

**Conference Committee Report to Amend Governor's Introduced Budget - GA2019**

**As Of 022319**

**vaACCSES Sponsored**

<b>Explanation/Language</b>	<b>Patron(s)</b>	<b>FY19</b> <i>7/1/18 – 6/30/19</i>	<b>FY20</b> <i>7/1/19 – 6/30/20</i>	<b>Senate Report</b>	<b>House Report</b>	<b>Conference Report</b>
<b>DBHDS</b>						
<b>Individual Supports Budgets/Packages</b>						
<p>Page 356, after line 19, insert:                      "Z. The Department of Behavioral Health and Development Services and the Department of Medical Assistance Services shall not implement the proposed individualized supports budget process for the Medicaid Community Living, Family and Individual Support and Building Independence Waiver programs without the explicit authorization of the General Assembly through legislation or authorizing budget language."  <b>Explanation:</b>                      (This amendment adds language prohibiting the Departments of Behavioral Health and Developmental Services and Medical Assistance Services from implementing an individualized supports budget process for the three Medicaid waivers related to providing developmental disability (DD) services without explicit authorization from the General Assembly. This is a fundamental shift in current public policy regarding how DD Waiver participant plans of service are calculated, authorized and funded.)</p>	<p>Howell – 310 #2s                      Sickles – 310 #3h</p>	-0-	Language Only	<p>Language 310 #1s (Changed Language) - "shall not require providers or CSBs to use the proposed individual supports budget process for DD Waivers"</p>	<p>Language 310 #2h  <b>As Introduced</b>  <b>SUPPORT</b></p>	<p><b>Language 310 #2c</b></p>
<b>Medicaid Expansion &amp; CSBs</b>						
<p>Page 356, line 11, strike "each" and insert "a".                      Page 356, line 13, strike "at the end of the fiscal year" and insert:                      "as of May 15, 2019".                      Page 356, after line 19, insert:                      The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall submit a letter to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees by May 15, 2019, and each fiscal quarter thereafter, that reports on: (i) the state general fund reductions taken by each Community Services Board (CSB) or Behavioral Health</p>	<p>Barker 310 #3s                      Sickles 310 #4h</p>	-0-	\$2.6M NGF	?	Language	<p><b>Language 310 #9c</b></p>

<p>Authority (BHA) in fiscal year 2019 in anticipation of projected savings from the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (ii) the actual Medicaid-generated reimbursements realized by each CSB/BHA in fiscal year 2019 as a result of the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (iii) the state general fund reductions to be taken by each CSB/BHA in fiscal year 2020 in anticipation of projected savings from the expansion of Medicaid eligibility; and (iv) the amount of Medicaid reimbursements that each CSB/BHA would have to achieve in order to meet the anticipated general fund savings/budget reductions in fiscal year 2020, as well as any actions the Department proposes to take to address any shortfalls and to ensure continuity in the provision of services. The Department of Medical Assistance Services shall require the managed care organizations to report encounter data impacting Community Services Boards on a monthly basis, with the data submitted no later than 20 days after the end of each month in order to determine the revenue impact to fulfill the intent of this paragraph."</p>						
<p><b>Treatment &amp; Discharge of TC Patients</b></p>						
<p>This amendment prohibits the discharge of individuals from state training centers with complex behavioral health needs until the Independent Reviewer of the state settlement agreement with the U.S. Department of Justice reports the Commonwealth has sufficient behavioral specialists and crisis services to meet the need of the intellectually disabled population. In addition, the language provides that for those individuals that choose to reside in a training center then capacity shall be developed to accommodate that choice. The language also prohibits the closure of training center regional support centers unless the services are available in the community to meet the needs of individuals.</p>	<p>Peake/Newman 310 #8s</p>	<p>-0-</p>	<p>Language Only</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>
<p><b>DMAS</b></p>						
<p><b>Staff Competencies – DD Waiver Reduce Administrative Burden</b></p>						
<p>Page 342, after line 27, insert: "YYY. The Department of Medical Assistance</p>	<p>Vogel – 303 #27s Favola – 303 #26s</p>	<p>-0-</p>	<p>Language Only</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>

<p>Services and the Department of Behavioral Health and Developmental Services shall recognize organizations that hold national accreditation for services they provide in the developmental disability waivers to be deemed qualified to meet the staff competency requirements as long as the national accreditation is maintained and remains valid."</p> <p><b>Explanation</b> (This amendment directs the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to recognize organizations that hold national accreditation for services they provide in the developmental disability waivers to be deemed qualified to meet staff competency requirements for as long as the national accreditation is maintained and remains valid.)</p>	<p>Pogge – 303 #16h Hope – 303 #17h</p>					
<p>Page 342, after line 27, insert: "YYY. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services shall recognize organizations that hold national accreditation through the Commission on Accreditation of Rehabilitation Facilities for services they provide in the developmental disability waivers to be deemed qualified to meet the staff competency requirements as long as the national accreditation is maintained and remains valid."</p> <p><b>Explanation</b> (This amendment directs the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to recognize organizations that hold national accreditation through the Commission on Accreditation of Rehabilitation Facilities for services they provide in the developmental disability waivers to be deemed qualified to meet staff competency requirements for as long as the national accreditation is maintained and remains valid.)</p>	<p><b>Reid – 303 #15h</b></p>	<p>-0-</p>	<p>Language Only</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>
<p><b>Staff Competencies – SE Fix Reduce Administrative Burden</b></p>						
<p>Page 342, after line 27, insert: "YYY. The Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services shall recognize the Certified Employment Support Professional (CESP) and Association of Community Rehabilitation Educators (ACRE) certifications in lieu of competency requirements for supported employment staff in the Medicaid Community</p>	<p>Sickles 303 #14h</p>	<p>-0-</p>	<p>Language Only</p>	<p>-0-</p>	<p>Language <b>303 #5h</b>  <b>SUPPORT</b></p>	<p><b>Language 303 #6c</b></p>

<p>Living, Family and Individual Support and Building Independence Waiver programs and shall allow providers that are Department for the Aging and Rehabilitative Services vendors that hold a national three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) to be deemed qualified to meet employment staff competency requirements, provided the provider submits the results from their CARF surveys including recommendations received to the Department of Behavioral Health and Developmental Services so that the agency can verify that there are no recommendations for the standards that address staff competency."  <b>Explanation:</b>  (This amendment directs the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services to recognize certain certifications in lieu of competency requirements for supported employment staff in the three Medicaid developmental disability waiver programs and allow certain providers that hold national accreditation for services they provide in the developmental disability waivers to be deemed qualified to meet employment staff competency requirements.)</p>						
<p><b>Language</b>  Page 354, line 31, strike "to" and insert "and".  Page 354, line 34, after "employment" insert "staff".  <b>Explanation</b>  (This amendment clarifies that Department for Aging and Rehabilitative Services vendors that hold a national three-year accreditation from the National Council on Accreditation of Rehabilitation Facilities (CARF) be deemed qualified to meet employment staff competency requirements.)</p>	Hanger 303 #5s	-0-	Language Only	-0-	See House Language	-0-
<b>Waiver Provider Rates – BLS 75% Refresh Increase</b>						
<p><b>Language</b>  Page 315, line 7, strike "\$14,974,837,166" and insert "\$15,024,837,166".  Page 342, after line 27, insert:  "YYY. Effective July 1, 2019, the Department of Medical Assistance Services shall update the rates for developmental disability waiver services using current measures and the methodology used by the Department of Behavioral Health and Developmental Services (DBHDS) and its contractor in setting the rates for the waivers</p>	Sickles 303 #4h	-0-	\$25M GF \$25M NGF	-0-	-0-	-0-

when they were redesigned, along with recommendations of the DBHDS Provider Issues Resolution Workgroup." <b>Explanation</b> - (This amendment provides \$25.0 million from the general fund and a like amount of federal Medicaid matching funds the second year to update the rates for Medicaid services provided through the state's three developmental disability (DD) waivers using updated measures and methodologies developed by a DBHDS contractor when setting the original DD waiver rates. The state's redesign of its developmental disability waivers took effect several years ago and included increases for most provider rates. The data used for those rates were based on fiscal year 2014 cost data. This amendment increases funding to reflect increases in costs since that time.)						
<b>Waiver Provider Rates – Refresh</b>						
Page 315, line 7, strike "\$14,974,837,166" and insert "\$15,000,237,166". Page 342, after line 27, insert: "YYY. Effective July 1, 2019, the Department of Medical Assistance Services shall increase the rates for developmental disability waiver services by 2.9 percent."	Dance 303 #5s  Robinson 303 #5h	-0-  -0-	\$ 25.4M GF/NGF  \$25.4M GF/NGF	-0-  -0-	-0-  -0-	-0-  -0-
<b>Waiver Nursing Service Provider Rates</b>						
Page 315, line 7, strike "\$14,974,837,166" and insert "\$14,991,065,314". Page 342, after line 27, insert: "YYY. Effective July 1, 2019, the Department of Medical Assistance Services shall increase rates for home and community-based services skilled and private duty nursing services to the equivalent of 75 percent of the department's rate model benchmarks. The department shall have the authority to implement these reimbursement changes prior to the completion of any regulatory process to effect such changes."  <b>63% to 75% of Burns &amp; Assoc FY14 Redesign Benchmark</b>	Dance 303 #7s Hope 303 #18h	-0-  -0-	\$16.2M GF/NGF	-0-  -0-	-0-  -0-	-0-  -0-
<b>Waiver Provider Rates – Refresh &amp; Rebase</b>						
Page 342, after line 27, insert: "YYY. Effective July 1, 2019, the Department of Medical	Sickles 303 #3h Reid 303 #6h	-0-  -0-	Language Only	-0-  -0-	-0-  -0-	-0-  -0-

<p>Assistance Services shall annually update the rates for Medicaid developmental disability waiver services and rebase rates on a six-year cycle to ensure statewide access to quality supports for individuals with developmental disabilities as recommended by the Department of Behavioral Health and Developmental Services Provider Issues Resolution Workgroup."</p> <p><b>Explanation</b> - (This amendment adds language directing the Department of Medical Assistance Services to annually update the rates for services provided through the state's three Medicaid developmental disability waivers and rebase rates on a six-year cycle. The state's redesign of its developmental disability waivers took effect several years ago and included increases for most provider rates. The data used for those rates was based on fiscal year 2014 cost data.</p>						
<b>Overtime for Personal Care</b>						
<p>Page 342, after line 27, insert:  "YYY. Effective, July 1, 2019, the Department of Medical Assistance Services shall amend the State Plan under Title XIX of the Social Security Act, and any necessary waivers, to authorize time and a half up to 56 hours for a single attendant who works more than 40 hours per week for attendants through Medicaid-reimbursed consumer-directed (CD) personal assistance, respite and companion services. The department shall have authority to implement this provision prior to the completion of any regulatory process undertaken in order to effect such change."</p>	<p>Howell 303 #6s  Tran 303 #13h</p>	<p>-0-</p>	<p>\$19.2M  GF &amp; NGF</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>
<b>Personal Care Rates</b>						
<p><u>Agency Directed</u>  Page 340, after line 18, insert:  "2. Effective July 1, 2019, in addition to the increase in paragraph NNN.1., the Department of Medical Assistance Services shall increase the rates for agency-directed personal care, respite and companion services in the home and community-based services waivers, and the Early Periodic Screening, and Diagnosis and Treatment (EPSDT) program by an additional two percent. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change."</p> <p><b>+2% in addition to +2% already included from</b></p>	<p>Hanger 303 #10s  Landes 303 #10h  (Peace; Sickles; Stolle;  Wilt)</p>	<p>-0-</p>	<p>\$8.5M</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>

<b>GA2018 – would provide +4% in 2020.</b>						
<p><b>Review of Agency Directed Personal Care Rates</b>  Page 342, after line 27, insert:  "YYY. The Department of Medical Assistance Services shall review the rates paid to personal care service providers and determine if those rates adequately reimburse providers for the costs incurred to deliver care and are appropriate to maintain an adequate provider network in all geographic areas of the Commonwealth. Such review shall include: i) a comparison of how personal care service provider rates in the Commonwealth compare to reimbursement levels in other states; ii) a comparison of how personal care service provider rates levels have trended compared to inflation over the last 30 years; iii) a calculation of what it would cost the Commonwealth to assume financial responsibility for paying for electronic visit verification for personal care providers as it does for consumer-directed providers; iv) an analysis of the regulatory requirements and costs on personal care service providers versus those on consumer-directed providers and a determination of what requirements and costs could be removed in order to better achieve parity; and v) any other recommendations to foster and encourage the deployment of personal care service providers in underserved areas. The department shall report its findings to the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2019."  <b>Explanation</b>  (This amendment directs the Department of Medical Assistance Services to review the rates paid to personal care service providers and determine if those rates adequately reimburse providers for the costs incurred to deliver care and are appropriate to maintain an adequate provider network in all geographic areas of the Commonwealth.)</p>	<p>Dunnavant 303 #22s  Peace 303 #11h</p>	<p>-0-</p>	<p>Language</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>
<p><b>Rate Increase for Consumer-Directed Personal Care Services</b>  This amendment provides \$3.0 million from the general fund and a like amount of federal Medicaid matching funds the second year to increase rates for Medicaid consumer-directed personal care services provided in the Medicaid home and community-based waiver programs by</p>	<p>Torian – 303 #9h</p>	<p>-0-</p>	<p>\$6M  GF &amp; NGF</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>

three percent effective July 1, 2019. This would be in addition to a two percent increase contained in Chapter 2 (2018 Special Session I) bringing the total increase for these services to five percent effective July 1, 2019.  <b>+ 3% would result in total +5% in 2020 with +2% approved by GA2018.</b>						
<b>Waiver Slots</b>						
This amendment adds \$43.2 million from the general fund and \$43.2 million in matching federal Medicaid funds to increase the number of Community Living slots by 345 and the number of Family and Individual Supports slots by 1,888 in the second year. These additional slots would serve individuals with developmental disabilities on the waiting list who are categorized as Priority One. The additional slots would eliminate the Priority One wait-list.)	<b>Barker 303 #1s</b> Co-Patron(s): Black, Chase, Dance, Dunnivant, Ebbin, Mason, McClellan, McPike, Sturtevant, Surovell, Vogel  <b>Torian 303 #7h</b>	-0-	\$86.3M GF & NGF  \$86.3M GF & NGF	+ 10 Additional Reserve Slots \$375k GF \$375 NGF <b>303 #4s</b>	-0-	-0-  <b>1067 slots included in FY 2020 from GA18 Budget</b> <b>60 – Facility</b> <b>982 – CSBs</b> <b>25 Reserve/</b> <b>Emergency</b> <b>Total – 1,695 Biennium</b>
This amendment provides \$33.6 million from the general fund and a like amount of federal Medicaid matching funds to add 2,195 Medicaid Family and Individuals Supports waiver slots to eliminate the Priority One wait-list in FY 2020.	McDougle 303 #3s	-0-	\$67.28M GF & NGS	-0-	-0-	-0-
<b>Waiting List Priority for Children of Military or Foreign Service</b> This amendment directs the Department of Behavioral Health and Developmental Services to ensure that children on the developmental disability waiting list whose parents serve in the military or Foreign Service and are deployed outside of Virginia and then return, to be placed on the waiting list consistent with their placement prior to leaving Virginia.	Howell 310 #12s	-0-	Language Only	Language <b>310 #7s</b>	-0-	-0-
<b>Designated Slots for Foster Care Youth</b> Page 318, after line 30, insert: "g. In addition to the new slots added in 4.a. and b., the Department of Medical Assistance Services (DMAS) shall amend the FIS waiver to add 10 new slots effective July 1, 2019. These slots shall be held as reserve capacity by the Department of Behavioral Health and Disability Services (DBHDS) to address foster care youth who are exiting foster care and are in need of waiver services within one year. An amount estimated at \$375,000 from the general fund and \$375,000 from non-general funds the second year is provided to cover the anticipated costs of the	Howell 303 #18s Hope 303 #8h	-0-	\$750k GF & NGF	-0-	-0-	-0-



reserve slots. DMAS shall seek federal approval for necessary changes to the FIS waiver to add the additional slots. Beginning July 1, 2019, DBHDS shall provide a quarterly report on the use of the reserve slots provided in this paragraph.						
<b>Consumer-Directed Services</b>						
<b>Increase CD Personal Care Rates</b> This amendment provides \$3.0 million from the general fund and a like amount of federal Medicaid matching funds the second year to increase rates for Medicaid consumer-directed personal care services provided in the home. The amendment provides for an increase of three percent, which combined with the already approved-rate increase in the budget brings the total increase to five percent for fiscal year 2020.	Howell 303 #12s	-0-	\$6M GF & NGF	-0-	-0-	-0-
<b>Paid Sick Leave for CD Providers</b> Page 342, after line 27, insert: "YYY. The Department of Medical Assistance Services shall have the authority to provide five days of sick leave each year for consumer-directed home- and community-based Medicaid providers who work an average of 20 or more hours per week, effective July 1, 2019. The department shall have the authority to implement this change prior to the completion of the regulatory process."	Howell 303 #14s Simon 303 #12h	-0-	\$2.97M GF & NGF	-0-	-0-	-0-
<b>Other Medicaid Rates</b>						
<b>Increase MH Professional Provider Rates</b> Page 342, after line 27, insert "YYY. Effective July 1, 2019, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to increase the rates for <u>licensed mental health professionals (LMHPs)</u> who provide behavioral health services to 100 percent of Medicare rates. The rate paid to psychologists shall be 90 percent of physician rates and the rate for licensed clinical social workers shall be 75 percent of physician rates. The department shall have the authority to implement these reimbursement changes prior to the completion of the regulatory process."	Hanger 303 #11s Hope 303 #21h	-0-	\$6.6M GF & NGF	\$7.2M  303 #2s	-0-	<b>+\$7.2M</b> (\$2.65 GF /\$4.56 NGF)  <b>303 #10c</b>
<b>Inflation Increase for Residential Psych Treatment Facilities</b> This amendment provides \$2.7 million from the general fund and a like amount of federal Medicaid matching funds by restoring inflation adjustments for residential psychiatric treatment facilities. State regulations authorize inflation for	Barker 303 #13s Sickles 303 #22h	-0-	\$5.4M GF & NGF	-0-	-0-	-0-

these providers but budget language prevents such inflation adjustments from being made. The Department of Medical Assistance Services is currently in the process of conducting a rate analysis on the base rate so this only allows an inflation increase on rates that are now 12 years without an adjustment.						
<p><b>Increase Adult Day Health Care Rates</b>  This amendment provides \$1.4 million from the general fund and a like amount of federal Medicaid matching funds to provide a 25 percent increase in the Medicaid waiver reimbursement rate for adult day health services. Adult day health care is much less expensive than alternative care in a nursing facility for which these clients qualify. Providers of adult day health care report a gap between actual costs and Medicaid reimbursement, which must be made up through contributions from individuals, churches, corporations, and foundations. These services are almost exclusively provided to Medicaid waiver recipients. This amendment increases by 25 percent the statewide rate paid for Medicaid adult day health care services, which is currently in Northern Virginia \$61.60 and \$57.04 in the rest of the state.</p>	Hanger 303 #15s Dunnivant 303 #16s Barker 303 #17s	-0-	\$2.8M \$1.4M \$1.4M GF & NGF	-0-	-0-	-0-
<p><b>Increase Early Intervention Case Mgmt. Rate</b>  Page 342, after line 27, insert:  "YYY. The Department of Medical Assistance Services shall increase the case management rate for early intervention services to \$242.73 per month effective July 1, 2019. The department shall have the authority to implement this reimbursement change prior to completion of any regulatory process undertaken in order to effect such change."  <b>Explanation:</b>  (This amendment provides \$3.3 million from the general fund and a like amount of federal Medicaid matching funds to increase the early intervention case management 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>	Edwards 303 #30s Ingram 303 #24h	-0-	\$6.6M GF & NGF	-0-	-0-	-0-
<p><b>Increase Certain Physician Rates to 70% of Medicare Language</b>  Page 315, line 7, strike "\$14,974,837,166" and insert "\$14,990,082,859".  Page 342, after line 27, insert:</p>				\$15.245M  303 #1s		+ \$15.245M  303 #9c

<p>"YYY. Effective July 1, 2019, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to increase the reimbursement rate for physician services to 70 percent of the equivalent Medicare rate, as of that date, and only for those services currently reimbursed less than 70 percent of the Medicare rate. The department shall ensure through its contracts with managed care organizations that the rate increase is reflected in their rates to providers. The department shall have authority to implement these rate changes prior to the completion of the regulatory process."</p> <p><b>Explanation</b> (This amendment provides \$4.1 million from the general fund and \$11.1 million from federal Medicaid matching funds in the second year to increase Medicaid reimbursement to 70 percent of the equivalent Medicare fee for service and managed care rates to primary care physicians and specialists who are currently reimbursed less than 70 percent of Medicare rates.)</p>						
<p><b>Medicaid Expansion</b></p>						
<p>This amendment clarifies that Medicaid coverage pursuant to the Affordable Care Act shall expire if the Section 1115 waiver that includes a work requirement, cost-sharing and other provisions as specified in the current budget are not implemented by January 1, 2020.</p>	<p>Newman 303 #32s</p>	<p>-0-</p>	<p>Language</p>	<p>-0-</p>	<p>-0-</p>	
<p><b>Medicaid - Other</b></p>						
<p><b>Medicaid Income Level COLA Changes for Persons Receiving Long-Term Care.</b> This amendment directs the Department of Medical Assistance Services to adjust the income limits for eligibility groups that receive long-term care services be adjusted annually based on Social Security cost-of-living adjustments to the extent permitted under federal law. These routine annual adjustments for individuals near the maximum income level to qualify for Medicaid can result in making those individuals ineligible for Medicaid.)</p>	<p>Lewis 303 #28s</p>	<p>-0-</p>	<p>Language</p>	<p>-0-</p>	<p>-0-</p>	<p>-0-</p>
<p><b>Behavioral Health Trust Fund – Designate Funds to NoVa</b></p>						
<p>Page 362, after line 10, insert: "QQ. Out of this appropriation, \$750,000 the second year from the Behavioral Health and Developmental Services Trust Fund shall be expended for one-time expenditures for</p>				<p>Language <b>312 #5s</b></p>	<p>-0-</p>	<p>Language <b>312 #4c</b></p>

<p>developmental disability services across the Commonwealth. Priority shall be given to projects that serve critical service gaps for individuals with developmental disability in the Northern Virginia region (Region 2) who have been discharged from state training centers or who are at risk of institutional placement. The department shall collaborate with Community Services Boards and private providers, to determine the best use of such funds to address critical needs on a one-time basis, for individuals with developmental disabilities. The department shall report on the allocation of these funds to the Chairmen of the House Appropriations and Senate Finance Committees by no later than September 15, 2019."</p> <p><b>Explanation</b> (This amendment designates \$750,000 the second year from the Behavioral Health and Developmental Services Trust Fund, out of the \$2.5 million in the introduced budget, for one-time expenditures for developmental disability services, with priority given to projects that serve individuals with developmental disability in the Northern Virginia region (Region 2) who have been discharged from state training centers or who are at risk of institutional placement. The department will report on the allocation of these funds to the Chairmen of the House Appropriations and Senate Finance Committees by no later than September 15, 2019.)</p>						
<p><b>DBHDS – Reporting on Agency Organization</b></p>						
<p>Page 356, after line 19, insert: "Z. The Department of Behavioral Health and Developmental Services shall report a detailed accounting, annually, of the agency's organization and operations. This report shall include an organizational chart that shows all full- and part-time positions (by job title) employed by the agency as well as the current management structure and unit responsibilities. The report shall also provide a summary of organization changes implemented over the previous year. The report shall be made available on the department's website by August 15, of each year."</p> <p><b>Explanation</b> (This amendment requires the Department of Behavioral Health and Developmental Services to annually report on the agency's organization and operations and any changes that occurred during</p>						<p><b>Language 307 #7c</b></p>

<p>the year. The agency will make this report available on its website by August 15 of each year. This information will assist in providing public information regarding changes in the agency's organization and operations.)</p>						
<p><b>Behavioral Health Services Realignment (Medicaid)</b></p>						
<p><b>Language DMAS – 303 #3c</b>  Page 342, after line 27, insert:  "YYY.1. The Department of Medical Assistance Services shall work with the Department of Behavioral Health and Developmental Services and stakeholders to develop the continuum of evidence-based, trauma-informed, and cost-effective mental health services recommended by the University of Colorado Farley Center for Health Policy that will result in the best outcomes for Medicaid and FAMIS members. This continuum shall include community mental health rehabilitation services (including early intervention services) and integrated behavioral health in primary care and school settings.  2. The department shall develop the necessary waiver(s) and the State Plan amendments under Titles XIX and XXI of the Social Security Act to fulfill this item, including but not limited to, changes to the medical necessity criteria, services covered, provider qualifications, and reimbursement methodologies and rates for Community Mental Health and Rehabilitation Services. The department shall work with its contractors, the Department of Behavioral Health and Developmental Services, and appropriate stakeholders to develop service definitions, utilization review criteria, provider qualifications, and rates and reimbursement methodologies. The department shall also work with its actuary to model the fiscal impact of the proposed continuum.  3. Prior to the submission of any state plan amendment or waivers to implement these changes, the Department of Medical Assistance Services and Department of Behavioral Health and Developmental Services shall submit a plan detailing the changes in provider rates, new services added and any other programmatic or cost changes to the Chairmen of the House Appropriations and Senate Finance Committees. The departments shall submit this report no later than December 1, 2019. 4. Upon approval of the 2020 General Assembly and the federal Centers</p>	<p>Hanger 303 #32s</p> <p>Hanger 310 #1s</p> <p>Garrett 303 #2h</p> <p>Rush 303 #1h</p>	<p>-0-</p>	<p>\$250k GF &amp; NGF</p> <p>Language Only</p> <p>Language Only</p> <p>Language Only</p>	<p>Language</p>	<p>Language 303 #4h</p> <p>310 #1h (Licensing)</p>	<p><b>Language - DMAS 303 #3c</b></p> <p><b>Language - DBHDS 310 #1c (Licensing)</b></p>

<p>for Medicare and Medicaid Services, the department shall have authority to implement these changes."</p> <p><b>Explanation:</b>  (This amendment adds language authorizing the realignment of behavioral health services to ensure the system supports evidence-based, trauma-informed, prevention-focused and cost-effective services for individuals served across the lifespan. Language requires a plan on the changes in provider rates, new services and other programmatic or cost changes to the Chairmen of House Appropriations and Senate Finance Committees by December 1, 2019. Agency authority to implement the changes is contingent on approval of the 2020 General Assembly and the federal Centers for Medicare and Medicaid Services.)</p> <p><b>Language DBHDS – 310 #1c</b>  Page 356, after line 19, insert: "Z. Upon approval by the 2020 General Assembly, the Department of Behavioral Health and Developmental Services shall have the authority to promulgate regulations to: (i) ensure that licensing regulations support high quality community-based mental health services and align with changes being made to the Medicaid behavioral health regulations that support evidence-based, trauma-informed, prevention-focused and cost-effective services for individuals served across the lifespan; and (ii) incorporate the American Society of Addiction Medicine Levels of Care Criteria or an equivalent set of criteria into substance use licensing regulations to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction."</p> <p><b>Explanation:</b>  (This amendment adds language authorizing the promulgation of licensing regulations by the Department of Behavioral Health and Developmental Services, upon approval of the 2020 General Assembly, to support the realignment of behavioral health services to ensure the licensing system supports evidence-based, trauma-information, prevention-focused and cost-effective services for individuals served across the lifespan. These actions will support those being undertaken to realign behavioral health services funded through the Virginia Medicaid program and contained in a companion amendment in Item 303. This is a recommendation of the Joint Subcommittee</p>						
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Studying Mental Health Services in the Commonwealth in the 21st Century.)						
<b>DARS</b>						
<b>LTESS</b>						
This amendment adds \$500,000 from the general fund the second year to support the Long-Term Employment Support Services (LTESS) for people with disabilities. LTESS provides a full array of employment support services to meet the needs of individuals with significant disabilities to maintain employment. This funding addresses the program's projected shortage of available funding to meet the needs of an additional 3,300 individuals placed in supported employment services in fiscal year 2019 of which an estimated 1,321 will need supported employment services to maintain employment.	Vogel – 329 #5s Pogge – 329 #5h Hope – 329 #6h	-0-  (+ \$250k from GA2018)	\$500k  (+ \$250k from GA2018)	-0-	-0-	-0-
Page 368, after line 44, insert: "Q. The Director, Department of Planning and Budget, shall, on or before June 30, 2019, unallot \$376,000 from the general fund in this item, which reflects unused balances in the state employment services programs." <b>Explanation</b> (This amendment captures \$376,000 in balances from the general fund in fiscal year 2019 which reflects projected balances in state employment services programs.)					329 #1h <b>(NEW #1h)</b>  <b>OPPOSE Sweep of Funds</b>	<b>Language 329 #1c</b> <b>(Sweep/Cut of \$376k before 6/30/19)</b>
<b>EES – Allocation Methodology</b>						
Page 367, line 28, after "program.", insert: "The funding allocated to employment services organizations shall be allocated consistent with the recommendations of the Employment Service Organizations Steering Committee. The appropriation for EES shall be used for the program and shall not be used for any other purpose." <b>Explanation:</b> (This amendment requires funding allocations for the Extended Employment Services (EES) program be consistent with the Employment Service Organizations Steering Committee and that the funding appropriated for EES shall only be used for the program and not used for any other purpose.)					Language 329 #1s	<b>Language 329 #2c</b>
<b>Vocational Rehabilitation – Order of Selection</b>						
This amendment adds \$5.9 million from the general fund the second year for vocational	Hanger – 329 #1s Sickles – 329 #1h	-0-	\$5.9M	-0-	-0-	-0-

rehabilitation services that develop jobs and place Virginians with disabilities into jobs. More than 2,000 individuals with disabilities are currently eligible but are waiting for job development and job placement services on an Order of Selection waiting list at the Department for Aging and Rehabilitative Services because of lack of funds. The added funds may be matched with federal vocational rehabilitation funds if there are balances available to be reallocated to states. These funds provide a 67 percent federal match.	Marsden – 329 #2s Ayala – 329 #2h		\$6M GF			
<b>Voc Rehab Svs-Transition Youth</b>						
Page 366, line 33, strike "\$98,792,156" and insert "\$99,792,156". <b>Explanation</b> - (This amendment adds \$1.0 million from the general fund the second year to support a youth initiative to address the unmet needs for vocational rehabilitative services of transition age youth and underserved youth through the provision of community-based services.)	McClellan 329 #6s Adams 329 #11h	-0-	\$1M GF	-0-	-0-	-0-
<b>DARS Other – ESOs/ESOSC</b>						
Referrals - Same Language as SB1485/Hanger & HB 2306/Landes	Hanger 329 #7s Landes 329 #7h	-0-	Language Only	-0-	-0-	-0-
ESOSC Membership	Hanger 329 #10s	-0-	Language + \$5k expenses	-0-	-0-	-0-
<b>Increase PA Rate to Medicaid Amt</b>	Lopez 329 #10h	-0-	\$150k GF	-0-	-0-	-0-
<b>Brain Injury Services</b>						
Increases funds for Brain Injury Case Management Services	Dance 329 #8s Peace 329 #9h	-0-	\$1.4M GF	-0-	-0-	-0-
Fund Neurobehavioral Svs	Howell 329 #9s Sickles 329 #8h	-0-	\$2M GF	-0-	-0-	-0-
2% Increase for BIS Program Contractors	Pogge 329 #12h	-0-	\$75k	-0-	-0-	-0-
<b>CILS</b>						
Expand Centers for Independent Living to Unserved Areas	Hanger 329 #3s Garrett/Landes 329 #4h	-0-	\$287,651. GF	-0-	-0-	-0-
Independent Living Transition Services from NH/Institutions through CILS	Hanger 329 #4s Garrett/Landes 329 #4h	-0-	\$650,000. GF	-0-	-0-	-0-
<b>Dept for the Blind &amp; Visually Impaired – Vocational Services</b>						
	Governor's Budget		+ \$675k	(\$675k)	(\$675k)	<b>(\$625k) 355 #1c</b>
<b>Grants to Localities</b>						



<b>Add 2 PACT Teams for Fairfax-Falls Church CSB</b>						
<p>This amendment adds \$2.6 million from the general fund the second year to implement two PACT Teams at the Fairfax-Falls Church Community Services Board (CSB). The cost of one PACT Team is about \$1.5 million from the general fund each year and of that, about \$200,000 can be offset in revenue received from payments received for services provided to Medicaid recipients. As an evidence-based program, each PACT can serve about 100 individuals. The Fairfax-Falls Church CSB currently serves more than 400 individuals eligible for PACT with only one PACT Team.</p>	<p>Sickles 312 #3h</p>	<p>-0-</p>	<p>\$2.6M GF</p>	<p>-0-</p>	<p>\$200k + Language + 1 PACT Team (312 #1h)</p>	<p><b>Language 312 #3c + 200k – 1 PACT Team</b></p>
<p><b>Report on PACT Funding &amp; Cost Effectiveness</b> Page 356, after line 19, insert: "Z. The Department of Behavioral Health and Developmental Services shall report on the allocation and funding for Programs of Assertive Community Treatment (PACT) in the Commonwealth. The report shall include information on the cost of each team, the cost per individual served and the cost effectiveness of each PACT in diverting individuals from state and local hospitalization and stabilizing individuals in the community." <b>Explanation</b> (This amendment adds language directing the Department of Behavioral Health and Developmental Services to report on the funding and cost effectiveness of the PACT program.)</p>					<p>Language 310 #3h</p>	<p><b>Language 310 #3c</b></p>
<p><b>Reporting and Data on CSB Revenue Impacts</b> Page 356, line 11, strike "each" and insert "a". Page 356, line 13, strike "at the end of the fiscal year" and insert: "as of May 15, 2019". Page 356, after line 19, insert: "3. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall submit a letter to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees by May 15, 2019, and each fiscal quarter thereafter, that reports on: (i) the state general fund reductions taken by each Community Services Board (CSB) or Behavioral Health Authority (BHA) in fiscal year 2019 in anticipation</p>						<p><b>Language 310 #9c</b></p>

<p>of projected savings from the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (ii) the actual Medicaid-generated reimbursements realized by each CSB/BHA in fiscal year 2019 as a result of the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (iii) the state general fund reductions to be taken by each CSB/BHA in fiscal year 2020 in anticipation of projected savings from the expansion of Medicaid eligibility; and (iv) the amount of Medicaid reimbursements that each CSB/BHA would have to achieve in order to meet the anticipated general fund savings/budget reductions in fiscal year 2020, as well as any actions the Department proposes to take to address any shortfalls and to ensure continuity in the provision of services. The Department of Medical Assistance Services shall require the managed care organizations to report encounter data impacting Community Services Boards on a monthly basis, with the data submitted no later than 20 days after the end of each month in order to determine the revenue impact to fulfill the intent of this paragraph."</p> <p><b>Explanation:</b>  (This amendment modifies language in the introduced budget which allows the Department of Behavioral Health and Developmental Services to provide funding from special fund balances at the end of the fiscal year to CSBs in circumstances where a CSB's additional fiscal year 2019 Medicaid reimbursements do not reach at least 90 percent of the general fund reductions assumed in Chapter 2 for fiscal year 2019. Language allows that assistance to be provided prior to the end of the fiscal year so that the provision of critical services is not disrupted. The amendment also clarifies that assistance may be provided to an individual CSB rather than requiring that Medicaid reimbursements to all CSBs fall short of general fund reductions before assistance may be provided. The amendment requires the department to report to the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance Committees on how the expected general fund savings compare to actual Medicaid payments for fiscal year 2019 so that the expected general fund savings in fiscal year 2020 may be adjusted in amendments to the biennial budget during the 2020 Session of the General Assembly, if necessary.)</p>						
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<b>Fully Fund STEP-VA Outpatient Services</b>						
<p>This amendment adds \$15.0 million from the general fund the second year to fully fund outpatient mental health and substance abuse services pursuant to the System Transformation, Excellence and Performance in Virginia (STEP-VA) process and Chapters 607 and 683, 2017 Acts of Assembly. Chapter 2, Special Session I, provided \$15 million to accelerate implementation of these services. This additional funding will increase capacity at community services boards to meet the legislative mandate for the implementation of these services and ensure that the Same Day Access metric of offering a first appointment for clinical services within 10 days of the individual's initial assessment can be maintained.</p>	<p><b>Barker 312 #4s Hodges 312 #6h</b></p>	<p>-0-</p>	<p>\$15M GF</p>	<p>-0-</p>	<p><b>\$8,8M Earmark Language (312 #3h)</b></p>	<p>-0-</p>
<p><b>Designate Funding for STEP-VA Crisis Services</b> Page 362, after line 10, insert: "QQ. Out of this appropriation, \$7,800,000 the second year from the general fund is provided for crisis services at Community Services Boards and Behavioral Health Authorities pursuant to the System Transformation, Excellence and Performance in Virginia (STEP-VA) process and Chapters 607 and 683, 2017 Acts of Assembly." <b>Explanation</b> (This amendment designates \$7.8 million from the general fund the second year to accelerate the provision of crisis services at Community Services Boards and Behavioral Health Authorities pursuant to the STEP-VA process and Chapters 607 and 683, 2017 Acts of Assembly. Legislation passed in 2017 requires the implementation of crisis services to begin in fiscal year 2021.)</p>					<p>Language  312 #3h</p>	<p><b>Language 312 #2c</b></p>
<p><b>Restore Crisis Stabilization Language</b> Page 359, line 43, unstrike "\$2,000,000" and strike "11,000,000". <b>Explanation</b> (This amendment strikes language which adds funding for crisis stabilization services in paragraph R in this item in the introduced budget. It restores the language and appropriation for crisis stabilization services which is contained in Chapter 2, 2018 Special Session I. A companion amendment in this item sets out the new funding accelerating crisis response services which are required to be provided beginning in fiscal year</p>					<p>Language 312 #2h</p>	<p><b>Language 312 #1c</b></p>

2021 by Chapters 607 and 683, 2017 Acts of Assembly, pursuant to the System Transformation, Excellence and Performance in Virginia (STEP-VA) process.)						
<b>Permanent Supportive Housing</b>						
<p>Page 357, line 37, strike "\$502,170,491" and insert "\$504,170,491".</p> <p>Page 360, line 39, strike "\$14,083,710" and insert "\$17,083,710".</p> <p>Page 360, line 47, after "community." insert: "The Department of Behavioral Health and Developmental Services shall report on the number of individuals who are discharged from state behavioral health hospitals who receive supportive housing services, the number of individuals who are on the hospitals' extraordinary barrier list who could receive supportive housing services, and the number of individuals in the community who receive supportive housing services and whether they are at risk of institutionalization. In addition, the department shall report on the average length of stay in permanent supportive housing for individuals receiving such services and report how the funding is reinvested when individuals discontinue receiving such services. The report shall be provided to the Chairmen of the House Appropriations and Senate Finance Committee by November 30, 2019."</p> <p><b>Explanation</b> (This amendment adds \$3.0 million the second year from the general fund to increase funding for permanent supportive housing services. It reallocates \$1.0 million in funding in this item for crisis services designated in the introduced budget and adds \$2.0 million from the general fund in the second year for this purpose. Language is added to require the Department of Behavioral Health and Developmental Services to report on permanent supportive housing services by November 30, 2019.)</p>	Howell 312 #6s	\$917,667 GF	\$3.4M GF	+ \$3M over Intro Budget (total +\$15M with 2018 & Intro Budget <b>312 #2s</b>	-0-	<p><b>+ \$2M GF Reallocates \$1M from Crisis Svs in Gov's Intro Budget</b></p> <p><b>312 #5c</b></p>
<b>Fairfax-Falls Church CSB Discharge Assistance Funding</b>						
This amendment adds \$540,000 from the general fund the second year to provide discharge assistance plans for individuals transitioning from state mental health hospitals into the Fairfax-Falls Church Community Services Board catchment area. This funding will assist in providing needed	Sickles 312 #7h	-0-	\$540k GF	-0-	-0-	-0-

community services for up to 40 individuals who are ready for discharge from state mental health hospitals						
<b>DSS - TANF</b>						
<b>Reform Locality Groupings for TANF Program</b> This amendment provides \$396,000 from the general fund and \$11.0 million from the Temporary Assistance to Needy Families (TANF) block grant the second year to reorganize the two locality groupings for Temporary Assistance to Needy Families (TANF) cash assistance into one. Groups II and III would be combined and the rates in Group III would apply to everyone in the group, resulting in a modest increase in TANF cash assistance payments. The general fund amount in the second year represents funding for the TANF Unemployed Parent program, which is a state supported program.)	Favola 340 #1s Sickles 340 #1h	-0-	\$11.4M NGF	-0-	-0-	-0-
<b>Increase TANF Benefit Payments by 10%</b> This amendment adds almost \$38 million in non-general funds the second year from the federal Temporary Assistance to Needy Families (TANF) block grant to increase the TANF benefit payment (standards of assistance) for families participating in the TANF program by 10 percent and establishes cost of living adjustments until the standards of assistance equal 50 percent of the federal poverty level. The current monthly TANF benefit averages \$314 per month for a family. If TANF payments had kept pace with the rate of inflation since 1985, the monthly assistance would be approximately \$676 per month. The standards of assistance also impact initial eligibility for TANF. With lower standards, fewer families are eligible for assistance. In 1985, a three person family in a level III locality could be eligible with net income below 48% of the federal poverty level. To qualify now, the family's net income must be less than 20% of the federal poverty limit.	Dunnavant 340 #2s Aird 340 #2h	-0-	\$37.9M NGF	+ 5% Language (\$300k GF/ \$3.2M NGF)	-0-	+ 5% - + \$3.5M 340 #3c
<b>Extend VIEW Transitional Services for Child Care</b> This amendment adds \$3.0 million from the federal Temporary Assistance to Needy Families (TANF) block grant to fund the fiscal impact of House Bill 1871 which extends Virginia Initiative for Employment Not Welfare (VIEW) transitional child care assistance to individuals who participate in an education or training program accredited by a public institution of higher education or other post-secondary school licensed or certified by the Board of Education or the State	Favola 340 #3s Jones, Chris 340 #3h	-0-	\$3M NGF	SB 1145 \$39,689 GF 1,026,389 NGF	HB 1871 \$39,689 GF 1,026,389 NGF	+ \$1.066M (SB1871/HB1145)  340 #1c

<p>Council of Higher Education for Virginia. Under current law, transitional child care assistance is only available if it enables the individual to work.</p>						
<p><b>Auxiliary Grant Slots for Supportive Housing (HB 2017 &amp; SB1286)</b>  <b>Language</b>  Page 380, line 18, after "4." strike the remainder of the line.  Page 380, line 19, strike "60." and insert: "The Department of Social Services, in collaboration with the Department for Aging and Rehabilitative Services and the Department of Behavioral Health and Developmental Services, shall report annually by August 15, the number of individuals receiving an Auxiliary Grant supportive housing slot that were discharged from a state behavioral health hospital in the prior 12 months. The report shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees."  <b>Explanation</b>  (This amendment eliminates language that imposes a cap of 60 on the number of Auxiliary Grant recipients in supportive housing slots. House Bill 2017 and Senate Bill 1286 allow individuals receiving an Auxiliary Grant to select supportive housing without any requirement to make such selection. In addition, the legislation raises the cap on supportive housing slots to 90 slots and allows for up to 120 slots, if the waiting list for supportive housing for auxiliary grant recipients maintained by the Department of Behavioral Health and Developmental Services consists of 30 individuals or more on October 1, 2020. The state provides 80 percent of the funding for an Auxiliary Grant and localities provide 20 percent of the funding. No additional funding is needed to support the cost to provide an Auxiliary Grant to the additional individuals, who may select supportive housing pursuant to the legislation, because the Auxiliary Grant program expenditures continue to decline and the budget is sufficient. Language is added to require reporting of the number of individuals in an Auxiliary Grant supportive housing slot that were discharged from a state behavioral health hospital in the prior 12 months.)</p>						<p><b>Language 343 #3c</b></p>
<p><b>Training Centers</b></p>						

<b>Southwest Virginia Training Center Property Conveyance</b>						
<p><b>Language</b> Page 528, after line 17, insert: Page 528, after line 17, insert: "A. The Commonwealth shall not convey, sell, or otherwise dispose of certain surplus real property in Carroll County outside the town of Hillsville on which the former Southwestern Virginia Training Center was situated pursuant to § 2.2-1156. The Commonwealth shall work with representatives of Carroll and Grayson Counties and the City of Galax and other stakeholders, including the Blue Ridge Crossroads Economic Development Authority, to develop a plan for the conveyance, sale, or other disposition of the property for the purpose of housing children requiring foster care or as a juvenile residential treatment facility. B. Any conveyance, sale, or other disposition of the property described in paragraph A. that is proposed as a result of the planning among the Commonwealth, local representatives, and other stakeholders shall be approved by the General Assembly prior to execution of such conveyance, sale, or other disposition. C. The prohibition on the conveyance, sale, or other disposition of the property described in paragraph A. shall expire on July 1, 2021, and thereafter any conveyance, sale, or other disposition of the property shall be in accordance with § 2.2-1156."</p>					<p>Language  C-23.10 - - SWVA Training Center</p>	<p>-0-</p>
<p><b>Review of Public-Private Partnership for CVTC and Crisis System</b> Page 354, after line 4, insert: "3. The Department of Behavioral Health and Developmental Services shall provide an update to the Special Joint Subcommittee to Consult on the Plan to Close State Training Centers no later than June 30, 2019, regarding any Public-Private Partnerships for CVTC that may allow continued operation in some form, whether such proposal has been officially proposed or not. The Commissioner of the Department of Behavioral Health and Developmental Services shall provide all information and analysis related to any proposals received under the Public-Private Education Facilities and Infrastructure Act to the Joint Subcommittee. 4. The Department of Behavioral Health and Developmental Services shall provide a report to the Joint Subcommittee regarding all remaining</p>				<p>Language 310 #8s</p>		<p><b>Language 310 #8c</b></p>

<p>residents at Central Virginia Training Center by April 30, 2019. The report shall provide data that provides details on the needs of those individuals that remain and what services they would need in the community. The department shall also provide data regarding the number of behavioral specialists in the Commonwealth available to meet the needs of individuals with developmental disabilities in Virginia's waiver program and an update on the overall crisis system for children and adults with developmental disabilities, including data regarding the need for these services, current services available, and outcomes for those using the current system."</p> <p><b>Explanation</b>  (This amendment directs the Department of Behavioral Health and Developmental Services to update the Special Joint Subcommittee to Consult on the Plan to Close State Training Centers no later than June 30, 2019 on Public-Private Partnerships for Central Virginia Training Center, including any proposals received under the Public-Private Education Facilities and Infrastructure Act to the Joint Subcommittee. The Department of Behavioral Health and Developmental Services is also directed to provide data to the Joint Subcommittee regarding all remaining residents of the Central Virginia Training Center that provides insight into the needs of those individuals that remain, along with information regarding the entire Developmental Disability crisis system in the Commonwealth in order for the joint subcommittee to evaluate the sufficiency of the overall crisis system for individuals with developmental disabilities.)</p>						
<b>Other</b>						
<b>ABLE Act</b>						
Authorizes \$1.25M for Marketing using NGF Funds.	Filler-Corn 485 #1h	-0-	\$1.25M NGF Only	?	?	-0-
<b>Autism</b>						
This amendment provides \$1.5 million the second year from the general fund for the Department of Behavioral Health and Developmental Services to fund three pilot programs throughout the state to create regional multidisciplinary teams to be comprised of mental health professionals (psychiatrists, psychologists, nurses, and other relevant professionals) to diagnose and treat those with Autism and those with co-occurring	Favola 310 #9s	-0-	\$1.5M GF	-0-	-0-	-0-



<p>behavioral health conditions. These teams shall also provide consultation to physicians, school personnel, and family members</p>						
<p><b>Regional Mental Health Coordination in NoVs</b></p>						
<p>Page 356, after line 19, insert:          "Z. The Department of Behavioral Health and Developmental Services shall facilitate a mental health coordination workgroup in the Northern Virginia region so that public and private providers of services and advocates for such services may collectively determine how to develop the most effective and most comprehensive services for persons who need such services. This mental health coordination workgroup shall seek agreement on how the services provided can best promote mental health, help people receive services needed when they are needed, provide intensive treatment when needed, ensure that crisis care is provided, provide care management in ways that help maintain mental health, and provide the supportive services necessary for individuals with mental health needs to live fully within the community. Participants in the workgroup shall include but not be limited to community services boards, state facilities and programs, private hospitals, partial hospitalization and crisis stabilization programs, residential treatment facilities, private community providers, criminal justice personnel, consumers and advocates for consumers, and others. The department shall facilitate the initiation of the workgroup and once it is fully operational shall allow it to operate independently, however the department may continue to participate in the workgroup to provide assistance as needed. The department shall report on the composition, participation and any actions of the workgroup to the Chairmen of the House Appropriations and Senate Finance Committees by November 30, 2019."  <b>Explanation</b>          (This amendment re-creates a public and private collaborative process in Northern Virginia that existed in the last decade to better and more comprehensively address needs within the region, share responsibility for meeting those needs, and strive to have individuals with mental health needs have those needs met in ways and programs that best meet their needs in cost effective ways. The Department of Behavioral Health and</p>						<p><b>Language 310 #10c</b></p>

Developmental Services is required to report on the workgroup by November 30, 2019.)						
<b>Eastern State Hosp Land Lease by Hope Family Village Project</b>						
<p>Page 356, after line 19, insert:          "Z. The Department of Behavioral Health and Developmental Services shall lease 25 acres of land at Eastern State Hospital to Hope Family Village Corporation for one dollar for the development of a village of residence and common areas to create a culture of self-care and neighborly support for families and their loved ones impacted by serious mental illness. The department shall work with the Hope Family Village Corporation to identify a 25 acre plot of land that is suitable for the project."  <b>Explanation</b>          (This amendment directs that 25 acres of land at Eastern State Hospital be set aside and leased to Hope Family Village Corporation for one dollar for the development of a village of residence and common areas to create a culture of self-care and neighborly support for families and their loved ones impacted by serious mental illness.)</p>	Norment/Mason 310 #10s		Language	Language 310 #4s	-0-	<b>Language 310 #6</b>
<b>Designate Slots for Miller House for Residents of Falls Church</b>						
<p>Page 356, after line 19, insert:          "Z. The Department of Behavioral Health and Developmental Services shall work with the Fairfax-Falls Church Community Services Board, and the provider, to ensure that future openings for the Miller House in Falls Church allow residents of Falls Church, that have been allocated a developmental disability waiver slot, be given first choice in the Miller House, if the group home is appropriate to meet their needs. In addition, the department shall work with the Community Services Board and the City of Falls Church to explore options for establishing a special allocation within the Community Services Board allocation of waiver slots for Falls Church residents who are on the Priority One waiting list and could live in the Miller House when future openings occur in the group home."  <b>Explanation</b>          (This amendment directs the Department of Behavioral Health and Developmental Services to work with the Fairfax-Falls Church Community Services Board and the provider of the Miller</p>	Saslaw 310 #11s	-0-	Language Only	Language 310 #6s	-0-	<b>Language 310 #5c</b>

<p>House to give priority to residents of Falls Church, that have received a developmental disability waiver slot, when openings in the group home become available in the future. In addition, the department is directed to work with the Community Services Board and the City of Falls Church to explore options for allocating Falls Church residents a waiver slot when future openings are available in the Miller House.)</p>						
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