

Budget Amendments Introduced – House & Senate- GA2018

As Of 020918

vaACCSES Sponsored

Explanation/Language	Patron(s)	FY19 <i>7/1/18 – 6/30/19</i>	FY18 <i>7/1/19 – 6/30/20</i>	Senate Report	House Report	Conference Report
DARS						
LTESS						
Provides \$500k from the General Fund in FY19 and \$1M GF in FY20 for Long-Term Employment Support Services (LTESS). Amendment provides funding to address the program's projected shortage of available funding to meet the needs of an additional 1,730 individuals placed in supported employment services in FY17. (1,730 = 4,037 placed in Competitive Employment x 43% in SE in FY17)	Hanger (329#1s) Favola (329 #3s) Vogel (329 #2s) Sickles (329#2h) (Boyskco/Carr) Hope (329#8h) Pogge (329#3h)	\$500k GF	\$ 1.0M GF			
Combine EES & LTESS Employment Programs (VA-APSE)	McClellan (329#8s) (Deeds/Dunnavant) Ingram (329#1h)	Language	Language			
Requirements for LTESS & EES Employment Services (Companion for SB560/Hanger & HB916/Landes) + Creates Workgroup of Stakeholders to evaluate combining EES & LTESS funding into one program. Report to SFin/HAppro by Nov 1, 2018.	Hanger (329#9s) Landes (329#9h)	Language	Language			
Study of Transportation Needs of Disabled Individuals (HJ 109)	Gooditis (335#1h)	\$50k GF	-0-			
Vocational Rehabilitation						
Increases funds for VR services - Students This amendments provides \$1.0 million from the general fund in fiscal year 2019 for the vocational rehabilitation services program to help reduce the waiting list for services. Language is added to adjust the state matching funds and federal grant amounts based in this increased funding. The added general fund may be matched with federal vocational rehabilitation funds if there are	Marsden (329#10s) Black/Deeds/Edwards/Hanger /Lewis/Locke/Mason/McClellan/ McPike/Peake/Peterson/Spruill/ Sturtevant/Wexton) Heretick (Pogge/Orrock) (329 #4h)	\$1.0M GF	-0-			

balances available to be reallocated to states. These funds will help support expanded services required under the re-authorization of the federal Workforce Innovation and Opportunity Act to provide services for students with disabilities in grades 9 through 12. As of November 1, 2017, all persons determined eligible for services by the Department for Aging and Rehabilitative Services are being placed on a waiting list due to limited resources.)						
Brain Injury Services						
Increases funds for Brain Injury Services	Howell (329#4s) Sickles (329#5h)	\$2M GF	\$2M GF			
Increases funds for Brain Injury Case Management Services	Edwards (329#5s)	\$4.375M GF	\$4.375M GR			
CILS						
Expand Centers for Independent Living to Unserved Areas	Hanger (329#6s) Landes (329#6h)	\$287,651 GF	\$287,651 GF			
Independent Living Transition Services from Nursing Homes through CILS	Hager (329#7s) Landes (329#7h)	\$334,737 GF	\$334,737 GF			
DBHDS						
Staff Competencies – Supported Employment						
DD Waiver Supported Employment providers that are Department for Aging and Rehabilitation Services (DARS) vendors and hold a national three-year accreditation from the National Council on Accreditation of Rehabilitation Facilities (CARF) shall be deemed qualified to meet any DMAS or DBHDS staff competency requirements. DARS supported employment providers are encouraged to continually incorporate best practice staff competencies into their administrative and human resource policies and procedures	Sickles (310#1h) (Filler-Corn)	Language	Language			
DMAS						
Waiver Slots						
Add Reserve Waiver Slots Provides \$1.3 million from the general fund and a like amount of federal matching funds each year to fund 35 reserve waiver slots in the first year and another 15 waiver slots in	Howell (303#3s) Torian (303#1h) Guzman (303#2h)	\$2,624,300 GF/NGF	\$2,624,300 GF/NGF			

<p>the second year. The introduced budget created 25 the first year and 25 in the second year. These additional slots provide for a total of 60 reserve slots in the first year and 40 in the second year. Reserve waiver slots are used to allow individuals to move between the Medicaid developmental disability waivers when a recipient's circumstances change necessitating a change in services that requires a transfer to another waiver.)</p>						
<p>Add Waiver Slots to Eliminate Priority1 Wait List e. The Department of Medical Assistance Services (DMAS) shall amend the BI waiver to add 305 new slots effective July 1, 2018. The department shall seek federal approval for necessary changes to the BI waiver to add the additional slots." (Provides \$37.7 million from the general fund and a like amount of federal Medicaid matching funds for an additional 2,296 Medicaid waiver slots to eliminate the priority one wait-list. The governor's budget included 755 Community Living (CL) and Family and Individual Support (FIS) slots in accordance with the DOJ Settlement Agreement, which does reduce the wait-list. This funding eliminates the wait-list by adding 144 CL slots, 1847 FIS slots and 305 Building Independence slots in FY 2019. The priority one wait-list includes individuals currently in need of waiver services.)</p>	<p>Howell (303#9s) Barker (303#12s) (Howell/McPike/Weston)</p>	<p>\$75,445,640 GF/NGF</p>	<p>\$75,445,640 GF/NGF</p>			
<p>Waiver Rates</p>						
<p>In-Home Support Services DMAS shall adjust the direct support wage assumption from 50% of the federal FY14 BLS included in DD Waiver Program to 90% of the FY18 BLS for NoVa and to 75% of the FY18 BLS for the Rest of State for In-Home Support Services. DMAS shall have the authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment date of this Act,</p>	<p>Howell (303 #17s) Sickles (303#5h) (J.Bell/Boysko/Bulova/ Carter/Delaney/Guzman/Hope/ Keam/Levine/Plum/Rasoul /Reid/Roem/Sullivan/Watts</p>	<p>\$250k GF \$250k NGF DBHDS Est = \$10.4M GF/NGF</p>	<p>\$250k GF \$250k NGF DBHDS Est = \$10.4M GF/NGF</p>			

<p>Waiver Group Supported Employment Provides funding to adjust the direct support staff wage assumption from 50%ile of the Federal Bureau of Labor Statistics (BLS) to 75%ile of the BLS included in the DD Waiver rate methodology for Rest of State (ROS) and to 90%ile of the BLS for Northern Virginia (NoVa). The Group Supported Employment rate was reduced during the DD Waiver redesign and is based on size of group vs needs of individual. Jeopardizes employment for individuals with significant disabilities that need full-time supervision in the community. A more realistic wage will assist in the recruitment and retention of competent professional staff to provide quality community-based employment.</p>	<p>Hanger (303 #24s) Sickles (303#3h) (J.Bell/Boysko/Bulova/Carter Delaney/Guzman/Keam/Levine Plum/Rasoul/Reid/Roem/ Sullivan/Watts) Hope (303 #4h)</p>	<p>\$175k GF \$175k NGF DBHDS est = \$1.7M GF/NGF</p>	<p>\$175k GF \$175k NGF DBHDS est = \$1.7M GF/NGF</p>			
<p>Waiver Rates – NoVa Provides funding to adjust the direct support staff wage assumption from 50%ile of the Federal Bureau of Labor Statistics (BLS) to 75%ile of the BLS included in the DD Waiver rate methodology for Northern Virginia (NoVa). A “living wage” assumption will assist in the recruitment and retention of competent professional staff to provide quality community-based waiver services. The current staff wage assumption used for DD Waiver provider rates is currently based on 50%ile of the FY14 BLS. <i>NOTE: Working with Finance & Appro for +2.75% statewide for all waiver & restore +15% for NoVa. Similar to PC/PA ask.</i></p>	<p>Favola (Barker/Ebbin/Marsden/ McPike/Peterson/Surovell/ Howell/Wexton) Hope (303 #6h)</p>	<p>\$1.8M GF \$1.8M NGF DBHDS Est = \$18.7M GF/NGF</p>	<p>\$1.8M GF \$1.8M NGF DBHDS Est = \$18.7M GF/NGF</p>			
<p>Rates for Agency-Based Personal Care Services The amendment provides \$5.8 million each year from the general fund and a like amount of federal matching funds each year for a 2.75 percent increase in agency-directed personal care, companion and respite services in the Medicaid developmental disability waivers to be effective July 1, 2018.</p>	<p>Hanger (303#23s) Landes (303#19h)</p>	<p>\$11,661,824 GF/NGF</p>	<p>\$11,661,824 GF/NGF</p>			
<p>Inflation for Nonprofit Residential Psychiatric Treatment Facilities This amendment eliminates the prohibition</p>	<p>Peace (303#27h)</p>	<p>\$2.4M GF/NGF</p>	<p>\$2.4 GF/NGF</p>			

<p>in the budget on providing inflation to residential psychiatric treatment facilities that are operated by a nonprofit organization. State regulations authorize inflation for these providers but budget language prevents such inflation adjustments from being made. Restoring inflation to nonprofit providers results in an increase in Medicaid expenditures by \$1.2 million from the general fund and a like amount of federal matching funds each year.</p>					
<p>Increase Rates for Psychiatric Professional Services PPP. The Department of Medical Assistance Services shall increase rates for psychiatric professional services to 100 percent of Medicare rates effective July 1, 2018. The rate paid to psychologists shall be 90 percent of physician rates and the rate for licensed clinical social workers shall be 67.5 percent of physician rates. (This amendment provides \$671,000 the first year and \$704,550 the second year from the general fund and a like amount of federal Medicaid matching funds each year to increase the rates for professional psychiatric services to 100 percent of Medicare rates.)</p>	<p>Hanger (303#19s) Peace (303#29h)</p>	<p>\$1.342M GF/NGF</p>	<p>\$1.342M GF/NGF</p>		
<p>Raise Outpatient rates to 100% of Medicare (VNPP) "PPP. The Department of Medical Assistance Services shall increase rates for psychiatric professional services to 100 percent of Medicare rates effective July 1, 2018. The rate paid to psychologists shall be 90 percent of physician rates and the rate for licensed clinical social workers shall be 67.5 percent of physician rates."</p>	<p>Hanger (303#19s) Peace (303#29h)</p>	<p>\$671k GF/NGF</p>	<p>\$705k GF/NGF</p>		
<p>Consumer-Directed Services</p>					
<p>Paid Sick Leave for CD Providers PPP. 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</p>	<p>Howell (303#1s) Favola (303#5s) Simon (303#26h)</p>	<p>\$2,975,532 GF/NGF</p>	<p>\$2,975,532 GF/NGF</p>		

average of 20 or more hours per week, effective July 1, 2018. The department shall have the authority to implement this change prior to the completion of the regulatory process." This amendment provides \$1.5 million from the general fund and \$1.5 million from federal Medicaid matching funds to provide five paid days of sick leave per year to providers of consumer-directed Medicaid home-and-community-based services who work an average of 20 or more hours per week.)						
Overtime for Consumer-Directed Attendants (Start FY19) This amendment adds \$9.6 million the first year from the general fund and a like amount of federal Medicaid matching funds to authorize the Department of Medical Assistance Services to pay overtime compensation to consumer directed attendants in the Medicaid waivers beginning in fiscal year 2019. The introduced budget provided funding and authority to pay overtime beginning in fiscal year 2020. Language is modified change the start date of the payments.	Tran (303#25h)	\$19,218,446 GF/NGF	-0-			
Eliminate Overtime for CD Attendants Eliminates the authorization and funding contained in the introduced budget for DMAS to pay overtime compensation to consumer directed attendants in the Medicaid waivers. Agency-directed care is not paid additional funding for overtime costs so this amendment maintains parity and ensures a level playing field in the marketplace. In addition, the U.S. Department of Labor significantly limits the ability to designate individuals as independent contractors, which may lead to DMAS being determined to be the employer of record for consumer directed attendants. If that occurs, paying overtime could result in the Commonwealth being responsible to provide health insurance and workers compensation for these workers.	Hanger (303#26s) Landes (303#23h)	-0-	(\$19,218,446) GF/NGF			
Eliminate Rate Increase for CD Personal Care Services	Hanger (303#27s)	(\$9,546,392)	(\$10,110,204)			

This amendment eliminates funding and language contained in the introduced budget for the proposed 2.0 percent rate increase for consumer-directed personal care, respite, and companion services.	Landes (303#18h)	GF/NGF	GF/NGF			
Medicaid Audits						
<p>Waiver Audit Recovery – Hold Harmless DD Waiver providers shall be held harmless from the recoupment of DD Medicaid Waiver funds through audit for clerical or minor administrative documentation errors for the period beginning September 1, 2016 until 180 days after publication and distribution by DMAS of the DD Waiver provider manual. (DMAS Added Amendment – “Unless the audit points identified are supported by DMAS general Provider manuals, DMAS regulations or DMAS memos in existence during the date of services being reviewed.”) The DD Waiver provider manual serves as the DD Waiver provider operational manual and provides specific guidance on policies and procedures for implementation of the DD Waiver regulations.</p>	<p>McPike (Dunnavent/Howell/Surovell) (303#8s)</p> <p>Sickles (Filler-Corn) (303#7h)</p> <p>Pogge (303#8h)</p>	Language	Language			
<p>Modification of Appeals Process Medicaid Informal Appeals Decisions "The Department of Medical Assistance Services and the provider may jointly agree to extend the 180 day period for up to an additional period of days to facilitate settlement discussions. Page 264, line 9, after "request" strike "," and insert: "or, in the case of a joint agreement to extend the period, within that extended period,". (Implements a recommendation of the Department of Medical Assistance Services' appeals workgroup created in the 2017 Appropriation Act. The amendment allows an extension to the 180 day requirement for informal appeals decisions in order to facilitate early settlement discussions between the agency and providers.)</p>	<p>Sturtevant (303#15s)</p> <p>Stolle (303#32h)</p>	Language	Language			
Electronic Visit Verification						
<p>Modification to EVV Requirement "3. Nothing stated above shall apply to</p>	Howell (303#10s)	Language	Language			

<p>respite services provided by a DBHDS licensed provider in a DBHDS licensed program site such as a group home, sponsored residential home, supervised living, supported living or similar facility/location licensed to provide respite." (Modifies budget language included in the introduced budget that directs DMAS to implement electronic visit verification (EVV) as mandated in the federal 21st Century Cures Act. The federal law only required EVV for personal care services whereas the budget also requires it for companion and respite services. EVV is not intended to be used to verify service provided at a location other than the individual's home. This budget language clarifies implementation of EVV does not apply to a provider who does periodic service within their regular program setting (respite provided in a group home, a sponsored residential home, or the Reach Program)</p>	<p>Hope (303#22h)</p>				
<p>Payment Incentive for Implementation of EVV Systems PPP.1. The Department of Medical Assistance Services is authorized to require consumer directed aides providing personal care and respite care in the Medicaid Commonwealth Coordinated Care (CCC) Plus Waiver and Developmental Disability waiver programs to utilize an Electronic Visit Verification (EVV) system. The department is authorized to contract with a vendor to provide access to an EVV system for use by consumer-directed aides. 2. The department shall require, for personal care and respite care agencies, EVV systems comply with state and federal requirements by identifying: (i) the type of services identified in the care plan to be performed; (ii) the individual receiving the services; (iii) the date and time the service begins and ends; (iv) the location where services were delivered; (v) the individual providing services; (vi) daily back up for all data; (vii) protection of data securely and reliably; (viii)</p>	<p>Hanger (303#22s) Landes (303#21h)</p>	<p>\$10,601,658 GF/NGF</p>	<p>\$10,601,658 GF/NGF</p>		

<p>a demonstrated disaster recovery mechanism; (ix) that the system does not permit the modification of dates and times except for late entry documentation by a licensed health care professional; and (x) utilization of a unique identification system eliminating the requirement for hand written signatures. These provisions shall not apply to respite services provided by a DBHDS licensed provider in a DBHDS licensed program site such as a group home, sponsored residential home, supervised living, supported living or any similar facility/location licensed to provide respite. 3. The Department of Medical Assistance Services shall increase rate for agency personal care and respite care services by 2.5 percent beginning July 1, 2018. The rate increase shall be effective for agencies upon implementation of a functioning EVV system. 4. The department shall have the authority to implement these changes effective July 1, 2018, and prior to completion of any regulatory process to effect such changes."</p>						
Medicaid - Other						
<p>Adult Dental Benefit in Medicaid "PPP. The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to include a comprehensive dental benefit for the adult population effective July 1, 2018. The department shall have the authority to promulgate regulations to implement these changes within 280 days or less from the enactment date of this act." (Provides \$15.0 million general fund the first year and \$18.4 million general fund the second year along with a like amount of federal Medicaid matching funds to provide an adult dental benefit in the Medicaid program. The current Medicaid program only provides a comprehensive dental benefit to children and pregnant women and limits all other</p>	<p>Barker (303#7s) Sickles (303#31h)</p>	<p>\$29.9M GF/NGF</p>	<p>\$29.9M GF/NGF</p>			

<p>adults to emergency care only.)</p> <p>Medicaid Supportive Housing Transfer PPP.1. The Department of Medical Assistance Services shall administer a supportive housing program for Medicaid-eligible high cost super utilizers, pregnant women and mothers with a substance use disorder and/or mental illness. The implementation of such program shall occur through Medicaid-contracted health plans, and shall include development of a pilot that also delivers Medicaid-funded tenancy supportive housing services. The department and Medicaid-contracted health plans shall work with appropriate stakeholders to implement the permanent supportive housing pilot that includes Medicaid-funded tenancy support services no later than April 1, 2019. 2. The department shall submit a report to the Chairmen of the Senate Finance and House Appropriations Committees by December 1, 2018. This report shall include the following: (i) description of the partnership between the health plans, state agencies and appropriate housing authorities to secure appropriate housing for eligible participants; (ii) description of the steps for development and implementation of the tenancy supportive housing services, including funding, populations served, timeframe for program implementation, and education of members, families, and providers; and (iii) set the outcome measures that will be used to evaluate the effectiveness of this program. 3. The department shall have the authority to amend the necessary waiver(s) and the State Plan under Titles XIX and XXI of the Social Security Act as appropriate to implement the permanent supportive housing program, including a pilot that covers housing tenancy support services to be effective no later than April 1, 2019. 4. The department shall have the authority to implement necessary changes upon federal approval and prior to the completion</p>	<p>Dunnavant (303#32s)</p>	<p>\$3.4M GF/NGF</p>	<p>\$3.4M GF/NGF</p>			
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<p>of any regulatory process undertaken in order to effect such change." Transfers funding from the Department of Behavioral Health and Developmental Services to the Department of Medical Assistance Services (DMAS) to develop and administer the permanent supportive housing program and utilize Medicaid medical and administrative match where appropriate to provide permanent supportive housing and deliver housing tenancy support services to qualifying Medicaid beneficiaries. A strategic plan shall be created with stakeholders in the development of program design, and implementation schedule through Medicaid health plans for the administration of this program."</p>					
<p>Consumer-Directed Agency with Choice Model PPP. Effective July 1, 2018, the Department of Medical Assistance Services shall explore and utilize private sector technology based platforms and service delivery options to allow qualified, licensed providers to deliver the Consumer-Directed Agency with Choice model in the Commonwealth of Virginia. The department shall work with stakeholders to develop and implement this model of care, and shall submit a status report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2018. The department shall have the authority to amend the necessary waiver(s) and the State Plan under Title XIX of the Social Security Act to make the necessary changes. Such changes shall include the services covered, provider qualifications, medical necessity criteria, and reimbursement methodologies and rates. The department shall have the authority to promulgate emergency regulations to implement these changes within 280 days or less from the enactment date of this Act."</p>	<p>Reeves (303#28s) Miyares (303#24h)</p>	<p>Language</p>	<p>Language</p>		
<p>Personal Needs Allowance <u>Wexton Amendment</u> provides \$13.8 million from the general fund and a like amount of</p>	<p>Wexton (303#29s) (SB893)</p>	<p>\$27,666,720 GF/NGF</p>	<p>\$27,666,720 GF/NGF</p>		

<p>federal Medicaid matching funds for an increase in the personal needs allowance from \$40 to \$100, pursuant to SB892, for Medicaid individuals in long-term care facilities. The personal needs allowance is how much personal income a Medicaid recipient is allowed to retain each month. <u>Simon amendment</u> provides \$13.8 million each year from the general fund and a like amount of federal Medicaid matching funds each year for an increase in the personal needs allowance from \$40 to \$150, pursuant to House Bill 1056, for Medicaid individuals in long-term care facilities.</p>	<p>Simon (303#16h) (HB1056)</p>	<p>\$25,731,522 GF/NGF</p>	<p>\$25,731,522 GF/NGF</p>			
<p>Early Intervention Case Mgmt. Rates</p>						
<p>PPP. The Department of Medical Assistance Services shall increase the case management rate for early intervention services to \$242.73 per month effective July 1, 2018." (rPovides \$3.1 million GF and a like amount of Medicaid matching funds to increase the early intervention case management the rate of \$132 per month to \$242.73 per month to cover the cost of services. The last increase occurred in fiscal year 2013.)</p>	<p>Howell (303#11s) Ingram (303#30h)</p>	<p>\$6,145,514 GF/NGF</p>	<p>\$6,145,514 GF/NGF</p>			
<p>DSS</p>						
<p>Expand Community Employment & Training Grants "2. Out of the amounts provided in paragraph 1, \$2,000,000 the first year and \$2,000,000 the second year from the Temporary Assistance to Needy Families (TANF) block grant the shall be provided for a second round of grant recipients in the Employment for TANF Participants Program who did not receive awards dated June 22, 2017."</p>	<p>Hanger (346#5s) Sickles (346#1h) (Boysko/Carr)</p>	<p>\$2M (TANF Funding)</p>	<p>\$2M (TANF Funding)</p>			
<p>Increase Auxiliary Grant Increase 2. Effective July 1, 2019, the Department of Social Services, in collaboration with the Department for Aging and Rehabilitative Services, is authorized to base approved</p>	<p>Carrico (342#1s) Dance (342#2s) (Dunnavant) Tyler (343#1h)</p>	<p>\$2.28M GF</p>	<p>\$4.56M GF</p>			

<p>licensed assisted living facility rates for individual facilities on an occupancy rate of 85 percent of licensed capacity, not to exceed a maximum rate of \$1,421 per month, which rate is also applied to approved adult foster care homes, unless modified as indicated below. The department may add a 15 percent differential to the maximum amount for licensed assisted living facilities and adult foster care homes in Planning District Eight. 3. The Department of Social Services shall modify its funding requirements for the auxiliary grant to eliminate the local match on the rate increase of \$50 per month effective July 1, 2018 and \$100 per month effective July 1, 2019. This amendment would raise the auxiliary grant monthly rate for adult foster care, assisted living facilities and supportive housing by \$50 per month the first year and by \$100 per month the second year of the biennium. Funding for the rate increase assumes no local match would be required. The auxiliary grant is funded by state and local funds at a match rate of 80 percent from the state general fund and 20 percent from local funds. The Governor's introduced budget provided an increase in the auxiliary grant rate of \$35 per month increase beginning July 1, 2018. This budget amendment was approved by the Joint Commission on Health Care.</p>	(Aird, McQuinn, Torian)					
<p>Extend TANF Transitional Services This amendment provides \$50,000 from the general fund and \$303,187 from the federal Temporary Assistance for Needy Families (TANF) block grant each year to extend transitional services for 12 months up to 24 months for individuals who participate in the Virginia Initiative for Employment Not Welfare (VIEW) program and who are enrolled in an accredited post-secondary program for an industry recognized license or certificate program, associates degree or other college certification program. Transition services would terminate upon</p>	Favola (346#2s)	\$353,187	\$353,187			

completion of the program.						
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