ppl received driving assessments

# Older Americans Act (OAA) Overview

- Established in 1965, OAA has been reauthorized 18 times
  - Federal mechanism for aging grants
  - Established the Administration on Aging (AoA), State Units on Aging (SUAs) and Area Agencies on Aging (AAAs)
- DARS role:
  - Develop State Plan for Aging Services
  - Oversight of AAAs (funding, contracts, regulations, technical assistance)
  - Implement the No Wrong Door System
  - Provide legal service development
  - Operate Virginia Insurance Counseling & Assistance Prog., Chronic Disease Self Management Program, Falls Prevention, Lifespan Respite, GrandDriver, Senior Farmers' Market Nutrition Prog., and provide support to the Long-Term Care Ombudsman Program

## Outcomes 2024

- 86,434 older adults served by AAAs
- 2.4 million home delivered meals
- 637,681 congregate meals
- 204,275 hours of personal care and homemaker services provided

# Area Agencies on Aging (AAAs)

- 25 local AAAs in Virginia
- Designated by DARS, in cooperation with local governments
- Required to have an Advisory Council
- Funding comes from Older Americans Act, state General Fund, local governments, private grants, voluntary contributions, and fees (cost sharing)
- Each prepares an Area Plan for Aging Services, which becomes the basis for the contract with DARS

# DIVISION FOR COMMUNITY LIVING

- The Division for Community Living administers, supports, and provides technical assistance through numerous programs that help support more than 16,000 individuals with disabilities
  - Brain Injury Services Coordination
  - Independent living services through community partners (Centers for Independent Living – CILs)
  - Long Term Rehabilitation Case Management Services
  - Personal Assistant Services (PAS) Program
  - Commonwealth Neurotrauma Initiative
  - Auxiliary Grant
  - Public Guardianship Program
- Administers more than \$72 million in state general funds in FY 2026

# ADDITIONAL PROGRAMMATIC DIVISIONS

- **Disability Determinations Services**
  - Processes disability claims for the Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), and Medicaid programs.
- **Adult Protective Services**
  - Provides guidance to local departments of social services regarding adult protective services (APS) and adult services.
    - Adult services – assists adults with an impairment who need services or support to enhance self-sufficiency and improve their quality of life.
    - APS investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older.
- **Long-Term Care Ombudsman**
  - Advocate for individuals receiving long term care services (institutional and community based).
  - Medicaid Managed Care Advocates help resolve issues participants in Commonwealth Coordinated Care Plus (CCC+) may experience.



DEPT. FOR THE BLIND AND  
VISION IMPAIRED (DBVI)

# DBVI MISSION

- To provide services and resources which empower individuals who are blind, vision impaired or deafblind to achieve their desired levels of employment, education, and personal independence
- Programs include
  - Vocational Rehabilitation (VR) services
  - Rehabilitation Teaching & Independent Living services
  - Low vision services
  - Orientation and mobility services
  - Educational services for infants, children, students and you (working with DOE)
  - Rehabilitation technology services
  - Business Relation services
  - Enterprises
    - Virginia Enterprises for the Blind (vending, cafeteria services)
    - Virginia Industries for the Blind (federal AbilityOne contract services)
- Virginia Rehabilitation Center for the Blind & Vision Impaired (VRCBVI)
  - Skills training

# DBVI FY 2026 OPERATING BUDGET (\$97.3 MILLION ALL FUNDS)

