

SIDE BY SIDE COMPARISON OF BUDGET BILLS

February 22, 2017

Issue	Governor McAuliffe's Proposal (December)	House budget (February 5, 2017)	Senate Budget (February 5, 2017)	Conference Committee Report:																																																																																				
<p>DD Waiver Waiting List</p>	<p>Changes the allocation of Waiver slots for FY18, decreasing the number of Community Living Waivers by and increasing the number of Family and Individual Support (FIS) Waivers and Building Independence Waivers (BI) by 235.</p> <table border="1" data-bbox="289 699 695 992"> <thead> <tr> <th></th> <th>Previous</th> <th>Proposed</th> </tr> </thead> <tbody> <tr> <td>CL - WL</td> <td>325</td> <td>90</td> </tr> <tr> <td>FIS-WL</td> <td>25</td> <td>200</td> </tr> <tr> <td>BI</td> <td>0</td> <td>60</td> </tr> <tr> <td>CL- TC</td> <td>90</td> <td>90</td> </tr> <tr> <td>Total WL</td> <td>350</td> <td>350</td> </tr> <tr> <td>Total</td> <td>440</td> <td>440</td> </tr> </tbody> </table> <p>Includes language that authorizes DMAS/DBHDS to create new Waivers if cost savings are realized.</p>		Previous	Proposed	CL - WL	325	90	FIS-WL	25	200	BI	0	60	CL- TC	90	90	Total WL	350	350	Total	440	440	<p>Supports the Governor's reallocation of Waivers and provides 144 additional Family and Individual Supports (FIS) Waivers:</p> <table border="1" data-bbox="743 662 1087 922"> <thead> <tr> <th></th> <th>Gov</th> <th>House</th> </tr> </thead> <tbody> <tr> <td>CL - WL</td> <td>90</td> <td>90</td> </tr> <tr> <td>FIS-WL</td> <td>200</td> <td>344</td> </tr> <tr> <td>BI</td> <td>60</td> <td>60</td> </tr> <tr> <td>CL-TC</td> <td>90</td> <td>90</td> </tr> <tr> <td>WL total</td> <td>350</td> <td>494</td> </tr> <tr> <td>TOTAL</td> <td>440</td> <td>584</td> </tr> </tbody> </table> <p>Strikes language authorizing DBHDS/DMAS to create new Waivers if cost savings are realized.</p>		Gov	House	CL - WL	90	90	FIS-WL	200	344	BI	60	60	CL-TC	90	90	WL total	350	494	TOTAL	440	584	<p>Supports the Governor's reallocation of Waivers and provides 150 additional Family and Individual Support (FIS) Waivers:</p> <table border="1" data-bbox="1171 662 1537 922"> <thead> <tr> <th></th> <th>Gov</th> <th>Senate</th> </tr> </thead> <tbody> <tr> <td>CL - WL</td> <td>90</td> <td>80</td> </tr> <tr> <td>FIS-WL</td> <td>200</td> <td>360</td> </tr> <tr> <td>BI</td> <td>60</td> <td>60</td> </tr> <tr> <td>CL-TC</td> <td>90</td> <td>90</td> </tr> <tr> <td>WL total</td> <td>350</td> <td>500</td> </tr> <tr> <td>TOTAL</td> <td>440</td> <td>590</td> </tr> </tbody> </table> <p>Strikes language authorizing DMAS/DBHDS to create new Waivers if cost savings are realized.</p>		Gov	Senate	CL - WL	90	80	FIS-WL	200	360	BI	60	60	CL-TC	90	90	WL total	350	500	TOTAL	440	590	<p>Supports the Governor's reallocation of Waivers and provides 144 additional Family and Individual Supports (FIS) Waivers. Item 306 #4c</p> <p>Combined, these actions provide 494 Waivers for the DD Waiver waiting list effective July 1, 2017.</p> <table border="1" data-bbox="1604 769 1948 1029"> <thead> <tr> <th></th> <th>Gov</th> <th>CR</th> </tr> </thead> <tbody> <tr> <td>CL - WL</td> <td>90</td> <td>90</td> </tr> <tr> <td>IFS-WL</td> <td>200</td> <td>344</td> </tr> <tr> <td>BI</td> <td>60</td> <td>60</td> </tr> <tr> <td>CL-TC</td> <td>90</td> <td>90</td> </tr> <tr> <td>WL total</td> <td>350</td> <td>494</td> </tr> <tr> <td>TOTAL</td> <td>440</td> <td>584</td> </tr> </tbody> </table> <p>Strikes language authorizing DBHDS/DMAS to create new Waivers if cost savings are realized. Item 306 #14c</p>		Gov	CR	CL - WL	90	90	IFS-WL	200	344	BI	60	60	CL-TC	90	90	WL total	350	494	TOTAL	440	584
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<p>Training Centers</p>	<p>Proceeds with the scheduled closures of SWVTC (2018) and CVTC (2021).</p>	<p>Proceeds with the scheduled closure of CVTC (2021).</p>	<p>Proceeds with the closures of SWVTC (2018) and CVTC (2021).</p> <p>Provides \$230,000 for an environmental site assessment</p>	<p>Proceeds with the scheduled closure of SWVTC (2018) and CVTC (2021). All three bills to keep Training Centers open were also</p>																																																																																				

<p>Training Centers (cont'd)</p>	<p>Includes language amendment that appeared to result in continued operation of SWVTC.</p> <p>Provides \$430,000 for an environmental site assessment for CVTC. That language states that “DBHDS shall work with Dept. of Environmental Quality to complete the site assessment. It is the intent of the General Assembly that the Division of Land Protection and Revitalization complete the site assessment and report on the required remediation activities and associated cost no later than November 1, 2017. In developing the estimated costs for remediation, the use of labor from the Dept. of Corrections shall be required. “</p> <p>Includes \$2.5 million for “high turnover” positions at state facilities (and other state employees).</p>	<p>for CVTC. That language states that “DBHDS shall work with Dept. of Environmental Quality to complete the site assessment. It is the intent of the General Assembly that the Division of Land Protection and Revitalization complete the site assessment and report on the required remediation activities and associated cost no later than November 1, 2017. In developing the estimated costs for remediation, the use of labor from the Dept. of Corrections shall be required. “</p> <p>Includes \$2.5 million or a targeted 4% raise for DBHDS high-turnover direct-care positions at state facilities.</p> <p>Adds language (Item 284#6s) proposing that the Special Joint Committee to Consult on the Training Center Closures work with the Secretary of Health and Human Resources “to develop and evaluate a plan to maintain operation of a smaller facility at the Central Virginia Training Center to “continue to serve individual for which care in a training center is appropriate.” In addition to considering operating and capital costs, the Committee is required to “consider all other relevant factors for the plan.” The Senate</p>	<p>defeated (SB 1551, HB 1583, HB 1972)</p> <p>Directs that cost savings obtained from the sale of Training Center land be used to develop community supports for people with complex behavioral or medical needs(see Trust Fund item for details).</p> <p>Includes language that directs ‘the Joint Subcommittee to Consult on the Plan to Close State Training Centers, in collaboration with the Department of Behavioral Health and Developmental Services, “to <u>develop and evaluate</u> a plan for consideration of operating a smaller state training center to serve those individuals for which care in a training center is appropriate. The Joint Subcommittee <u>shall evaluate and determine the operating costs, capital costs, and consider all other relevant factors in developing the plan for consideration.</u> The Joint Subcommittee shall make recommendations related to the consideration of the plan to the General Assembly by November 30, 2017” Item 1 #8c</p> <p>Provides \$260,000 from the general fund the second year to the Department of General Services to conduct an environmental site assessment, and other studies as determined by the department and available funding allows, needed to assess real property at the Central</p>
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<p>Training Centers (cont'd)</p>			<p>budget also includes the \$430,000 for the site assessment at CVTC.</p> <p>The Senate Budget also includes \$2.5 million to provide pay increases for remaining staff at state institutions, including the remaining Training Centers.</p>	<p>Virginia Training Center site. A report on the department's findings shall be provided to the Governor and Chairmen of the House Appropriations and Senate Finance Committees no later than November 1, 2017." Item 78 #1c</p> <p>Provides an additional 2% pay raise for direct care worker positions at Training Centers that continue to have high turnover. Item 475 #5c</p>
<p>Inclusive Education Implementation Plan</p>	<p>No language</p>	<p>The House budget includes budget language that requires the Virginia Department of Education (VDOE) to develop a Statewide Inclusion Implementation Plan for students with developmental disabilities. The House budget also includes \$23,000 to help support the development of the plan.</p>	<p>No language</p>	<p>The Inclusion Implementation Plan language was <u>not</u> included in the final budget.</p> <p>There is an amendment that shifts \$150,000 each year from principal training to assistance for teacher professional development on the subject of issues related to high-needs students. Item 131 #1c.</p>
<p>Inclusive Education- CSA Reform</p>	<p>Fund increasing caseload and service costs in the CSA program. Provides \$44.1 million in FY17 and \$44.5 million in FY 18 to fund anticipated caseload and expenditure growth for services provided to youth through the Children's Services Act. "The program is anticipated to grow at approximately 6 percent each year, with the majority of growth occurring in the area of private special education services, which are mandated by federal law."</p>	<p>House budget includes language requiring an implementation plan to transfer CSA funding for students with disabilities to the Virginia Dept. of Education.</p>	<p>The Senate budget includes language directing the the Office of Children's Services, in collaboration with the Department of Education and the Department of Planning and Budget, to convene an implementation workgroup to assess and determine the actions necessary to implement several options related to the growth in private educational placements paid for through the</p>	<p>Establishes a Joint Subcommittee for Health and Human Resources Oversight. Also establishes workgroup of the Subcommittee to explore restructuring the CSA program.</p> <p>Directs staff of HHR and Education Subcommittees of Appropriations and Senate Finance to facilitate a workgroup to examine the options and determine the actions necessary to better manage the quality and costs of private day educational</p>

<p>Inclusive Education- CSA Reform (cont'd)</p>			<p>Children's Services Act (CSA). A report was issued in November 2016 detailing various options for the General Assembly to consider related to private day placements. This workgroup moves forward with the next step to determine how to implement each option for consideration to be included in the next 2018-20 biennial budget. In light of cost increases in recent years, various options are being considered to ensure appropriate alignment of decision making and the financial responsibility for private day placements.</p> <p>Detailed language in amendment 285#1s</p>	<p>programs currently funded through the Children's Services Act (CSA).</p> <p>c. In examining the options, the workgroup shall consider: (i) amending the CSA to transfer the state pool funding for students with disabilities in private day educational programs to the VDOE; (ii) the identification and collection of data on an array of measures to assess the efficacy of private special education day school placements; (iii) the identification of the resources necessary in order to transition students in private day school settings to a less restrictive environment; (iv) the role of Local Education Agencies in determining placements and overseeing the quality, cost and outcome of services for students with disabilities in private day educational programs; and (v) an assessment of the Individualized Education Program (IEP) process as compared to federal requirements, including how that process relates to the role of CSA Family Assessment and Planning Team (FAPT) in determining services for students with disabilities whose IEP requires private day educational placement.</p> <p>d. The workgroup shall examine: (i) funding impacts; (ii) necessary statutory, regulatory or budgetary changes; and (iii) other relevant actions necessary to implement any recommended actions. A report on</p>
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				any preliminary findings and recommendations shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2017. Item 1 #6c
Cost-Sharing for Medicaid Services and JLARC Study	No language	No language	<p>Requires cost-sharing for Medicaid long term care services, based on family income:</p> <p>“The Department of Medical Assistance Services shall develop a plan to implement cost-sharing requirements based on family income for individuals eligible for long-term services and supports through the optional 300 percent of SSI eligibility category and apply to the Centers for Medicare and Medicaid Services for approval to implement the cost-sharing plan.”</p> <p>The Senate budget bill also directs DMAS to report on implementation of the JLARC recommendations:</p> <p>5. The Department of Medical Assistance Services shall assess and report on additional or different resources needed to implement recommendations in the Joint Legislative Audit and Review Committee (JLARC) report Managing Spending in Virginia's Medicaid Program.</p>	<p>Amends cost-sharing language to clarify that cost sharing requirements shall not be implemented unless approved by the General Assembly.</p> <p>“The Department of Medical Assistance Services shall develop a proposal for cost sharing requirements based on family income for individuals eligible for long-term services and supports through the optional 300 percent of Supplemental Security Income eligibility category and submit the proposal to the Centers for Medicare and Medicaid Services to determine if such a proposal is feasible. No cost sharing requirements shall be implemented unless approved by the General Assembly.</p> <p>“The Department of Medical Assistance Services shall assess and report on additional or different resources needed to implement recommendations in the Joint Legislative Audit and Review Committee (JLARC) report Managing Spending in Virginia's Medicaid Program. The department shall submit its report to the Chairmen of the House Appropriations and</p>
Cost-Sharing for Medicaid Services and JLARC Study (cont'd)				

			The department shall submit its report to the Chairmen of the House Appropriations and Senate Finance Committees no later than November 1, 2017.	Senate Finance Committees no later than November 1, 2017.” Item 306 #11c
Consumer Directed Services	Allows DMAS to authorize overtime for attendants providing CD services. Provides \$8.5 million GF (\$17 million) to pay overtime compensation to attendants providing consumer-directed services under the Medicaid Waivers. This amendment replaces languages prohibiting overtime hours being worked by consumer directed attendance with language that allows DMAS to pay time and half for up to 56 hours for a single attendant.	Reinstates prohibition on overtime for consumer-directed services.	Reinstates prohibition on overtime for consumer-directed services. The Senate budget also requires DMAS to establish an “Electronic Visit Verification” program.	Reinstates prohibition on overtime for consumer-directed services. Item 306 #18c The budget also requires DMAS to establish an “Electronic Visit Verification” program. Item 306 #14c
Sponsored Residential Services-Customized Rate	No language	No language	Provides \$250,000 GF (\$500,000 total) to implement a customized rate. The Senate budget also extends the study on the impact of Waiver changes on Sponsored Residential services.	Directs DBHDS to implement a customized rate for individuals with complex support needs who receive sponsored residential services. Item 306 #12c Requires a study to collect information and feedback related to payments to family homes and the impact of changes to the rates on family homes statewide from sponsored residential providers and family home providers. Language extends collaborative efforts to collect information and feedback to other provider groups and specifies additional data elements to review. Language also requires a report on

				the findings of this analysis to the Governor and the Chairmen of the money committees. Item 306 #16c
Waiver Redesign/SIS	No language dealing specifically with the SIS or reporting on DD Waiver.	<p>House budget requires a report on Waiver Redesign and the services utilized by people who have recently received Waiver services:</p> <p>The Department of Behavioral Health and Developmental Services shall provide a progress report on the implementation of the Developmentally Disabled Waiver programs to include information about the population served by the waivers, SIS scores, and service utilization and expenses for (i) individuals who have used waiver services for less than one year and (ii) individuals who have used waiver services for 1-5 years. The department shall submit this report by October 1, 2017 to the Chairmen of the House Appropriations and Senate Finance Committees.</p>	<p>The Senate budget directs the Department of Behavioral Health and Developmental Services to notify DD Wavier participants of their SIS score and appeal rights. Participants in the DD Waiver programs shall be provided a copy of the SIS form in advance of their meeting with the assessor, as well as any standard operating procedures for the SIS assessment process. Participants shall have the right to appeal their SIS score up to 90 days after receiving notification for the assigned SIS score. Finally, the Senate budget establishes an annual workgroup to oversee and gather feedback on the Supports Intensity Scale (SIS) assessment process.</p>	<p>Directs the DMAS and DBHDS to establish and convene an annual stakeholders' workgroup on issues related to the developmental disability waiver programs. Specifically, the workgroup will examine issues related to the tools to assess individual support needs, the assigned payment levels for providers, and the communication of these matters to individuals, families, case managers, providers and others. Item 310 #1c</p>
Medicaid/ Managed Care Managed Care Special Joint Committee	<p>Provides funding to conduct readiness reviews for new managed care organizations (MCO). The new organizations would operate as part of the re-procured Medallion (4.0) program, which currently serves more than 700,000 individuals. A readiness review is an impartial assessment</p>	<p>Improve Medicaid's Capitation Rate Setting Process</p> <p>Medicaid Cap on Managed Care Organization Profits</p>	<p>Eliminate new funding for managed care readiness reviews.</p> <p>Managed Care requirements and oversight (language).</p> <p>Notice of MCO rate setting and impact (language).</p>	<p>The Chairmen of the House Appropriations and Senate Finance Committees shall each appoint four members from their respective committees to a <u>Joint Subcommittee for Health and Human Resources Oversight</u> to respond to federal health care changes, provide ongoing oversight</p>

	<p>to assess a health plan’s preparedness to operate as a Medicaid MCO.</p> <p>Expands Ombudsman services to meet federal MLTSS requirements. Adds 6 positions to expand the State Office of Long-Term Care Ombudsman to support Medicaid Managed Long Term Services and Supports (MLTSS) program, known as CCC Plus when it is implemented in Virginia.</p>	<p>Medicaid Improvements in Long Term Care Services and Supports Screening</p> <p>Long Term Care Requirements of DMAS (HB2304)</p> <p>Creates a Joint Subcommittee of the House and Senate money committees to respond to federal health care changes, provide ongoing oversight of the Medicaid and children’s health insurance programs and oversight of Health and Human Resources agency data, information, operations and activities to ensure continuity during transition between administrations.</p> <p>Language explicitly states that the Subcommittee will examine progress made in implementing changes to: “Medicaid Waiver programs including the Medicaid waivers serving individuals with developmental disabilities.” More details in the amendments.</p>	<p>Independent Review of CCC Plus Managed Care Program and Rates (250,000)</p> <p>The Senate budget establishes that joint Committee to review and monitor federal changes to health care laws that would impact the Commonwealth and provide oversight of the Health and Human Resources agencies. The committee “shall evaluate proposals that would block grant the Medicaid program. The evaluation shall consider the advantages and disadvantages of such proposal and develop estimates of any fiscal impact on Virginia related to specific proposals. The Joint Subcommittee shall develop recommendations for consideration by the General Assembly to prepare for implementation of a block grant for any such proposal being considered by Congress. The senate budget also provides \$1 million the first year to procure a contract with a health policy organization to develop population health strategy to build on vision of integrated care and develop a specific implementation strategy with the other overall population health plan specifically for behavioral health. More details in the amendment.</p>	<p>of the Medicaid and children's health insurance programs and oversight of Health and Human Resources agencies. The members of the Joint Subcommittee shall elect a chairman and vice chairman annually.</p> <p>2. The Joint Subcommittee shall monitor, evaluate and respond to federal legislation that repeals, amends or replaces the Affordable Care Act (ACA), Medicaid (Title XIX of the Social Security Act), the Children's Health Insurance Program (Title XXI of the Social Security Act) or any proposals to block grant or change the method by which these programs are funded. The joint subcommittee shall recommend actions to be taken by the General Assembly to address the impact of any such federal legislation that would affect the state budget and health care coverage now available to Virginians. Furthermore, the subcommittee shall evaluate federal changes for opportunities to improve Virginia's Medicaid and other health insurance programs.</p> <p>3. The Joint Subcommittee shall provide ongoing oversight of initiatives and operations of the Health and Human Resources agencies. The joint subcommittee shall examine progress made in implementing changes to:</p> <p>(i) Medicaid managed care long-</p>
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			<p>term supports and services (the Commonwealth Coordinated Care Plus program) and changes to the Medallion program;(ii) Medicaid waiver programs including the Medicaid waivers serving individuals with developmental disabilities; (iii) the Medicaid Enterprise System; (iv) improve eligibility, enrollment and renewal processes in the Medicaid and CHIP programs; (v) the organizational structure and realignment of staff and resources of the Department of Medical Assistance Services resulting from the change from a fee-for-service to a managed care delivery system; (vi) improve the cost effective delivery of services through the Comprehensive Services Act; and (vii) initiatives and programmatic changes across the Health and Human Resources agencies to ensure efficient and effective use of resources across the Secretariat. 4. The Joint Subcommittee may seek support and technical assistance from staff of the House Appropriations and Senate Finance Committees, the staff of the Joint Legislative Audit and Review Commission, and the staff of the Department of Medical Assistance Services. Other state agency staff shall provide support upon request."</p> <p>Explanation: (This amendment adds language creating a joint subcommittee of the House Appropriations and Senate Finance</p>
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				Committees to respond to federal health care changes, provide oversight of the Medicaid and children's health insurance programs, and provide oversight of Health and Human Resources agency operations.) Item 1 #13c
Children's Crisis	Provide for \$1M "to divert and discharge children from the Commonwealth Center for Children and Adolescents." HHR Budget Summary states that it will be used to purchase private inpatient beds and create community-based service plans for those children who have been deemed ready for discharge	Appears to support Governor's proposal.	Appears to support Governor's proposal	Support the Governor's proposal.
DBHDS Trust Fund	Appropriates 8.6 million in trust fund dollars to be used for "expenditures needed to comply with the Department of Justice Settlement Agreement, including crisis stabilization services, improving quality management, and expanding availability of community-based housing options. These funds are anticipated to be available due to the planned sale of Northern Virgin Training Center. The majority of funds will be expended on services to individuals in the NVTC catchment area."		Reduces \$2 million in trust fund dollars designed for DOJ related community capacity development. (This amendment eliminates \$2.0 million in non-general fund appropriation the second year from the Behavioral Health Trust Fund that was provided in the introduced budget for issuing a request for proposals to develop providers in Virginia for individuals with intellectual and developmental disabilities with significant behavioral and mental health support needs requiring out-of-state congregate care. In addition, language is added to specify the purpose of the remaining \$6.5 million in appropriation. The introduced	Provides \$8,550,000 from the DBHDS Trust Fund to be used for: (i) development of behavior/medical intense programs; (ii) subsidies for capital costs associated with rental units; (iii) establishment of a House Call Program in Northern Virginia; (iv) support for individual crisis events; and (v) development of providers in Virginia for individuals with intellectual and developmental disabilities with significant behavioral and mental health support needs. Item 315 #5c

			<p>budget appropriated a total of \$8.5 million from the trust fund.)</p> <p>KK. Out of this appropriation, \$6,550,000 is provided from the Behavioral Health and Developmental Disabilities Trust Fund as follows: (i) \$4,500,000 for the development of behavior/medical intense programs; (ii) \$1,250,000 to subsidize capital costs associated with rental units; (iii) \$500,000 for a House Call Program in Northern Virginia; and (iv) \$300,000 for individual crisis events."</p>	
<p>Transparency</p>		<p>V. The Department of Behavioral Health and Developmental Services shall provide a report on the management and characteristics of individuals on the waiting list for services through the Developmentally Disabled Waiver programs. The report shall include (i) the age and demographics of waiting list individuals and families, (ii) the number of individuals designated as Priority 1, 2 and 3 on the waiting list, (iii) the number of individuals who meet each of the criteria items for Priority 1, and (iii) services being requested by individuals on the Priority 1 waiting list, The department shall submit this report by October 15, 2017 to the</p>	<p>Increased Transparency: The Senate budget adds language that requires "Medicaid and other agency data stored in the agency's data warehouse available through DMAS' website that includes at minimum, interactive tools for the user to select, display, manipulate and explore requested data." The Senate budget also requires" DPB, collaboration with DMAS, HAC and SFC, shall convene a workgroup to evaluate the Medicaid reforecasting process for transparency and accuracy. The workgroup shall examine how the results of the forecast should be reflected in the amendments in the introduced budget to better explain the</p>	<p>Directs DMAS to create a web-based interface for the public to easily access agency data. Item 310 #2c</p> <p>Directs DBHDS to provide a progress report on the implementation of the Developmentally Disabled Waiver programs to include information about the population served by the waivers, the level and reimbursement tier, and service utilization and expenses for (i) individuals who have used waiver services for less than one year and (ii) individuals who have used waiver services for 1-5 years. The department shall submit this report by October 15, 2017 to the Chairmen of the House</p>

		<p>Chairmen of the House Appropriations and Senate Finance Committees)</p>	<p>drivers of Medicaid requirements.”</p>	<p>Appropriations and Senate Finance Committees.</p> <p>Directs DBHDS to provide a report on the management and characteristics of individuals on the waiting list for services through the Developmentally Disabled Waiver programs. The report shall include (i) the age of individuals on the waiting list, and (ii) the number of individuals designated as Priority 1, 2 and 3 on the waiting list. The department shall submit this report by October 15, 2017 to the Chairmen of the House Appropriations and Senate Finance Committees." Item 313 #4c</p>
<p>System Reform</p>	<p>Provides \$4.5 million to hire an independent contractor to “expedite transformation of Virginia’s community mental health system.” Funds will be used to conduct an assessment of currently available services and a gap study, in addition to a high-level design of efforts to ensure same-day access for individuals accessing services through community services boards. In addition, the study will include an assessment of the effectiveness and efficiency of the Department of Behavioral Health and Developmental Services’ organizational structure. The assessment shall also review the department’s management of the services delivered by the agency or through the CSBs. Full excerpt of</p>	<p>Eliminates funding for statewide gap analysis. Instead provides \$500,000 to develop a plan to restructure the behavioral health system.</p>	<p>Eliminates funding for statewide gap analysis. Instead provides \$500,000 to the Joint Committee on Mental Health.</p> <p>Also provides \$1M to develop a population health strategy and behavioral health plan.</p>	<p>Provides \$250,000 for the HHR Systems Transformation Initiative:</p> <p>Item 284 #2c</p>

	budget language included at the end of this document.			
Long-Term Employment Supports	Reduces Long Term Employment Support Services (LTESS) by \$375,000 in FY17 by \$10,661 in the second year.	Restores funds for long-term employment services (400,000).	No action	This amendment restores \$200,000 in fiscal year 2017 from the general fund for the Long -Term Employment Support Services (LTESS) program. LTESS provides a full array of employment support services to meet the needs of individuals with significant disabilities to maintain employment. LTESS funding was reduced in fiscal year 2017 in the introduced budget. Item 332 #2c

Other Items in the Final Budget:

- **Special Olympics Healthy Athlete Exam and Treatment Program received \$10,000.** “The program provides health exams to its athletes and other individuals with intellectual disability and links individuals to health care services. The program also trains health care professionals and students to treat individuals with intellectual disability. Funding will allow the program to serve more disabled individuals at the Special Olympics games, including athletes and other individuals with intellectual disability residing in the community who have unmet health care needs”
- **Supports Recommendations of [HB2304](#)**
- **Language re: Medicaid Long-Term Care Eligibility Screenings:**
 - The Department of Medical Assistance Services (DMAS) shall take actions to improve the reliability of Medicaid eligibility screenings for long-term services and supports, including: (i) validation of the children's criteria used with the Uniform Assessment Instrument to determine eligibility for Medicaid long-term services and supports, and (ii) design and implementation of an inter-rater reliability test for the pre-admission screening process. 2. The department shall work with relevant stakeholders to (i) assess whether hospital screening teams are making appropriate recommendations regarding placement in institutional care or home and community-based care; (ii) determine whether hospitals should have a role in the screening process; and (iii) determine what steps must be taken to ensure the Uniform Assessment Instrument is implemented consistently and does not lead to unnecessary institutional placements. 3. The department shall report to the General Assembly by December 1 on steps taken to address the risks associated with hospital screenings, including any statutory or regulatory changes needed to improve such screenings." Explanation: (This amendment adds \$687,500 from the general fund and a like amount of matching federal Medicaid funds the second year, four positions and language to implement recommendations from a recent review of the Virginia Medicaid Program by the Joint Legislative Audit and Review Commission to improve the reliability of Medicaid screening for long-term services and supports.)

- Adds Neonatal Abstinence Syndrome to the list of diseases that require reporting
- Parental Education Choice savings Accounts
- Mental Health Funding- Governor's budget provided \$25.2 million in mental health and substance abuse services. The House proposed \$19.5 million and the Senate proposed \$24.3 million. Final budget provides _____
- RTD Coverage over Overall House/Senate budgets- http://www.richmond.com/news/virginia/government-politics/general-assembly/article_6f52ea4e-eeaf-596c-88f4-e8dbdf4cfe8b.html
- RTD Coverage of the Conference Committee Report
- Conference Committee Press Release <https://t.co/qi9wLFQGFw>