

2001 SPECIAL SESSION I

ENGROSSED

012987238

HOUSE BILL NO. 11

House Amendments in [] — May 4, 2001

A BILL to amend and reenact Items 293.10, 299, 306, 315, 316, 318, 319, 321, 323, 329, 379, 380, 382, 386, and 525 of Chapter 1073 of the Acts of Assembly of 2000, and to amend Chapter 1073 of the Acts of Assembly of 2000 by adding an item numbered 541.10, to provide revenue and appropriate funds for health and human services.

Patron Prior to Engrossment—Delegate Hamilton

Referred to Committee on Appropriations

Be it enacted by the General Assembly of Virginia:

1. That Items 293.10, 299, 306, 315, 316, 318, 319, 321, 323, 329, 379, 380, 382, 386, and 525 of Chapter 1073 of the Acts of Assembly of 2000 be hereby amended and reenacted and that the cited chapter be further amended by adding Item 541.10 as follows:

OFFICE OF HEALTH AND HUMAN RESOURCES

293. Not set out.

COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES (200)

293.10.	Protective Services (45300)	154,586,836	112,545,805
		171,586,836	155,767,880
	Financial Assistance for Child and Youth Services (45303)	154,586,836	112,545,805
		171,586,836	155,767,880
Fund Sources:	General	105,522,493	80,655,144
		122,522,493	123,655,144
	Federal Trust	49,064,343	31,890,661
			32,112,736

Authority: Title 2.1, Chapter 46, Code of Virginia.

A. Out of this appropriation, \$1,064,245 the first year *from the general fund* and \$1,064,245 the second year *from the general fund nongeneral funds* shall be paid into the trust fund on the books of the State Comptroller, designated as "Community Services Trust Fund for Youth and Families." The general fund balance in the Fund shall not revert to the general fund at the end of the fiscal year, but shall be reappropriated for expenditure in the succeeding fiscal year. *The nongeneral funds shall be transferred from the Department of Social Services.*

B. The Department of Education shall serve as fiscal agent to administer funds cited in paragraphs A and C. The Director of the Department of Planning and Budget shall have authority to transfer the amounts cited in each of these paragraphs to the Department of Education *and to transfer funds between fiscal years to reimburse localities for mandated expenditures in excess of projections.*

C.1.a. Out of this appropriation, \$74,407,005 from the general fund and \$48,064,343 from nongeneral funds the first year and ~~\$72,842,934~~ \$79,342,934 from the general fund and ~~\$30,890,661~~ \$30,048,491 from nongeneral funds the second year, shall be used for the state pool of funds, pursuant to § 2.1-757, Code of Virginia. This appropriation shall consist of a Medicaid pool allocation, and a non-Medicaid pool allocation.

b. The Medicaid state pool allocation shall consist of \$23,424,987 from the general fund and \$39,644,345 from nongeneral funds the first year *and \$12,806,543 from the general fund and \$21,628,493 from nongeneral funds the second year.* The Office of Comprehensive Services will transfer these funds to the Department of Medical Assistance Services as they are needed to pay Medicaid provider claims.

c.1) Revenue derived from local governments for the local match share of Medicaid provider payments, when collected by the Office of Comprehensive Services on behalf of the Department of Medical Assistance Services, shall be paid into a special fund on the books of the State Comptroller, designated as "Comprehensive Services Act Local Match Fund." Revenues in the Comprehensive Services Act Local Match Fund shall be transferred by the Office of Comprehensive Services to the Department of Medical Assistance Services, in the form of a general fund appropriation, as needed for reimbursement of the local match share of Medicaid provider claims.

2) Revenues in the Comprehensive Services Act Local Match Fund shall not revert to the general

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57 fund at the end of the fiscal year, but shall be reappropriated for expenditure in the succeeding fiscal
58 year.

59 d. The non-Medicaid state pool allocation shall consist of \$50,982,018 from the general fund and
60 \$8,419,998 in nongeneral funds the first year and ~~\$58,368,949~~ \$66,536,391 from the general fund and
61 \$8,419,998 in nongeneral funds the second year. The nongeneral funds shall be transferred from the
62 Department of Social Services.

63 e. The Office of Comprehensive Services, with the concurrence of the Department of Planning and
64 Budget, shall have the authority to transfer the general fund allocation between the Medicaid and
65 non-Medicaid state pools in the event that a shortage should exist in either of the funding pools at the
66 end of the fiscal year.

67 f. The State Executive Council shall deny state pool funding to any locality not in compliance with
68 federal and state requirements pertaining to the provision of special education and foster care services
69 funded in accordance with § 2.1-757, Code of Virginia.

70 g. *The Commissioner of the Department of Social Services shall review all foster care prevention*
71 *cases exceeding six months. The Commissioner may provide written approval for up to an additional*
72 *ninety days of service at a time. Local governments shall establish procedures for collecting parental*
73 *co-pays in all appropriate cases.*

74 2.a. Out of this appropriation, ~~\$28,289,845~~ \$45,289,845 from the general fund and \$1,000,000 from
75 nongeneral funds the first year and ~~\$5,029,067~~ \$42,593,312 from the general fund and \$1,000,000 from
76 nongeneral funds the second year shall be set aside to pay for the state share of supplemental requests
77 from localities that have exceeded their state allocation for mandated services. The nongeneral funds
78 shall be transferred from the Department of Social Services.

79 b. In each year, the director of the Office of Comprehensive Services for At-Risk Youth and Families
80 may approve and obligate supplemental funding requests in excess of the amount in 2 a above, for
81 mandated pool fund expenditures up to 10 percent of the total general fund appropriation authority in
82 C1a in this Item.

83 c. Localities requesting funding from the set aside in paragraphs 2a and 2 b must demonstrate that
84 their request is based upon an increase in the number of mandated children or that the treatment costs
85 have increased due to the service needs of the children. Localities must also demonstrate they are in
86 compliance with all the provisions of the Comprehensive Services Act, including uniform assessment,
87 family assessment team reviews, and data collection.

88 3. Each locality receiving funds for activities under the Comprehensive Services Act (CSA) shall
89 have a utilization management process, approved by the State Executive Council, covering all CSA
90 services, and shall provide information as required by the Office of Comprehensive Services, to include,
91 but not be limited to expenditures, number of youth served in specific CSA activities, length of stay for
92 residents in core licensed residential facilities, and proportion of youth placed in treatment settings
93 suggested by a uniform assessment instrument.

94 4. The Secretary of Health and Human Resources, in consultation with the Secretaries of Education
95 and Public Safety, shall direct the actions for the Departments of Social Services, Education, Juvenile
96 Justice, Medical Assistance Services, Health, and Mental Health, Mental Retardation and Substance
97 Abuse Services, to implement, as part of ongoing information systems development and refinement,
98 changes necessary for state and local agencies to fulfill CSA reporting needs.

99 5. The State Executive Council shall provide localities with technical assistance on ways to control
100 costs and on opportunities for alternative funding sources beyond funds available through the state pool.

101 6. Out of this appropriation, \$50,000 from the general fund each year is provided for a combination
102 of regional and statewide meetings for technical assistance to local community policy and management
103 teams, family assessment and planning teams, and local fiscal agents. Training shall include, but not be
104 limited to, cost containment measures, utilization management, use of alternate revenue sources, and
105 administrative and fiscal issues. A state-supported institution of higher education, in cooperation with the
106 Virginia Association of Counties, the Virginia Municipal League, and the State Executive Council, may
107 assist in the provisions of this paragraph. Any funds unexpended for this purpose in the first year shall
108 be reappropriated for the same use in the second year.

109 7. The State Executive Council shall work with the Department of Medical Assistance Services'
110 existing preauthorization and utilization management contract with a qualified medical review
111 organization, in order to provide utilization management of residential placements provided to youth
112 under the Comprehensive Services Act who are not Medicaid eligible. A payment of \$175,000 each year
113 from the general fund shall be transferred to the Department of Medical Assistance Services for such
114 utilization management services. The Department of Medical Assistance Services, in cooperation with
115 representatives of the Virginia Association of Counties, the Virginia Municipal League, and the State
116 Executive Council, shall develop the criteria and guidelines to be followed by the utilization
117 management provider. *The State Executive Council shall deny funding to any locality that fails to*
118 *comply with the provisions of utilization management pursuant to § 2.1-746 of the Code of Virginia.*

8. Out of this appropriation, \$70,000 the first year and \$27,500 the second year from the general fund is provided for the Office of Comprehensive Services to contract for the development of a uniform Web-based system for CSA reporting requirements.

9. The State Executive Council shall implement a uniform assessment instrument consistent with the recommendations of the Joint Legislative Audit and Review Commission's findings from its review of the Comprehensive Services Act.

10. The Office of Comprehensive Services shall determine a mechanism for reporting children served by the program that will allow for data to be collected on the number of foster care children receiving only maintenance payments, and the amount paid for these children.

11. For purposes of defining cases involving only the payment of foster care maintenance, pursuant to § 2.1-755, Code of Virginia, the definition of foster care maintenance used by the Virginia Department of Social Services for federal Title IV-E shall be used.

12. The State Executive Council shall develop policies and procedures to validate compliance for any locality that exceeds prior year expenditures by more than fifteen percent. These areas for review shall include, but not be limited to, utilization management practices, compliance with state and federal foster care and special education provisions, parental co-pays, child support collections, and the use of federal funds.

D. The funding formula to carry out the provisions of the Comprehensive Services Act for At-Risk Youth and Families is as follows:

1. Allocations. The allocations for the Medicaid and non-Medicaid pools shall be the amounts specified in paragraphs C 1 b and C 1 d in this Item. These funds shall be distributed to each locality in each year of the biennium based on the greater of that locality's percentage of actual 1997 Comprehensive Services Act pool fund program expenditures to total 1997 pool fund program expenditures or the latest available three-year average of actual pool fund program expenditures as reported to the state fiscal agent.

2. Local Match. All localities are required to appropriate a local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for the Comprehensive Services Act for At-Risk Youth and Families. This local match rate shall also apply to all reimbursements under this Item, including trust fund reimbursements under paragraph A in this Item as well as administrative reimbursements under paragraph D 3 in this Item. Revenue derived from local governments for the local match share of Medicaid provider payments, when collected by the Office of Comprehensive Services on behalf of the Department of Medical Assistance Services, shall be paid into a special fund on the books of the State Comptroller, designated as the "Comprehensive Services Act Local Match Fund." Revenues in the Comprehensive Services Act Local Match Fund shall be transferred by the Office of Comprehensive Services to the Department of Medical Assistance Services as needed for reimbursement of the local match share of Medicaid provider claims. Revenues in the Comprehensive Services Act Local Match Fund shall not revert to the general fund at the end of the fiscal year, but shall be reappropriated for expenditure in the succeeding fiscal year.

3. Local Administrative Costs. Out of this appropriation, an amount equal to two percent of the fiscal year 1994 pool fund allocations, not to exceed \$1,466,398 from the general fund each year, shall be allocated among all localities for administrative costs. Every locality shall be required to appropriate a local match based on the local match contribution in paragraph D 2 of this Item. Inclusive of the state allocation and local matching funds, every locality shall receive the larger of \$12,500 or an amount equal to two percent of the total pool allocation. No locality shall receive more than \$50,000, inclusive of the state allocation and local matching funds. Localities are encouraged to use administrative funding to hire a full-time or part-time local coordinator for the Comprehensive Services Act program. Localities may pool this administrative funding to hire regional coordinators.

4. Definition. For purposes of the funding formula in the Comprehensive Services Act for At-Risk Youth and Families, "locality" means city or county.

E. Any unexpended general fund balance in this Item on June 30 each year shall not revert to the general fund but shall be reappropriated for expenditure in the succeeding year.

F. The State Executive Council shall assist the joint legislative subcommittee and executive commission, which are reviewing the public system of care for mentally disabled persons, in studying the use of state-operated facilities by Community Policy and Management teams for the provision of services under the Comprehensive Services Act.

G. The Department of Planning and Budget, in conjunction with the Office of Comprehensive Services, shall examine the Comprehensive Services Act regarding expenditure growth, Medicaid utilization patterns, and use of Title IV-E. The Director, Department of Planning and Budget, shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than September 1, 2000, with the findings from the examination, including initial recommendations regarding the appropriate funding levels for the first and second year of the biennium.

180 As a part of the study, the Director shall examine whether the current forecasting and budgeting process
 181 for the program needs to be changed.

182	Total for Comprehensive Services		154,586,836	112,545,805
183	for At-Risk Youth and Families			
184			171,586,836	155,767,880
185	Fund Sources:	General	105,522,493	80,655,144
186			122,522,493	123,655,144
187		Federal Trust	49,064,343	31,890,661
188				32,112,736

189 294. through 298. Not set out.

190 Department of Health (601)

191	299.	Administrative and Support Services	12,853,452	10,067,300
192		(44900)		
193				13,060,300
194		General Management and Direction (44901)	3,249,956	3,257,724
195		Computer Services (44902)	4,588,123	1,790,372
196				4,783,372
197		Accounting and Budgeting Services (44903)	1,852,496	1,854,040
198		Personnel Services (44914)	1,758,179	1,759,678
199		Procurement and Distribution Services	1,404,698	1,405,486
200		(44918)		
201	Fund Sources:	General	11,691,879	8,905,385
202				11,898,385
203		Special	1,161,573	1,161,915

204 Authority: §§ 3.1-530.1 through 3.1-530.9, 3.1-562.1 through 3.1-562.10, 32.1-11.3 through
 205 32.1-11.4, 32.1-16 through 32.1-23, 35.1-1 through 35.1-7, and 35.1-9 through 35.1-28, Code of
 206 Virginia.

207 As a condition of this appropriation, the Virginia Department of Health shall submit written status
 208 reports to the Secretary of Health and Human Resources and the Directors of the Department of
 209 Planning and Budget and the Department of Technology Planning on the stabilization and development
 210 of its information technology systems, specifically the Virginia Information Systems Integrated On-line
 211 Network (VISION). These reports shall be submitted on a quarterly basis, commencing on July 1, 2000,
 212 and continuing until all VISION modules have been implemented.

213 300. through 305. Not set out.

214	306.	Special Health Improvement and	7,334,134	7,313,064
215		Demonstration Services (42000)		
216				7,113,064
217		Pilot and Demonstration Services (42001)	7,334,134	7,313,064
218				7,113,064
219	Fund Sources:	General	3,510,863	3,488,953
220				3,288,953
221		Special	1,627,657	1,628,421
222		Dedicated Special Revenue	1,319,126	1,319,126
223		Federal Trust	876,488	876,564

224 Authority: § 32.1-2, Code of Virginia.

225 A.1. Out of this appropriation, \$1,342,544 the first year and \$1,342,544 the second year is provided
 226 from the general fund, \$700,000 the first year and \$700,000 the second year from the federal Temporary
 227 Assistance for Needy Families (TANF) grant, and \$100,000 the first year and \$100,000 the second year
 228 from other nongeneral funds to the Comprehensive Health Investment Project of Virginia (CHIP of
 229 Virginia), subject to availability of foster care prevention funding being transferred from the Department
 230 of Social Services. The purpose of the program is to develop, expand, and operate a network of local
 231 public-private partnerships providing comprehensive care coordination, family support and preventive

medical and dental services to low-income, at-risk children. General fund appropriations from this Item for CHIP projects shall be used to pay for local services and shall not be used for administrative costs. CHIP of Virginia shall continue to pursue raising funds and in-kind contributions from local communities. It is the intent of the General Assembly that CHIP program increase their efforts to raise funds from local communities and other private or public sources with the goal of reducing the reliance on general fund appropriations in the future.

2. Out of the appropriation for CHIP of Virginia, \$58,068 in the first year and \$58,068 in the second year shall be used as matching funds to add three full-time equivalent public health nurse positions to expand services in the Roanoke Valley and Allegheny Highlands.

3. By September 30, 2000, and by September 30, 2001, CHIP of Virginia shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees on the operations of the local CHIP offices, the effectiveness of the activities provided through the local offices, the number of children and families served, services provided, program and administrative costs, and funding.

B. Out of this appropriation shall be provided \$37,500 the first year and \$37,500 the second year from the general fund for the Virginia Transplant Council's educational activities.

C. Out of this appropriation shall be provided \$125,000 the first year and \$125,000 the second year from the general fund for the Arlandria Health Center for Women and Children. The Health Center shall pursue raising funds and in-kind contributions from the local community.

D. Out of this appropriation shall be provided \$25,000 the first year and \$25,000 the second year from the general fund for the Louisa County Resource Council. The Council shall continue to pursue raising funds and in-kind contributions from the local community.

E. Out of this appropriation, \$20,000 the first year and \$20,000 the second year from the general fund shall be provided to the Olde Towne Medical Center.

F. Out of this appropriation shall be provided \$25,000 the first year and \$25,000 the second year from the general fund for Women's Health Virginia, a statewide initiative to promote and improve women's and girls' health in Virginia, for an annual conference and for health education, prevention and research activities. Women's health Virginia shall pursue raising funds and in-kind contributions from private and other public sources.

G. Out of this appropriation, \$275,000 the first year and \$275,000 the second year from the general fund shall be provided to the Virginia Primary Care Association for the purchase of pharmaceuticals and medically necessary pharmacy supplies, and to provide pharmacy services to low-income, uninsured patients of the Community and Migrant Health Centers throughout Virginia. The uninsured patients served with these funds shall have family incomes no greater than 200 percent of the federal poverty level. The amount allocated to each Community and Migrant Health Center shall be determined through an allocation methodology developed by the Virginia Primary Care Association. The allocation methodology shall ensure that funds are distributed such that the Community and Migrant Health Centers are able to serve the pharmacy needs of the greatest number of low-income, uninsured persons. The Virginia Primary Care Association shall establish accounting and reporting mechanisms to track the disbursement and expenditure of these funds. The Virginia Primary Care Association shall submit a final report regarding the disbursement and expenditure of these funds and the number of low-income, uninsured persons receiving pharmaceuticals to the Commissioner of Health, the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care no later than August 1, 2000.

H. Out of this appropriation, \$976,000 the first year and \$1,084,000 the second year from the general fund shall be provided to the Virginia Association of Free Clinics for the purchase of pharmaceuticals and medically necessary pharmacy supplies, and to provide pharmacy services to low-income, uninsured patients of the Free Clinics throughout Virginia. The amount allocated to each Free Clinic shall be determined through an allocation methodology developed by the Virginia Association of Free Clinics. The allocation methodology shall ensure that funds are distributed such that the Free Clinics are able to serve the pharmacy needs of the greatest number of low-income, uninsured adults. The Virginia Association of Free Clinics shall establish accounting and reporting mechanisms to track the disbursement and expenditure of these funds. The Virginia Association of Free Clinics shall submit a final report regarding the disbursement and expenditure of these funds and the number of low-income, uninsured persons receiving pharmaceuticals to the Commissioner of Health, the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care no later than August 1, 2000.

I. The Department of Health shall conduct a study of the cost-effectiveness and medical efficacy of its telemedicine projects located in Lancaster County, Lee County, and the City of Danville. The Department shall provide initial results of this study to the Chairmen of the Senate Finance Committee, the House Appropriations Committee, and the Joint Commission on Health Care prior to December 1, 2000. The final report shall be submitted prior to October 1, 2001.

293 J. Out of this appropriation, \$40,000 the first year and \$35,000 the second year from the general
 294 fund is provided to the Department of Health and the Virginia Transplant Council for development of a
 295 Virginia Organ and Tissue Donor Registry, in cooperation with the Department of Motor Vehicles.

296 307. through 314. not set out.

297	Total for Department of Health	420,834,965	417,927,722
298			420,720,722
299	General Fund Positions	1,719.00	1,719.00
300	Nongeneral Fund Positions	1,971.00	1,971.00
301	Position Level	3,690.00	3,690.00
302	Fund Sources: General	146,048,965	143,062,225
303			145,855,225
304	Special	104,700,394	104,756,001
305	Dedicated Special Revenue	82,433,070	82,433,070
306	Federal Trust	87,652,536	87,676,426

307 Department of Health Professions (223)

308	315.	Regulation of Professions and Occupations	14,164,562	14,881,245
309		(56000)		
310				15,366,482
311		Technical Assistance to Regulatory Boards	14,164,562	14,881,245
312		(56044)		
313				15,366,482
314	Fund Sources: General	40,000		40,000
315		Dedicated Special Revenue	14,124,562	14,841,245
316				15,326,482

317 Authority: Title 54.1, Chapter 25, Code of Virginia.

318 A. Costs for professional regulation may be met by fees paid by the respective professions.

319 B. Out of this appropriation, \$40,000 the first year and \$40,000 the second year from the general
 320 fund is provided for the Board of Nursing to collect, store, and make available to interested parties
 321 workforce data from registered nurses, licensed practical nurses and certified nurse aides.

322	Total for Department of	14,229,562	14,946,245
323	Health Professions		
324			15,431,482
325	Nongeneral Fund Positions	133.00	133.00
326	Position Level	133.00	133.00
327	Fund Sources: General	40,000	40,000
328		Special	65,000
329		Dedicated Special Revenue	14,124,562
330			14,841,245
			15,326,482

331 Department of Medical Assistance Services (602)

332	316.	Administrative and Support Services (47900)	83,072,842	63,298,460
333			87,550,606	74,053,588
334		General Management and Direction (47901)	65,974,706	46,200,324
335			70,452,470	56,955,452
336		Computer Services (47902)	17,098,136	17,098,136
337	Fund Sources: General	23,872,483		21,926,899
338			25,102,100	24,093,951
339		Special	50,000	50,000
340		Federal Trust	59,150,359	41,321,561
341			62,398,506	49,909,637

342 Authority: Title 32.1, Chapters 9 and 10, Code of Virginia; P.L. 89-87, as amended, Title XIX,
 343 Social Security Act, Federal Code.

344 A. By November 15 of each year, the Department of Planning and Budget, in cooperation with the
 345 Department of Medical Assistance Services, shall prepare and submit a forecast of Medicaid
 346 expenditures, upon which the Governor's budget recommendations will be based, for the current and
 347 subsequent two years to the Chairmen of the House Appropriations and Senate Finance Committees. The
 348 forecast shall detail the number of new nursing home beds expected to be added each year and the

resulting impact on the Medicaid budget.

B.1. As a condition of this appropriation, the Department of Medical Assistance Services shall submit written status reports to the Secretary of Health and Human Resources and the Directors of the Department of Planning and Budget and the Department of Technology Planning on the development and implementation of its new Medicaid Management Information System. These reports shall be submitted on a quarterly basis, commencing on July 1, 2000, and continuing until the new system has received its certification from the Health Care Financing Administration.

2. *If implementation of the new Medicaid Management Information System is delayed in fiscal year 2002 to the point that it is unlikely to receive Health Care Financing Administration certification and the resulting retroactive adjustment in federal financial participation from fifty percent to seventy-five percent for claims processing prior to the conclusion of this biennium, the Department of Accounts shall provide an interest-free treasury loan to the Department of Medical Assistance Services to address any remaining costs associated with implementation and certification of the new system. Such loan shall be repaid in annual installments over a period of three years, commencing one year after federal certification. Repayments of this loan will be financed through savings generated by the efficiencies of the new system. However, prior to requesting a treasury loan, the Department of Medical Assistance Services shall explore other financing strategies during the implementation period of this project and, in consultation with the Department of Planning and Budget, shall select the most viable option for ensuring completion of this project.*

C. The Department of Medical Assistance Services and the Department of Planning and Budget, with the assistance of the Department of Mental Health, Mental Retardation and Substance Abuse Services, shall use the Medicaid expenditure forecast models to project expenditures for State Plan Option services, including community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment for children and adolescent services in the Early and Periodic Screening, Diagnosis, and Treatment Program; mental retardation home- and community-based waiver services; and any other new or expanded mental health, mental retardation and substance abuse services that are covered by the State Plan for Medical Assistance.

D. The Department of Medical Assistance Services, to the extent permissible under federal law, shall enter into an agreement with the Department of Mental Health, Mental Retardation and Substance Abuse Services to share Medicaid claims and expenditure data on all Medicaid-reimbursed mental health, mental retardation and substance abuse services, and any new or expanded mental health, mental retardation and substance abuse services that are covered by the State Plan for Medical Assistance. The information shall be used to increase the effective and efficient delivery of publicly funded mental health, mental retardation and substance abuse services.

E.1. *The Department of Medical Assistance Services (DMAS) shall develop and implement a written plan to include procedures for audits of providers of community mental health, mental retardation, and substance abuse services furnished under the State Medical Assistance Plan conducted directly or through a contract with any other entity. This plan shall include, but shall not be limited to, provisions to cover the following: clear and specific guidelines to providers through published manuals and memoranda pertaining to covered services and requirements for reimbursement; availability and provision of DMAS training for providers relating to covered services and requirements for reimbursement; a mechanism for providers to receive timely written answers to questions during service delivery or claims processing; a mechanism for informing providers before and during the audit process as to the type of documentation to be made available for purposes of the audit; to the extent allowable by federal law and regulations, the alternative use of reasonable civil penalties in instances of administrative technical compliance errors determined through the regulatory process; use of a claims-based random sample, where an extrapolation methodology may be required for the computation of overpayments due to the high volume of claims involved; procedures for recovery of reimbursements; and procedures for the consideration and implementation of reasonable written comments and concerns submitted by providers.*

2. *In the development and implementation of this plan, DMAS shall solicit and consider comments and suggestions from providers of community mental health, mental retardation, and substance abuse services furnished under the State Medical Assistance Plan. DMAS shall complete and submit this plan to the Chairmen of the Senate Finance and House Appropriations Committees, along with a summary of the written comments and suggestions from Medicaid providers, no later than November 15, 2001, and shall implement the plan on January 1 2002, or, if regulations are required to implement a change, as soon as feasible after regulations are promulgated.*

317. not set out.

408	318.	Virginia Children's Medical Security Insurance	65,256,915	66,019,086
409		Plan (44600)		
410			41,069,316	52,799,104
411		Virginia Children's Medical Security Plan	58,789,084	59,551,255
412		Payments (44602)		
413			32,961,295	46,331,273
414		Children's Medical Assistance Administration	6,467,831	6,467,831
415		(44603)		
416			8,108,021	
417	Fund Sources:	General	14,984,052	14,984,052
418			3,685,903	10,198,655
419		Dedicated Special Revenue	7,006,804	7,262,525
420			11,952,020	8,470,661
421		Federal Trust	43,266,059	43,772,509
422			25,431,393	34,129,788

423 Authority: Title 32.1, Chapter 13, Code of Virginia.

424 A. Pursuant to Chapter 679, Acts of Assembly of 1997, the State Corporation Commission shall
 425 annually, on or before June 30, 1998, and each year thereafter, calculate the premium differential
 426 between: (i) 0.75 percent of the direct gross subscriber fee income derived from eligible contracts and
 427 (ii) the amount of license tax revenue generated pursuant to subdivision A 4 of § 58.1-2501 for the
 428 immediately preceding taxable year and notify the Comptroller of the Commonwealth to transfer such
 429 amounts to the Virginia Children's Medical Security Insurance Plan Trust Fund as established on the
 430 books of the Comptroller.

431 B.1. As a condition of this appropriation, revenues from the Virginia Medical Security Insurance Plan
 432 Trust Fund, shall be used to match federal funds for the State Children's Health Insurance Program.

433 2. As a condition of this appropriation, \$1,131,758 from dedicated special revenue and \$2,263,516
 434 from federal funds the first year and \$1,131,758 from dedicated special revenue and \$2,263,516 from
 435 federal funds the second year shall be transferred from this Item to Item 383 for local departments of
 436 social services to administer the Virginia Children's Medical Security Insurance Plan.

437 ~~3. The Department of Medical Assistance Services shall reimburse the Department of Social Services~~
 438 ~~for agreed upon costs incurred by the Department of Social Services and the local Department of Social~~
 439 ~~Services in the operation of Virginia's Title XXI children's health program; originally named the~~
 440 ~~Virginia Children's Medical Security Insurance Plan, it was renamed the Family Access to Medical~~
 441 ~~Insurance Security Plan, effective upon approval by the Health Care Financing Administration, pursuant~~
 442 ~~to Chapter 13 (§ 32.1-351 et seq.) of Title 32.1 of the Code of Virginia.~~

443 C. Every eligible child applying for health insurance as provided for in Chapter 13 (§ 32.1-351 et
 444 seq.) of Title 32.1 of the Code of Virginia, shall be enrolled and served in the program. To the extent
 445 that appropriations in this item are insufficient, the Director of the Department of Planning and Budget
 446 shall transfer general fund appropriations from Item 319 into this item to be used as state match for
 447 federal Title XXI funds.

448 D. The Department of Medical Assistance Services shall enter into agreements with the Department
 449 of Education and the Department of Health so that children receiving free or reduced-fee school lunches
 450 or services through the Women, Infants, and Children (WIC) program can be identified for outreach and
 451 have eligibility for Title XXI determined on an expedited and streamlined basis. A report on the
 452 agreements shall be provided to the Chairmen of the Senate Finance and House Appropriations
 453 Committees by July 1, 2001.

454 E. The Department of Medical Assistance Services shall monitor the implementation and impact of
 455 FAMIS monthly premiums, including but not limited to, the effect of premiums on enrollment,
 456 disenrollment, and re-enrollment, and the administrative costs of collecting and enforcing premium
 457 payments. The Department shall make quarterly reports to the Chairmen of the Senate Finance and
 458 House Appropriations Committees, and the Joint Commission on Health Care on the impact of premium
 459 payments, after monthly premiums have been implemented.

460 F. As a condition of this appropriation, the Department of Medical Assistance Services shall amend
 461 the Family Access to Medical Security Insurance Plan to (i) provide an exception to the waiting period
 462 for individuals with previous health insurance coverage in cases in which the individual can document
 463 that the cost of such health insurance exceeded ten percent of the family's countable monthly income
 464 and (ii) include a provision allowing a child's application to be filed by a parent, legal guardian, or
 465 any other adult caretaker relative who has exercised responsibility for the daily care and supervision of
 466 such child for at least ninety consecutive days.

467	319.	Medical Assistance Services (Medicaid)	2,870,084,601	2,934,684,223
468		(45600)		
469			3,001,160,508	3,111,942,236

	Nonmandatory Mental Health and Mental Retardation Services (45607)	221,351,563	496,881,049
			223,093,639
	Nonmandatory Mental Health, Mental Retardation and Substance Abuse Community Based Services (45608)	223,865,293	223,920,680
		237,849,360	265,351,647
	Professional and Institutional Services (45609)	2,400,409,040	2,478,601,593
		2,514,853,716	2,587,371,758
	Mental Illness Services (45610)	24,458,705	35,280,901
		27,105,869	36,125,192
Fund Sources:	General	1,384,150,314	1,413,835,983
		1,446,704,681	1,505,537,049
	Dedicated Special Revenue	1,517,245	1,517,245
	Federal Trust	1,484,417,042	1,519,330,995
		1,552,938,582	1,604,887,942

Authority: Title 32.1, Chapters 9 and 10, Code of Virginia; P.L. 89-87, as amended, Title XIX, Social Security Act, Federal Code.

A. It is the intent of the General Assembly to develop and cause to be developed appropriate, fiscally responsible methods for addressing the issues related to the cost and funding of long-term care. It is the further intent of the General Assembly to promote home-based and community-based care for individuals who are determined to be in need of nursing facility care.

B.1. The Director of the Department of Medical Assistance Services shall seek the necessary waivers from the United States Department of Health and Human Services to authorize the Commonwealth to cover health care services and delivery systems, as may be permitted by Title XIX of the Social Security Act, which may provide less expensive alternatives to the State Plan for medical assistance.

2. The Director shall promulgate such regulations as may be necessary to implement those programs which may be permitted by Titles XIX and XXI of the Social Security Act, in conformance with all requirements of the Administrative Process Act.

C.1. The appropriation includes \$107,051,282 the first year from the general fund and \$114,300,281 from the federal trust fund and ~~\$95,266,282~~ \$107,966,282 the second year from the general fund and ~~\$101,614,767~~ \$115,127,357 from the federal trust fund for reimbursement to the institutions within the Department of Mental Health, Mental Retardation and Substance Abuse Services. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall be reimbursed for the federal share of general salary scale adjustments approved by the General Assembly.

2. The appropriation includes the first year ~~\$65,307,167~~ \$80,710,095 from the general fund and ~~\$69,543,142~~ \$86,772,983 from the federal trust fund, and the second year ~~\$65,309,487~~ \$91,231,633 from the general fund and ~~\$69,596,209~~ \$97,095,948 from the federal trust fund for reimbursement to the Department of Mental Health, Mental Retardation and Substance Abuse Services for the Mental Retardation Waiver. The appropriation also includes the first year ~~\$43,083,253~~ \$33,909,511 from the general fund and ~~\$45,931,731~~ \$36,456,771 from the federal trust fund and the second year ~~\$43,083,253~~ \$37,307,033 from the general fund and ~~\$45,931,731~~ \$39,717,033 from the federal trust fund for reimbursement to the Department of Mental Health, Mental Retardation and Substance Abuse Services for the "State Plan Option" community mental health and mental retardation services.

D. Out of this appropriation, the Department of Medical Assistance Services shall provide coverage of intensive assisted living care to residents of licensed Adult Care Residences who are Auxiliary Grant recipients. Individuals entitled to benefits under this section are not entitled to benefits under Item 321.

E. Out of this appropriation, \$50,000 in special fund revenue is appropriated in each year of the biennium to the Department of Medical Assistance Services for the administration of the disbursement of civil money penalties levied against and collected from Medicaid nursing facilities for violations of rules identified during survey and certification as required by federal law and regulation. Based on the nature and seriousness of the deficiency, the Agency or the Health Care Financing Administration may impose a civil money penalty, consistent with the severity of the violations, for the number of days a facility is not in substantial compliance with the facility's Medicaid participation agreement. Civil money penalties collected by the Commonwealth must be applied to the protection of the health or property of residents of nursing facilities found to be deficient. Penalties collected are to be used for (1) the payment of costs incurred by the Commonwealth for relocating residents to other facilities; (2) payment of costs incurred by the Commonwealth related to operation of the facility pending correction of the deficiency or closure of the facility; and (3) reimbursement of residents for personal funds or property lost at a facility as a result of actions by the facility or individuals used by the facility to provide services to residents. These funds are to be administered in accordance with the revised federal regulations and law, 42 CFR 488.400 and the Social Security Act § 1919(h), for Enforcement of

533 Compliance for Long-Term Care Facilities with Deficiencies. Any special fund revenue received for this
534 purpose, but unexpended at the end of the fiscal year, shall remain in the fund for use in accordance
535 with this provision.

536 F. If any part, section, subsection, paragraph, clause, or phrase of this Item or the application thereof
537 is declared by the United States Department of Health and Human Services or the Health Care
538 Financing Administration to be in conflict with a federal law or regulation, such decisions shall not
539 affect the validity of the remaining portions of this Item, which shall remain in force as if this Item had
540 passed without the conflicting part, section, subsection, paragraph, clause, or phrase. Further, if the
541 United States Department of Health and Human Services or the Health Care Financing Administration
542 determines that the process for accomplishing the intent of a part, section, subsection, paragraph, clause,
543 or phrase of this Item is out of compliance or in conflict with federal law and regulation and
544 recommends another method of accomplishing the same intent, the Director of the Department of
545 Medical Assistance Services, after consultation with the Attorney General, is authorized to pursue the
546 alternative method.

547 G. Included in this appropriation is ~~\$43,403,000~~ \$45,295,860 from the general fund and ~~\$46,291,603~~
548 ~~\$48,291,603~~ from nongeneral funds the first year and ~~\$41,403,000~~ \$45,295,860 from the general fund
549 and ~~\$44,141,364~~ \$48,291,603 from nongeneral funds the second year for Medicaid payments for the
550 University of Virginia Medical Center. In the event that additional funding is available through projected
551 balances in the Department of Medical Assistance Services' budget, the cited amounts may be increased.

552 H. Included in this appropriation is ~~\$85,985,600~~ \$96,985,600 from the general fund and ~~\$90,950,400~~
553 ~~\$102,650,400~~ from nongeneral funds the first year and ~~\$74,985,600~~ \$98,576,192 from the general fund
554 and ~~\$79,950,400~~ \$105,050,400 from nongeneral funds the second year for Medicaid payments for the
555 ~~Medical College of Virginia Hospitals Authority~~ *Virginia Commonwealth University Health System*
556 *Authority*. In the event that additional funding is available through projected balances in the Department
557 of Medical Assistance Services' budget, the cited amounts may be increased.

558 I. The Department of Medical Assistance Services shall amend its regulations, effective July 1, 1998,
559 to eliminate language that explicitly adopts the requirements of the provisions of federal law that were
560 § 1902(a)(13)(A) and (F) of Title XIX (42 U.S.C. § 1396a(a)(13)(A) and (F)), until they were repealed
561 by § 4711(a) of the Balanced Budget Act of 1997.

562 J. The Department of Medical Assistance Services shall seek amendments to the MEDALLION and
563 MEDALLION II waivers to allow the Department to modify the process by which Medicaid recipients
564 are enrolled into managed care programs. The Department shall modify the requirement that all
565 Medicaid recipients be allowed at least 45 days to select a managed care provider. Upon approval from
566 the Health Care Financing Administration, the Department shall promulgate appropriate regulations
567 pursuant to the Administrative Process Act, § 9-6.14:4.1 et seq., Code of Virginia, to revise the
568 MEDALLION and MEDALLION II regulations to comply with waiver changes. The Department shall
569 implement the necessary regulatory changes consistent with the federal approval of waiver changes.

570 K. The Department shall establish a program to more effectively manage those Medicaid recipients
571 who receive the highest cost care. To implement the program, the Department shall establish uniform
572 criteria for the program, including criteria for the high cost recipients, providers and reimbursement,
573 service limits, assessment and authorization limits, utilization review, quality assessment, appeals and
574 other such criteria as may be deemed necessary to define the program. The Department shall seek any
575 necessary approval from the United States Health Care Financing Administration, and shall promulgate
576 such regulations as may be deemed necessary to implement this program.

577 L. The Department of Medical Assistance Services and the Department of Health shall work with
578 representatives of the dental community: to expand the availability and delivery of dental services to
579 pediatric Medicaid recipients; to streamline the administrative processes; and to remove impediments to
580 the efficient delivery of dental services and reimbursement thereof. The Department of Medical
581 Assistance Services shall report its efforts to expand dental services to the Chairmen of the House
582 Appropriations and Senate Finance Committees by December 15 each year.

583 M. The Department of Medical Assistance Services shall implement continued enhancements to the
584 prospective drug utilization review (pro-DUR) program. The Department shall continue (i) the
585 implementation of a disease state management program including physicians, pharmacists, and others
586 deemed appropriate by the Department and (ii) the Pharmacy Liaison Committee. The Department shall
587 continue to work with the Pharmacy Liaison Committee and the Prior Authorization Advisory
588 Committee to implement the disease state management program and such other initiatives for the
589 promotion of cost-effective services delivery as may be appropriate. The Department shall report on the
590 Pharmacy Liaison Committee's activities to the Board of Medical Assistance Services and to the
591 Chairmen of the House Appropriations and Senate Finance Committees no later than December 15 each
592 year of the biennium.

593 N.1. As a condition of this appropriation, the Department shall promulgate regulations to implement
594 Medicaid reimbursement for treatment foster care case management designed to serve children and youth

referred by local Comprehensive Services Act teams. The regulations shall address coverage limitations and utilization review.

2. As a condition of this appropriation, the Department shall promulgate regulations to amend the State Plan for Medical Assistance to expand coverage of inpatient psychiatric services under EPSDT to include services in residential treatment facilities. The regulations shall address coverage limitations and utilization review.

3. For purposes of determining eligibility for coverage of treatment foster care and residential treatment services for children, the Department shall allow referrals either by local family assessment and planning teams or a collaborative, multidisciplinary team approved by the State Executive Council, consistent with § 2.1-755, Code of Virginia.

4. The Department, in cooperation with the State Executive Council, shall provide initial and ongoing training to local Comprehensive Services Act teams on the procedures for use of Medicaid for residential treatment and treatment foster care services, including, but not limited to, procedures for determining eligibility, billing, reimbursement, and related reporting requirements. The Department shall include in this training information on the proper utilization of inpatient and outpatient mental health services as covered by the Medicaid State Plan. The Department shall report annually, by June 30, to the Chairmen of the House Appropriations and Senate Finance Committees on the results of the training program. The report shall include the number of local team representatives attending formal training programs offered by the Department; the number of technical assistance requests responded to by the Department; and the type and amounts of training materials made available to local teams.

O. Out of this appropriation, the Department of Medical Assistance Services shall provide reimbursement for adult day health care services at the rate of \$45 per day for providers in Northern Virginia and \$41 per day for providers in the rest of the state.

P. Prior to implementation, the Department of Medical Assistance Services shall report to the Joint Commission on Health Care's Long-Term Care Subcommittee on the status of a revised nursing facility payment system. The payment system shall continue to provide reimbursement for the Specialized Care Program as in effect on February 15, 1999, until such time as appropriate regulations become effective pursuant to the Administrative Process Act. The report shall also address other long-term care financing issues and strategies, including, but not limited to, the extent to which patient acuity is considered under the payment system, waivers, and initiatives for better serving dual eligible beneficiaries.

Q. The Department of Medical Assistance Services shall amend the Home and Community Based Waiver for the Elderly and Disabled to permit the sharing of personal care service hours required by recipients who reside in the same home. Community-based care shall be cost-effective if (i) the cost to Medicaid for the individual who receives community-based care is less than or equal to the average cost to Medicaid for the individuals who would otherwise receive institutional care or (ii) the aggregate cost to Medicaid for the individuals in the same home who share services is equal to or less than the average cost to Medicaid for all recipients in the same home who would otherwise receive institutional care.

R. In accordance with the provisions of § 32.1-325.1:1, Code of Virginia, payment for family planning services shall be contingent upon the approval of the 1115 waiver for extended family planning services by the Health Care Financing Administration. If federal approval for the waiver is granted, payment for these services shall begin no later than three months following the date of approval.

S.1. The Director of the Department of Medical Assistance Services shall convene a workgroup composed of representatives from the Department of Rehabilitative Services; the Department of Mental Health, Mental Retardation and Substance Abuse Services; the Community Services Boards; the Department of Social Services; the Centers for Independent Living; the Disability Services Boards; consumers; families; advocates and public and private providers to develop an Individual and Family Developmental Disabilities Support Waiver which offers flexible individual and family-driven control of services to meet their individualized needs.

2. The waiver proposal shall include a full array of appropriate services to meet the varied needs of persons with developmental disabilities, including persons with autism. In addition, the waiver proposal shall contain eligibility criteria for persons with developmental disabilities to be served, number of persons projected to be served, annual cost projections, types of services and supports offered, and service benefit limits.

T. Contingent upon approval by the Health Care Financing Administration to implement an Individual and Family Developmental Disabilities Support Waiver, the Department of Medical Assistance Services shall promulgate appropriate regulations pursuant to the Administrative Process Act (§ 9-6.14:4.1 et seq.) to implement the Individual and Family Developmental Disabilities Support Waiver effective July 1, 2000. The Department shall implement the necessary regulatory changes consistent with the federal approval of the new waiver.

U. The State Plan for Medical Assistance Services shall be amended pursuant to the Administrative Process Act (§ 9-6.14:1 et seq.), Code of Virginia, to add coverage of medical nutrition therapy services

effective July 1, 2000. In conjunction with coverage of medical nutrition services, the Department of Medical Assistance Services shall implement a program to preauthorize the use of such services where appropriate.

V. The Board of Medical Assistance Services is authorized to adopt emergency regulations to be effective on July 1, 2000, to implement a revised payment system for nursing facility capital costs.

W. It is the intent of the General Assembly that the medically needy income limits for the Medicaid program are adjusted annually to account for changes in the Consumer Price Index.

X. The State Board for Medical Assistance Services shall develop amendments to the State Plan for Medical Assistance and seek the Health Care Financing Administration's approval to increase the income limit for the medically needy by the annual percentage change in the Consumer Price Index, as allowed by federal law, to be effective July 1, 2001, and annually hereafter.

Y.1. The Department of Medical Assistance Services shall enter into an agreement with the Department of Mental Health, Mental Retardation and Substance Abuse Services by September 1, 2000, to allow for the administration of the following Medicaid-covered services: community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment services for children and adolescents in the Early and Periodic Screening, Diagnosis and Treatment Program; mental retardation home- and community-based waiver services; and any other new or expanded mental health, mental retardation and substance abuse services related to these services that are covered subsequently by the Medicaid program. The agreement shall also specify the Department of Mental Health, Mental Retardation and Substance Abuse Services' responsibility for participation in policy and regulatory development for the above-listed services as described in the report of the Joint Subcommittee Studying the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services, subject to the Department of Medical Assistance Services' oversight and approval with respect to compliance with federal law. The Department of Medical Assistance Services shall be responsible for paying claims for the above-listed Medicaid-covered services.

2. The Department of Planning and Budget, in cooperation with the Department of Medical Assistance Services, shall include the above-listed services in its November 15 forecast of Medicaid expenditures, upon which the Governor's budget recommendations will be based, for the current and subsequent two years.

3. Community service boards and behavioral health authorities, to the extent allowable under federal law, shall continue to be the single point of entry into the services system for community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment services for children and adolescents in the Early and Periodic Screening, Diagnosis and Treatment Program; mental retardation waiver services; and any other new or expanded mental health, mental retardation and substance abuse services that are covered subsequently by the Medicaid program.

4. Upon finalization of the agreement by September 1, 2000, the Department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees describing the agreement and how it will be implemented by both agencies. The report shall be submitted by September 30, 2000. *amend its inter-agency agreement with the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) to clearly identify DMHMRSAS as the operational administrator, to the maximum extent allowable under federal law and regulation, of the mental retardation home- and community-based waiver and of the following Medicaid services: community mental health rehabilitation services; targeted mental health and mental retardation case management; substance abuse treatment for pregnant and postpartum women; intensive in-home and therapeutic day treatment services for children and adolescents in the Early and Periodic Screening, Diagnosis and Treatment Program; and any other new or expanded mental health, mental retardation and substance abuse services related to these services that are subsequently covered by the Medicaid program. This agreement shall include or reflect applicable provisions in the following paragraphs.*

2. *DMHMRSAS, as the operational administrator, to the maximum extent allowable under federal law and regulation, shall be responsible for planning, daily management, and operational responsibility for the home- and community-based waiver for mental retardation services (mental retardation waiver) and for the services listed in paragraph Y.1. under the general oversight of DMAS. DMHMRSAS is charged with responsibilities that include developing policy, service definitions, provider qualifications and standards, and service-related recipient eligibility criteria; collecting data for the services listed above; and participating with DMAS in the internal drafting of applicable regulations and amendments to the State Plan for Medical Assistance Services. DMAS is charged with forecasting expenditures; processing claims; enrolling providers; conducting utilization review; promulgating policy, rules and regulations; and funding Medicaid match within the General Assembly's appropriation. DMAS, as the single state Medicaid agency for Virginia, shall support the policy and operational efforts of DMHMRSAS with the Health Care Financing Administration (HCFA).*

3. The Department of Planning and Budget, in cooperation with DMHMRSAS and DMAS, shall include the services listed in paragraph Y.1. in its November 15 forecast of Medicaid expenditures, upon which the Governor's budget recommendations will be based, for the current and subsequent biennia.

4. Community services boards and behavioral health authorities shall remain as the single point of entry for waiver services and have the sole responsibility for targeted case management, as permitted by federal law and regulation, and care coordination, consistent with Item 323, paragraph J, of this act. As the local managers of services, the community services boards and behavioral health authorities shall ensure local accountability for publicly funded services, continuity of care, census management and discharge planning with state facilities, the health and safety of consumers that they serve, consumer choice of services and providers, and whenever available, the involvement and participation of private providers. Services provided directly by community services boards, behavioral health authorities, and private providers shall be choices for consumers.

5. DMHMRSAS, as the operational administrator, with the involvement of DMAS, shall receive input from consumer and family groups, advocacy groups, community services boards, private providers, local government organizations, and other interested parties regarding the development of this agreement.

6. DMAS shall involve DMHMRSAS in planning for and developing the Requests for Proposals and contracts for Medallion II. DMHMRSAS shall work with DMAS to provide a method for consumers to explore and resolve complaints with DMAS regarding these services.

7. DMAS and DMHMRSAS, with the involvement of the stakeholders listed in paragraph ZZ.5., shall develop service definitions for flexible Medicaid-reimbursed services to facilitate the development of community services needed by consumers. These services shall include, but not be limited to, crisis stabilization, gero-psychiatric residential services, respite care, intensive outpatient services, in-home services, medication services, vocational services, programs of assertive community treatment, and consumer-run services. Medicaid-reimbursed services and service definitions shall be developed to the maximum extent allowable under federal law and regulation.

8. DMAS and DMHMRSAS shall submit the proposed agreement by August 1, 2001, to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Commission on Behavioral Health Care for review. DMAS and DMHMRSAS shall implement this agreement by October 1, 2001.

Z. The Department of Medical Assistance Services shall report on (i) its actions to facilitate and enroll low-income Medicare beneficiaries as Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs), and Qualified Individuals (QIs) using data available from federal sources; (ii) the utilization of allowable federal agreements and federal data to increase the number of persons enrolled in these programs; (iii) the feasibility of simplifying administrative forms, processes and practices for QMB, SLMB, and QI enrollment; and (iv) its actions to achieve the U.S. Health Care Financing Administration's target of a four percent annual enrollment increase in the QMB and SLMB programs. The Department shall also include an analysis of the cost for establishing an agreement with the U.S. Health Care Financing Administration to extend the current three-month period for enrolling in Medicare Part A coverage through the QMB program. The Department shall report to the Chairmen of the House Appropriations and Senate Finance Committees and the Joint Commission on Health Care by September 15, 2000.

AA. The Department of Medical Assistance Services shall assess the feasibility and advisability of providing nursing facilities with approved special care units fixed per diem Medicaid payments, equal to the Medicaid reimbursements payments applicable to the care of individuals with traumatic brain injuries at such facilities, for the care of individuals with acquired brain injuries that result from noncongenital causes other than direct trauma, such as cerebrovascular accidents, brain tumors, prolonged seizure activity, anoxia and neurotoxicity. The Department shall report its findings and recommendations to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2000.

BB. Effective July 1, 2000, the Department shall increase reimbursement rates for dental health services by 10 percent.

CC. The Department of Medical Assistance Services shall not require dentists who agree to participate in the delivery of Medicaid pediatric dental care services, or services provided to enrollees in the Children's Medical Security Insurance Plan (CMSIP) or any variation of CMSIP, to also deliver services to subscribers enrolled in commercial plans of the managed care vendor, unless the dentist is a willing participant in the commercial managed care plan.

DD. The Department of Medical Assistance Services, with cooperation from the Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department of Rehabilitative Services (DRS), and the DRS Employment Services Organization Advisory Committee, consumers, families, advocates, community services boards, and private for-profit and nonprofit community-based rehabilitation providers, shall study policy and administrative changes to the State Plan for Medical Assistance Services to support work-related activities for persons with mental and other developmental

779 disabilities. The Department shall report to the Chairmen of the House Appropriations and Senate
780 Finance Committees by November 1, 2000, on the study results and recommended changes, including
781 any specific federal barriers to reforming Virginia's Medicaid program to provide maximum support for
782 persons with mental and other developmental disabilities in obtaining and retaining employment.

783 EE.1. Effective July 1, 2000, the Department of Medical Assistance Services (DMAS) shall make a
784 one-time, lump sum payment of \$12,243,204 to eligible Virginia hospitals participating in the Medicaid
785 program to mitigate the estimated impact of the re-based Diagnosis Related Groupings rates, effective
786 July 1, 1998, on each individual hospital for services provided between July 1, 1998, through December
787 31, 1999. The payment shall be made in two equal, semiannual amounts during fiscal year 2001. For
788 purposes of distribution, each hospital's share of the total amount shall be determined as follows:

789 a. DMAS shall determine the total operating payments due each hospital for inpatient hospital
790 services provided from January 1, 2000, through June 30, 2000, using hospital claims data from
791 discharges in that period.

792 b. DMAS shall determine the total operating payments that would have been due each hospital for
793 the same services, had the inpatient hospital rates and weights applicable in fiscal year 1998 been
794 continued with inflation for fiscal years 1999 and 2000.

795 c. The difference between the two values calculated in (i) and (ii) above, summed across all
796 hospitals, is the "statewide difference." Each hospital-specific difference divided by the statewide
797 difference is the hospital-specific percent share of the statewide difference.

798 d. The hospital-specific percent share of the statewide difference, times the total funds provided by
799 this appropriation, is the hospital-specific lump sum payment to be paid in two equal semiannual
800 payments during fiscal year 2001.

801 2. The Department of Medical Assistance Services shall provide the data used, specific calculation,
802 and mechanics of the payment adjustment to the Virginia Medicaid Hospital Policy Advisory Council.

803 FF. It is the intent of the General Assembly that the use of the new atypical medications to treat
804 seriously mentally ill Medicaid recipients should be supported by the formularies used to reimburse
805 claims under the Medicaid fee-for-service and managed care plans.

806 GG. The Department of Medical Assistance Services and the Department of Mental Health, Mental
807 Retardation and Substance Abuse Services shall develop a plan for review of Medicaid managed care
808 plans of new, atypical medications used by Medicaid recipients to ensure appropriate access to the most
809 effective atypical medications available for treatment of seriously mentally ill Medicaid recipients, except
810 where indicated for the safety of the patient. The plan and estimated costs shall be reported to the
811 Chairmen of the Senate Finance and House Appropriations Committees by October 1, 2001.

812 HH. The State Board for Medical Assistance Services shall develop amendments to the State Plan for
813 Medical Assistance, to provide coverage of substance abuse treatment services for children and adults
814 including emergency services; evaluation and assessment; outpatient services, including intensive
815 outpatient services; targeted case management; and day treatment. The State Board shall seek the Health
816 Care Financing Administration's approval to implement the State Plan amendments.

817 II. The Department, in cooperation with the Joint Commission on Health Care, Virginia
818 Commonwealth University's Medical College of Virginia, the University of Virginia Health Sciences
819 Center, the Eastern Virginia Medical School, the Virginia Academy of Family Physicians, the Virginia
820 Chapter of the American College of Obstetrics and Gynecology, and the Virginia Chapter of the
821 American College of Nurse Midwives, shall study the feasibility of providing a general fund supplement
822 for physician services provided through Medicaid fee-for-service and Medicaid managed care plans to
823 encourage community physicians to supervise residents, medical students, and nurse-midwifery students
824 while providing obstetrical services. The Department's study shall include an analysis of the type and
825 amount of supplement that could be provided as well as an estimate of the fiscal impact. The
826 Department shall report its findings and recommendations to the Chairmen of the Senate Finance and
827 House Appropriations Committees and the Joint Commission on Health Care by October 1, 2000.

828 JJ. Effective July 1, 2001, the Department shall amend the State Plan for Medical Assistance to add
829 the category of eligibility, as described in § 1902(m) of the Social Security Act (42 U.S.C. § 1396a (m)),
830 for aged and disabled individuals with income levels up to 80 percent of the federal poverty line.

831 KK. The State Plan for Medical Assistance shall be amended to provide coverage for heart, lung, and
832 liver transplants for individuals 21 years of age or older.

833 LL. The Department shall report on the status of its telemedicine pilot projects and recommend any
834 changes regarding Medicaid coverage and reimbursement of telemedicine services. The Department shall
835 submit its report to the Governor and the Chairmen of the Senate Finance and House Appropriations
836 Committees and the Joint Commission on Health Care by September 15, 2000.

837 MM.1. As a condition of this appropriation, effective July 1, 2000, the Department of Medical
838 Assistance Services shall increase the reimbursement rates in the current nursing facility operating
839 payment system to (i) restore funding for the negative impact of the case mix adjustment resulting from
840 the Patient Intensity Rating System; (ii) reduce the occupancy standard to 90 percent for indirect and

plant costs and remove the standard entirely from determination of direct care rates; (iii) adjust the direct care cost ceilings to 112 percent of the peer group median and subsequently every two years consistent with the following paragraph 3; and (iv) eliminate the direct care incentive payment. In addition, the Department shall incorporate into direct care payments the amount of \$21,700,000, appropriated by the 1999 General Assembly, adjusted for inflation to fiscal year 2001. The amount shall be included by means of an equal per-day increase to both direct care ceilings and the direct care rate per day of each facility. The Department shall adopt regulations providing for the implementation of a new reimbursement system based on a Resource Utilization Groups (RUGS) methodology to reflect resident intensity. The amendments to the State Plan of Medical Assistance regarding the RUGS methodology shall become effective in 280 days or fewer of enactment of this Act. The Department shall submit a report to the Governor the Chairmen of the Senate Finance and House Appropriations Committees, and the Joint Commission on Health Care by November 1, 2000, on the implementation of the revised reimbursement rates and the status of the new reimbursement system.

2. Out of the amounts appropriated to nursing facilities, the Department may expend up to \$300,000 in fiscal year 2001 for costs associated with implementing the above provisions in paragraph 1.

3. The Department shall periodically recalculate the cost medians for both direct and indirect cost, not to exceed every two years. In the years when ceilings are not recalculated with new cost data, the previous year's ceilings will be adjusted for inflation.

NN. The Department shall consider findings of the Joint Legislative Audit and Review Commission and reevaluate Medicaid reimbursement rates paid to air medevac providers. The Department shall submit a report and recommended rates to the Governor and the Chairmen of the Senate Finance Committee, the House Appropriations Committee and the Joint Commission on Health Care by September 15, 2000.

OO.1. Consistent with federal law changes contained in the 1997 Balanced Budget Act, requirements of the Health Care Financing Administration, and state industry standards, the Department of Medical Assistance Services is seeking federal approval of changes to its MEDALLION waiver and its Medallion II waiver.

2. In order to conform the state regulations to the federally approved changes and to implement the provisions of this act, the Department shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act. The Department shall implement these necessary regulatory changes to be consistent with federal approval of the waiver changes.

PP. The State Plan for Medical Assistance Services shall be amended pursuant to the Administrative Process Act (§ 9-6.14:1 et seq.), to place appropriate limits on coverage of prescription drugs in order to ensure fiscal efficiencies and sound therapeutic principles. The amendment may include, but not be limited to, impositions of limits on the supply of medication per prescription per patient per day. The Department of Medical Assistance Services shall promulgate emergency regulations to implement the amendment, to become effective within 280 days or less from the enactment of this act.

QQ. Contingent upon renewal of the Elderly and Disabled Waiver by the Health Care Financing Administration, the Department of Medical Assistance Services shall promulgate emergency regulations to become effective within 280 days or less from the enactment of this act. The Department shall implement these necessary regulatory changes to be consistent with federal approval of the waiver changes.

RR. The Department of Medical Assistance Services is hereby authorized to contract with a vendor to aid in determining differential claimable amounts for family planning services provided by Virginia's Medicaid program prior to 2000 as permitted by the Health Care Financing Administration. The Department shall deposit the refunds resulting from this effort into a nonrevertible, nongeneral fund established on the books of the State Comptroller, designated as the Family Planning Services Recoveries Fund. Payments shall be made from the Fund to the vendor for its contracted services.

SS.1. The Department of Medical Assistance Services (DMAS) shall enter into an inter-agency agreement with the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). DMAS provides DMHMRSAS with the planning, daily management, and operational responsibility for implementing and managing the home- and community-based waiver for mental retardation services (MR waiver). The agreement shall establish DMHMRSAS as operational administrator, to the maximum extent allowable under federal law and regulation of this waiver, charged with responsibilities that shall include, but not be limited to, (i) developing policy, service definitions, provider requirements, service-related recipient eligibility criteria, and preauthorization of service plans, and (ii) participating with DMAS in the internal drafting of applicable regulations and State Plan amendments. DMHMRSAS shall request and manage the funds for start-up costs for services not otherwise covered by Medicaid MR waiver reimbursement. The agreement shall charge DMAS with the responsibilities of forecasting expenditures for the MR waiver, requesting appropriations to meet the forecast, processing claims, enrolling providers, conducting utilization review, and promulgating rules

902 and regulations. DMAS, as the single state Medicaid agency for Virginia, shall support the operational
903 efforts of DMHMRSAS with the Health Care Financing Administration (HCFA).

904 2. Any revisions to the current MR waiver or any new MR waiver application submitted to HCFA
905 after January 1, 2001, shall specify that the MR waiver shall be operated by DMHMRSAS and that
906 DMAS, in conjunction with DMHMRSAS, shall establish criteria for a waiting list that meets HCFA
907 criteria and requirements, but accommodates and reflects regional variations in Virginia's diverse
908 service delivery system to the greatest extent possible. Community services boards and behavioral health
909 authorities shall manage the waiting list at the local level using these criteria in order to facilitate
910 planning with other providers for service needs of consumers. Community services boards and
911 behavioral health authorities shall remain the single point of entry for waiver services and have the sole
912 responsibility for targeted case management and care coordination, consistent with Item 323, paragraph
913 J, of this act. As the local managers of services, community services boards and behavioral health
914 authorities shall ensure local accountability for publicly funded services, continuity of care, census
915 management and discharge planning with state facilities, the health and safety of consumers that they
916 serve, consumer choice of services and providers, and whenever available, the involvement and
917 participation of private providers. Services provided directly by community services boards, behavioral
918 health authorities and private providers shall be choices for consumers.

919 3. In preparing the revised home- and community-based waiver application for mental retardation
920 services, consideration shall be given to the key values of the consumer and the family in their choice of
921 services and providers; providing flexibility to best meet the needs of the consumer; protecting the
922 health, safety and well being of the consumer; and providing supports that are self-directed whenever
923 possible.

924 4. DMAS and DMHMRSAS shall review the draft HCFA report on the current waiver. Throughout
925 the waiver revision or development process, DMAS and DMHMRSAS shall work with the Mental
926 Retardation Waiver Task Force and provide the opportunity for participation by consumers, families,
927 advocates, and other interested parties.

928 5. Thirty days before submission to HCFA, the home- and community-based waiver application,
929 along with an implementation plan, shall be submitted to the Governor, the Chairmen of the House
930 Appropriations and Senate Finance Committees, and the Chairman of the Joint Behavioral Health Care
931 Commission no later than September 15, 2001. The implementation plan shall include rate-setting
932 methodologies, strategies for provider development, development of mechanisms with private providers
933 to assure consumers have individualized choices of service providers, impact of major systems changes,
934 and transition from the current waiver to the revised waiver. DMAS expenditure forecasts for the new
935 waiver shall be included in this plan.

936 TT. The Department of Medical Assistance Services shall amend the State Plan for Medical
937 Assistance Services to continue to reimburse outpatient hospital services using Medicare Principles of
938 Cost Reimbursement that were in effect as of June 30, 2000. This amendment shall become effective
939 within 280 days or less from the enactment of this act.

940 UU. The Department of Medical Assistance Services shall amend the State Plan for Medical
941 Assistance Services to reimburse hospitals for Direct Graduate Medical Education on a prospective
942 methodology. The amount to be reimbursed shall be determined on a per resident basis. This
943 amendment shall become effective within 280 days or less from the enactment of this act.

944 VV. The Department of Medical Assistance Services shall amend the State Plan for Medical
945 Assistance to increase local government owned nursing homes' reimbursement based on a transfer
946 agreement and subsequent transfer of funds. This amendment shall become effective consistent with
947 approval by the Health Care Financing Administration (HCFA) of the related State Plan amendment. At
948 such time as HCFA approves the State Plan amendment, the Department shall have the authority to
949 enact emergency regulations under § 9-6.14:4.1 (C)(5) of the Administrative Process Act, to effectuate
950 this provision.

951 WW. Any recoveries of payments made to nursing facilities under Item 335 II of Chapter 935, 1999
952 Appropriation Act, shall not revert to the general fund. These recoveries shall be retained by the
953 Department of Medical Assistance Services for redistribution to nursing facilities in a manner consistent
954 with state regulations governing the use of funds appropriated under the above Item.

955 XX. The Department of Medical Assistance Services, in cooperation with the Department of Social
956 Services, shall track applications, enrollments, re-enrollments, denials, grounds for denials,
957 redeterminations of eligibility, and delivery of services to children applying for or receiving Medicaid
958 services. The database shall also track children moving between the Family Access to Medical Insurance
959 Security and Medicaid programs. Cumulative reports of this information shall be available for public
960 inspection and distribution at regularly scheduled intervals.

961 YY. The Department of Medical Assistance Services, in cooperation with the Department of Mental
962 Health, Mental Retardation, and Substance Abuse Services, shall ensure that children from birth to age
963 six, who currently receive case management services or meet service eligibility criteria, receive case

964 management services.

965 *ZZ. Effective July 1, 2001, the State Plan for Medical Assistance Services shall be amended to add*
 966 *coverage of breast and cervical cancer treatment of women diagnosed through the Breast and Cervical*
 967 *Cancer Early Detection Program (Every Woman's Life). The coverage shall be limited to the period of*
 968 *treatment for breast and cervical cancer.*

969 320. Not set out.

970	321.	Continuing Income Assistance Services (46100)	1,583,027	1,612,952
971			3,221,024	3,201,785
972		Regular Assisted Living Payments for Residents of	1,583,027	1,612,952
973		Adult Homes (46105)		
974			3,221,024	3,201,785
975	Fund Sources:	General	1,583,027	1,612,952
976			3,221,024	3,201,785

977 Authority: Title 63.1, Chapter 9, Code of Virginia.

978 A. The Department of Medical Assistance Services is authorized to provide coverage of payments for
 979 individuals receiving Auxiliary Grant or General Relief payments in licensed Adult Care Residences
 980 when those individuals meet the criteria established by the Department of Medical Assistance Services
 981 for such payments. Individuals entitled to assisted living benefits under this section are not entitled to
 982 benefits under Item 319.

983 *B.1. The Department of Medical Assistance Services shall continue to reimburse for personal care*
 984 *services for those individuals who were covered under its Intensive Assisted Living Waiver as of March*
 985 *17, 2000. This service coverage will be provided with the general fund appropriation in the amount of*
 986 *\$1,637,997 in fiscal year 2001 and \$1,588,833 in fiscal year 2002 included in the Continuing Income*
 987 *Assistance Services Program.*

988 2. The Department shall not admit any new individuals to this service and upon the transferring out
 989 or the expiration of the last covered individual, this service shall cease to be covered. To continue to
 990 receive this service, the covered individuals must continue to meet the intensive assisted living criteria.
 991 Individuals who no longer meet the intensive assisted living criteria and are transferred out of this
 992 service shall lose eligibility for this service.

993 3. Individuals desiring to be admitted to this service shall not have the right to appeal the
 994 non-availability of this service nor of the loss of any future general fund appropriation. The Department
 995 shall promulgate revised regulations, pursuant to the appropriate requirements of the Administrative
 996 Process Act (§ 9-6.14.1 et seq.), consistent with this funding change and program termination.

997 322. Not set out.

998	Total for Department		3,053,667,520	3,099,290,856
999	Medical Assistance Services			
1000		General Fund Positions	3,166,671,589	3,275,672,848
1001			140.92	140.92
1002			143.30	143.30
1003		Nongeneral Fund Positions	166.08	166.08
1004			168.70	168.70
1005		Position Level	307.00	307.00
1006			312.00	312.00
1007	Fund Sources:	General	1,449,460,011	1,477,236,021
1008			1,503,583,843	1,567,907,575
1009		Special	8,850,000	8,850,000
1010		Dedicated Special Revenue	8,524,049	8,779,770
1011			13,469,265	9,987,906
1012		Federal Trust	1,586,833,460	1,604,425,065
1013			1,640,768,481	1,688,927,367

1014 Department of Mental Health, Mental Retardation and Substance Abuse Services (720)

1015	323.	Administrative and Support Services	20,088,684	20,960,657
1016		(44900)		
1017				21,168,532
1018		General Management and Direction	8,106,334	8,137,993
1019		(44901)		
1020				8,345,868

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1021		Computer Services (44902)	3,536,506	4,366,611
1022		Architectural and Engineering Services	691,989	691,989
1023		(44904)		
1024		Collection and Locator Services (44905)	5,425,192	5,435,401
1025		Personnel Services (44914)	2,328,663	2,328,663
1026	Fund Sources:	General	18,459,583	19,331,556
1027				19,539,431
1028		Special	1,104,901	1,104,901
1029		Federal Trust	524,200	524,200

1030 Authority: Title 37.1, Chapter 1, Articles 1, 2, and 10, Code of Virginia.

1031 A. The Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse
 1032 Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within
 1033 the system. When a facility becomes full, the Commissioner or his designee shall give notice of the fact
 1034 to all sheriffs.

1035 B. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall
 1036 work in conjunction with community services boards to develop and implement a graduated plan for the
 1037 discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from
 1038 statewide gains in system efficiencies.

1039 C. ~~Out of this appropriation shall be provided \$671,558 the first year and \$2,348,370 the second year~~
 1040 ~~from the general fund for implementation of the Sexually Violent Predators Treatment Program.~~
 1041 ~~Notwithstanding the provisions of § 37.1-70.10, Code of Virginia, the Department may contract with~~
 1042 ~~private or local entities to house and provide treatment to persons involuntarily committed under the~~
 1043 ~~provisions of §§ 37.1-70.1 through 37.1-70.19~~

1044 D. Notwithstanding § 4-5.12 of this act and paragraph C of § 2.1-512, Code of Virginia, the
 1045 Department of Mental Health, Mental Retardation and Substance Abuse Services is hereby authorized to
 1046 deposit the entire proceeds of the sales of surplus land at state-owned mental health and mental
 1047 retardation facilities into a revolving trust fund. The trust fund may initially be used for expenses
 1048 associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated
 1049 to continuing services for current patients as facility services are restructured. The trust fund will receive
 1050 any base budget savings resulting from facility restructuring. Thereafter, the fund will be used to
 1051 enhance services to individuals with mental illness, mental retardation and substance abuse problems.

1052 E. Out of this appropriation shall be provided \$250,000 the first year and \$250,000 the second year
 1053 from the general fund for the Consumer Support and Family Involvement Pilot Project.

1054 F. Out of this appropriation, \$2,570,847 the first year and \$2,570,847 the second year shall be
 1055 provided from the general fund for a public-private partnership pilot to secure short-term inpatient
 1056 psychiatric services through competitive contracts with community-based hospitals or other private health
 1057 care providers, for purposes of serving individuals closer to their homes. Pursuant to individual
 1058 agreements with the Department, community services boards will reduce their utilization at a selected
 1059 state facility or facilities for short-term (30 days or less) acute hospitalization by a specified number of
 1060 beds, and will contract by competitive bidding with community-based hospitals for short-term psychiatric
 1061 inpatient services. Any savings resulting from the reduced utilization of short-term acute facility beds
 1062 will be made available under agreement with the Department, to permit the community services boards
 1063 to contract for additional short-term psychiatric inpatient services. Specific bed utilization targets and
 1064 competitive contract performance expectations will be included in the performance contracts of these
 1065 community services boards.

1066 G. Out of this appropriation, \$500,000 the first year and \$500,000 the second year shall be provided
 1067 from the general fund for a program to maximize recruitment and retention of graduate medical students
 1068 in psychiatry to serve in underserved areas.

1069 H. Out of this appropriation, \$130,986 the first year and \$130,986 the second year shall be provided
 1070 from the general fund to establish 2.0 positions to enforce compliance by each state mental health and
 1071 mental retardation facility with the provisions and requirements outlined in the facility directors'
 1072 performance agreements with the Department. In addition to providing increased oversight of these
 1073 performance agreements, these positions will monitor implementation of all settlement agreements with
 1074 the United States Department of Justice.

1075 I. The agency shall transfer \$171,523 the first year and \$178,508 the second year from nongeneral
 1076 funds to the Secretary of Health and Human Resources to support the activities of the Office of
 1077 Inspector General.

1078 J. The Department of Mental Health, Mental Retardation, in cooperation with the Community
 1079 Services Boards shall develop a plan to clarify the roles and responsibilities of Community Services
 1080 Boards for the provision of care coordination, case management, and services to mentally disabled
 1081 individuals, to increase consumer choice of providers and eliminate any perceived conflict of interest for
 1082 Boards that provide case management and direct services. The Department shall report on its plan to the

Chairmen of the House Appropriations and Senate Finance Committees by December 15, 2000.

K. The Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, Community Services Boards, and Court Service Units, shall develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children to mental health and mental retardation services. The plan shall identify the services needed by children, the cost and source of funding for the services, the strengths and weaknesses of the current service delivery system and administrative structure, and recommendations for improvement.

L. The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Department of Medical Assistance Services (DMAS), in cooperation with the Community Services Boards, shall select the specific substance abuse services that shall be available statewide to children and adults.

M. Prior to implementation of Medicaid coverage of substance abuse treatment services, DMHMRSAS and DMAS shall design a process for evaluating the costs and benefits, including cost offsets in other programs, of reimbursement by Medicaid and the Commonwealth's Children's Medical Security Insurance Plan of substance abuse treatment services on an annual basis. The Departments shall report the results of this evaluation by November 1, 2000, to the Governor and the General Assembly.

N. The Department shall evaluate the number, qualifications, competencies, and service of state facility and regional human rights advocates to ensure that each consumer in a state facility or community program has sufficient access, in terms of timeliness, geography, cultural competence, and community modalities, to a knowledgeable and skilled advocate. The Department shall ensure that these advocates are recruited, hired, trained, and supervised by the Office of Human Rights. The Department shall report on the results of this evaluation by December 15, 2000, to the Governor and General Assembly.

O.1. No facility operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall be sold, privatized, closed, or converted to any other use without the approval of the General Assembly.

2. The Department shall notify the Chairmen of the House Appropriations and Senate Finance Committees of any plans for privatization or contractual initiatives, other than that prohibited by paragraph O1 above, thirty days before implementation of such initiatives. Notification shall include a formal analysis which shall include, but not be limited to, the following components: (i) definition of activity and scope of work to be privatized; (ii) estimated amount and duration of the contract; (iii) number of employees impacted to include position title, grade, length of service and projected severance costs; (iv) options for retraining and/or alternate placements for displaced employees and potential retention rights with prospective contractors; (v) standards and outcome measures to assure maintenance of present levels of service and quality; (vi) comprehensive "make or buy" analysis, including all costs of present and proposed service and projected short-term and long-term savings; and (vii) options for application of contracts on a statewide basis or on a local option basis for facilities with unique geographical and/or service characteristics.

3. These provisions shall not apply to capital outlay services.

4. These provisions shall not extend authority to the Commissioner beyond that granted by the Code of Virginia.

5. No real property under the control of the Department of Mental Health, Mental Retardation, and Substance Abuse Services on behalf of the Commonwealth shall be sold or otherwise conveyed to another party or agency prior to June 30, 2002, without the express approval of the Governor and General Assembly. However, nothing herein shall be construed to prohibit the granting of easements to a locality or other political subdivision of the Commonwealth.

P. The Department, in cooperation with Virginia's community services boards and the Virginia Association of Community Services Boards, shall develop a proposal for implementing all outstanding, applicable recommendations made by the Joint Legislative Audit and Review Commission in its 1997 report, "Services for Mentally Disabled Residents of Adult Care Residences." The Department shall present the proposal to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Joint Commission on Health Care prior to September 15, 2000.

Q. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, or his designee, in cooperation with the directors of Central State Hospital, Southside Virginia Training Center, and Hiram Davis Hospital shall develop an agreement to provide fair and reasonable reimbursement for the use of local emergency medical services.

R.1. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall monitor, on a quarterly basis, federal block grant funds, special project funds, and other items of a categorical nature allocated to community services boards (CSBs). Funds that have been properly allocated but not encumbered by the end of the second quarter shall be considered for reallocation to

1144 community services boards that have a demonstrated need for additional one-time funding for the same
 1145 purposes, unless a community services board can demonstrate sufficient reason to retain the funds.

1146 2. Reallocations resulting from unencumbered funds of those items cited above shall be reported to
 1147 the Chairmen of the House Appropriations and Senate Finance Committees no later than January 31 of
 1148 each year.

1149 3. The provisions in paragraphs 1 and 2 are not applicable to non-categorical CSB funds.

1150 S. Out of this appropriation, \$35,000 the second year from the general fund shall be provided for a
 1151 study of a center of geriatric excellence on the Eastern State Hospital campus in cooperation with the
 1152 Virginia Commonwealth University Health System Authority, the University of Virginia School of
 1153 Medicine, and the College of William and Mary. The Department shall contract with the appropriate
 1154 departments and institutions for this study. A report on the study shall be provided to the Chairmen of
 1155 the Senate Finance and House Appropriations Committees, and the Behavioral Health Care Commission
 1156 by October 31, 2001.

1157 T.1. The Commissioner shall establish a community implementation and transition team consisting of
 1158 Department staff and representatives of the jurisdictions surrounding and encompassing any institution
 1159 proposed for restructuring, including local governing officials, consumers, family members of consumers,
 1160 advocates, facility employees, community services boards, public and private service providers, local
 1161 health department staff, local social services staff, sheriffs' office staff, and other interested citizens. In
 1162 addition, the members of the House of Delegates and the Senate of Virginia elected to serve the
 1163 jurisdictions surrounding and encompassing the relevant institution shall serve on the community
 1164 implementation and transition team for the relevant institution. Each community implementation and
 1165 transition team shall advise the Commissioner on (i) the types, amounts, and locations of new and
 1166 expanded community services needed to successfully implement the restructuring of the mental health
 1167 system in Virginia; (ii) the development of a detailed implementation plan designed to build community
 1168 mental health infrastructure; (iii) the creation of new and enhanced community services prior to the
 1169 restructuring of the relevant institution, the reduction in beds of the relevant institution, the conversion
 1170 of the use of the relevant institution, or any changes in the services of the relevant institution; (iv) the
 1171 transition of institutionalized patients to community services; and (v) resolution of issues relating to the
 1172 restructuring transition process, including employment issues.

1173 2. At least nine months prior to a proposed restructuring, the community implementation and
 1174 transition team shall submit a plan to the Joint Commission on Behavioral Health Care for review.

1175 3. The Commissioner shall ensure that each restructuring plan includes the following components: (i)
 1176 a plan for community education; (ii) state-of-the-art practice models, including such models for rural
 1177 areas; (iii) a plan for assuring the availability of adequate professional treatment staff in the affected
 1178 community; and (iv) an individual services plan for each patient being transferred or discharged as a
 1179 result of the restructuring in compliance with § 37.1-197.1(A)(3) of the Code of Virginia.

1180 4. The Joint Commission on Behavioral Health Care shall make recommendations to the Governor
 1181 on the relevant plan no later than six months prior to the proposed restructuring date.

1182 5. The Governor shall submit to the General Assembly such legislation and appropriations revisions
 1183 as necessary to implement the plan.

1184 6. If the necessary legislation and appropriations revisions are enacted, the Commissioner shall
 1185 ensure that the plan components required by paragraph T.3. of this item are in place and may perform
 1186 all tasks necessary to facilitate restructuring of the relevant facility.

1187 324. through 328. not set out.

1188	Total for Department of	63,634,670	64,510,534
1189	Mental Health, Mental		
1190	Retardation and Substance		
1191	Abuse Services		
1192			64,718,409
1193	General Fund Positions	311.07	320.07
1194	Nongeneral Fund Positions	10.43	10.43
1195	Position Level	321.50	330.50
1196	Fund Sources: General	53,668,280	54,543,663
1197			54,751,538
1198	Special	2,031,778	2,031,773
1199	Federal Trust	7,934,617	7,935,098

1200 Grants to Localities (790)

1201	329.	Financial Assistance for Health Services (44500)	225,457,669	226,257,669
1202				223,667,005

1203		Substance Abuse Services (44501)	83,894,989	83,894,989
1204				83,971,125
1205		Local Administration Services (44503)	8,567,482	8,567,482
1206		Mental Health Services (44506)	91,374,413	92,174,413
1207				93,174,413
1208		Mental Retardation Services (44507)	41,620,785	41,620,785
1209				38,953,985
1210	Fund Sources:	General	165,878,222	166,678,222
1211				164,011,422
1212		Special	50,000	50,000
1213		Federal Trust	59,529,447	59,529,447
1214				59,605,583

1215 Authority: Title 37.1, Chapter 10, Code of Virginia.

1216 A. It is the intent of the General Assembly that community mental health, mental retardation and
 1217 substance abuse services are to be improved throughout the state. Funds provided in this Item shall not
 1218 be used to supplant the funding effort provided by localities for services existing as of June 30, 1996.

1219 B. Further, it is the intent of the General Assembly that funds appropriated for this Item may be used
 1220 by Community Services Boards to purchase, develop, lease, or otherwise obtain, in accordance with
 1221 § 37.1-197, Code of Virginia, real property necessary to the provision of residential services funded by
 1222 this Item.

1223 C. Out of the appropriation for this Item, funds are provided to Community Services Boards in an
 1224 amount sufficient to reimburse the Virginia Housing Development Authority for principal and interest
 1225 payments on residential projects for the mentally disabled financed by the Housing Authority.

1226 D. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall make
 1227 payments to the Community Services Boards from this Item in twenty-four equal semimonthly
 1228 installments, except for necessary budget revisions or the operational phase-in of new programs.

1229 E. Failure of a board to participate in Medicaid covered services and to meet all requirements for
 1230 provider participation shall result in the termination of a like amount of state grant support.

1231 F. Community Services Boards may establish a line of credit loan for up to three months' operating
 1232 expenses to assure adequate cash flow.

1233 G. Out of the appropriation for this Item, \$180,000 the first year and \$180,000 the second year from
 1234 the general fund shall be provided to continue the Keeping Our Kids At Home program in the Roanoke
 1235 Valley, to contract with community providers for short-term crisis hospitalization of children and
 1236 adolescents.

1237 H. Out of the appropriation for this Item, the Department shall initiate statewide Programs of
 1238 Assertive Community Treatment (PACT) to provide services to adults with serious mental illnesses in
 1239 the community, in order to reduce hospitalizations.

1240 I. Out of the appropriation for this Item, \$750,000 the first year and \$750,000 the second year from
 1241 the general fund shall be used to develop pilot projects in areas that have high concentrations of adult
 1242 care residences. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in
 1243 cooperation with the Department of Social Services, shall design the projects to identify and provide the
 1244 appropriate treatment and support for persons with mental illness, mental retardation, or substance abuse
 1245 problems who reside in adult care residences. The Department shall ensure that the pilot projects are
 1246 designed to provide a variety of service models, including the provision of services within the
 1247 community and within the adult care residence. The Department shall evaluate the implementation of the
 1248 pilot projects and measure project outcomes.

1249 J. Out of this appropriation ~~\$150,000~~ \$200,000 in the first year and ~~\$150,000~~ \$200,000 in the second
 1250 year is provided to Grafton School for the continued operation and expansion of the Virginia Autism
 1251 Resource Center.

1252 K. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall
 1253 conduct a study of methods to increase the number of service providers in Virginia's Part H early
 1254 intervention system from underserved groups, including minority, low-income, and rural families. The
 1255 Department shall consider a variety of recruitment and retention strategies including, but not limited to,
 1256 the use of scholarship incentives, training opportunities, minority recruitment, and other strategies
 1257 developed by the Task Force for Virginia's Part H early intervention system. In undertaking this study,
 1258 the Department shall establish a task force comprised of representatives from underserved groups,
 1259 colleges and universities, service agencies and providers, families, and the Joint Subcommittee Studying
 1260 Early Intervention for Infants and Toddlers with Disabilities, to develop strategies for ongoing preservice
 1261 and in-service training, recruitment, and retention of early intervention personnel from underserved
 1262 groups.

1263 L. The Department of Mental Health, Mental Retardation, and Substance Abuse Services and the

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1264 Department of Rehabilitative Services shall assist the Cumberland Mountain Community Services Board
1265 in developing a management and funding plan for employment programs provided to disabled persons.

1266 M. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from nongeneral
1267 funds is provided to the Richmond Behavioral Health Authority to continue a substance abuse treatment
1268 program that allows substance-abusing women to remain with their children during treatment.

1269 N. Out of this appropriation, \$76,136 the second year from nongeneral funds is provided to Blue
1270 Ridge Community Services to continue a public inebriate program that reduces the number of
1271 intoxication arrests and diverts nonviolent public inebriates from the local jail into substance abuse
1272 treatment.

1273	Total for Grants to Localities	225,457,669	226,257,669
1274			223,667,005
1275	Fund Sources: General	165,878,222	166,678,222
1276			164,011,422
1277	Special	50,000	50,000
1278	Federal Trust	59,529,447	59,529,447
1279			59,605,583
1280	330. through 371. Not set out.		

1281	Grand Total for Department of	756,943,416	759,247,503
1282	Mental Health, Mental Retardation		
1283	and Substance Abuse Services		
1284			756,864,714
1285	General Fund Positions	6,821.18	6,830.18
1286	Nongeneral Fund Positions	3,233.32	3,233.32
1287	Position Level	10,054.50	10,063.50
1288	Fund Sources: General	430,233,766	432,290,936
1289			429,832,011
1290	Special	258,741,636	258,988,072
1291	Federal Trust	67,968,014	67,968,495
1292			68,044,631

1293 372. through 378. not set out.

1294 Department of Social Services (765)

1295	379.	Administrative and Support Services (47900)	51,412,693	51,394,189
1296			49,862,693	55,070,796
1297		General Management and Direction (47901)	3,406,905	3,408,576
1298		Computer Services (47902)	35,694,507	35,673,793
1299			34,144,507	39,350,400
1300		Accounting and Budgeting Services (47903)	2,681,281	2,683,333
1301		Personnel Services (47914)	1,651,515	1,652,775
1302		Planning and Evaluation Services (47916)	2,365,430	2,468,242
1303		Procurement and Distribution Services (47918)	2,647,259	2,662,225
1304		Financial and Operational Audits (47929)	2,715,464	2,594,831
1305		Administrative and Support Services for	250,332	250,414
1306		Individual and Family Economic Independence		
1307		Services (47930)		
1308	Fund Sources: General	19,486,661	19,482,484	
1309		17,936,661	23,159,091	
1310	Special	2,892,484	2,892,484	
1311	Federal Trust	29,033,548	29,019,221	

1312 Authority: Title 63.1, Chapter 1; § 9-6.14:1 et seq., Code of Virginia; P.L. 98-502, P.L. 104-156,
1313 P.L. 104-193, P.L. 104-327, P.L. 105-33, as amended; P.L. 105-89; P.L. 105-178, Federal Code; Titles
1314 IV-A, IV-B, IV-D, IV-E, XIX, XX, XXI of the federal Social Security Act, as amended.

1315 A. The Commissioner of the Department of Social Services (DSS) and the Secretaries of
1316 Administration and Health and Human Resources shall develop an automated system for eligibility and
1317 service programs that include Temporary Assistance to Needy Families (TANF), Food Stamps, and
1318 Medicaid. The maximum use of federal funds for this purpose shall be explored.

1319 B.1. To provide adequate oversight of the implementation of automated systems, and to ensure
1320 coordination with local social services agencies, the Department of Social Services shall maintain a
1321 Local Information Technology Planning Committee. The Committee shall include one representative

each from the Department of Technology Planning, the Department of Information Technology, the Department of Social Services, the Department of Medical Assistance Services, and the Joint Legislative Audit and Review Commission, and at least five local social services personnel to be selected by the Virginia League of Social Service Executives. The Committee shall provide advice to the Commissioner on all computer and telecommunications systems operated by the Department in support of programs administered by local social services agencies.

2. The Department shall retain the services of a qualified independent contractor with appropriate experience in information technology project management and systems integration to perform periodic audits of the performance of the ADAPT project. Such audits shall be conducted under the direction of the DSS Local Information Planning Committee and shall include, but not be limited to, the progress of the project in terms of: (a) planned versus actual work plan activities, (b) milestones and deliverables, (c) critical path activities, (d) execution of risk reduction activities, and (e) application of any contingency plans. The audit contractor shall report audit exceptions in a timely manner, note any areas of concern, and recommend remedial actions. At least semiannually, the audit contractor shall issue a written report including audit findings, recommendations, and the results to date of any follow-up actions by the Department. The contractor shall distribute such reports to the Commissioner of Social Services, the DSS Local Information Technology Planning Committee, the Governor, the Department of Planning and Budget, the ~~Council on Information Management~~ *Department of Technology Planning*, and the Chairmen of the Senate Finance and House Appropriations Committees.

3.a. The Department of Social Services shall own hardware and database management software purchased with funds appropriated to it. The Department of Information Technology may charge the Department of Social Services for operations and maintenance of such equipment and products but may not include any portion of the purchase price in the calculation of such charges. The Department of Information Technology may not use or sell the excess capacity resulting from these purchases, except pursuant to a Memorandum of Understanding (MOU) between the Departments of Planning and Budget, Information Technology, and Social Services. Any such MOU must provide for appropriate reimbursement to the general fund and any federal grant contributions for the purchases.

b. Recovery of the federal share of the cost of computer equipment in years following the Department's original purchase with general fund appropriation shall be deposited as revenue of the general fund in reimbursement for general fund expenditures made in prior years.

C. As a condition of the appropriation for this Item, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law §§ 104-193, *as amended*, the Department shall, in cooperation with local departments of social services, maintain a waiver of the work requirement for Food Stamp recipients residing in areas that do not have a sufficient number of jobs to provide employment for such individuals, including those areas designated as labor surplus areas by the U.S. Department of Labor.

D. The Department, in consultation with welfare recipients and welfare advocates, shall prepare and distribute brochures, videos, and other community education materials to explain fully, concisely, and simply the rights and responsibilities of welfare applicants and recipients under the Virginia Independence Program and the Virginia Initiative for Employment not Welfare.

E. The Department shall implement an Electronic Benefits Transfer (EBT) system as required under Title Eight of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193. That federal statute mandates that all states distribute Food Stamp benefits by electronic means by October 1, 2002.

F. The Department of Social Services (DSS), in collaboration with the Office of Comprehensive Services, shall provide training to local staff serving on Family Assessment and Planning Teams and Community Policy and Management Teams. Training shall include, but need not be limited to, the federal and state requirements pertaining to the provision of the foster care services funded under § 2.1-757, Code of Virginia. The training shall also include written guidance concerning which services remain the financial responsibility of the local departments of social services. Training shall be provided on a regional basis at least once per year. Written guidance shall be provided to local Comprehensive Services Act teams by July 1, 2000, and updated whenever there is a change in allowable expenses under federal or DSS guidelines. In addition, the Department of Social Services shall provide ongoing local oversight of its federal and state requirements related to the provision of services funded under § 2.1-757, Code of Virginia.

G. The Department of Social Services, in cooperation with local departments of social services, shall promote the Children's Medical Security Insurance Plan or Family Access to Medical Insurance Security Plan in Southside Virginia localities and promptly enroll eligible children. The Department shall report to the Chairmen of the House Appropriations and Senate Finance Committees by July 1, 2000, on their progress in enrolling children in the program, and provide quarterly progress reports thereafter.

H. *On July 1 of each year in which funds are appropriated, the Department of Social Services shall*

1383 *begin payments to local organizations for purposes provided for in this act. If contracts are required in*
 1384 *advance of payments, the contracts shall be completed in time to meet the July 1 deadline for beginning*
 1385 *payments.*

1386 *1. To the extent permitted by federal law, the Department of Social Services shall permit local social*
 1387 *services agencies to implement semiannual reporting for food stamp households with earned income as*
 1388 *authorized by 65 Federal Register 70133-70212 (November 21, 2000, to be codified at 7 C.F.R.*
 1389 *§273.12(a)(1)(vii) et al.).*

1390	380.	State Administration for Standards of Living	40,114,932	39,909,895
1391		Services (45100)		
1392			42,349,709	41,260,032
1393		Regional and Areawide Assistance	11,614,759	[11,566,750]
1394		Administration (45101)		
1395				[11,386,159]
1396		State Administration of Financial Assistance for	3,783,375	3,632,472
1397		Standards of Living Services (45102)		
1398			6,018,152	4,982,609
1399		State Administration of Social Services for	4,146,501	4,140,376
1400		Standards of Living (45103)		
1401		Community Services Block Grant (45104)	11,766,971	11,766,971
1402		Financial Assistance to Localities for Social	8,803,326	8,803,326
1403		Services (45105)		
1404	Fund Sources:	General	8,971,790	8,789,375
1405			11,206,567	10,139,512
1406		Special	723,006	723,006
1407		Federal Trust	30,420,136	30,397,514

1408 Authority: Title 2.1, Chapter 39; Title 63.1, Chapters 1 and 6, Code of Virginia; Title VI, Subtitle B,
 1409 P.L. 97-35, as amended; P.L. 103-252, as amended; P.L. 104-193, as amended, Federal Code.

1410 A.1. All increased state or federal funds distributed to Community Action Agencies shall be
 1411 distributed as follows:

1412 The funds shall be distributed to all local Community Action Agencies according to the Department
 1413 of Social Services' funding formula (75 percent based on low-income population, 20 percent based on
 1414 number of jurisdictions served, and five percent based on square mileage served), adjusted to ensure that
 1415 no agency receives less than 1.5 percent of any increase.

1416 2. Out of this appropriation, \$250,000 the first year and \$250,000 the second year from the general
 1417 fund shall be provided for expansion of community action services into the following previously
 1418 unserved local jurisdictions: the City of Petersburg (to be served by the Richmond Community Action
 1419 Program); the Counties of Nottoway, Lunenburg, and Charlotte (by the Central Piedmont Action
 1420 Council); the County of Orange (by the Skyline Community Action Program); the County of Brunswick
 1421 (by the Sussex-Surry-Greensville Improvement Association); the County of Campbell (by the Lynchburg
 1422 Community Action Group); and the County of Lee (by the Rural Areas Development Association, Inc.).

1423 3. Out of this appropriation, \$750,000 the first year and \$750,000 the second year from the federal
 1424 Temporary Assistance to Needy Families block grant shall be provided for Centers for Employment
 1425 Training programs at Southeastern Tidewater Opportunity Program, Alexandria Office of Community
 1426 Services, People Inc., Lynchburg Community Action Group, and Total Action Against Poverty.

1427 B. The Department shall continue to fund from this Item all Community Action Agencies funded in
 1428 Item 463 of Chapter 853 of the 1995 Acts of Assembly.

1429 C. The toll-free telephone hotline operated by the Department of Social Services to receive child
 1430 abuse and neglect complaints shall also be publicized and used by the Department to receive complaints
 1431 of adult abuse and neglect.

1432 D. If it has not already done so, the Department of Social Services shall apply for all available
 1433 federal Food Stamp waivers as soon as possible and in no case later than July 14, 2000. The
 1434 Department shall provide appropriate documentation of such application to the Department of Planning
 1435 and Budget (DPB) on or before July 14, 2000. If the Department of Social Services determines that any
 1436 such waiver cannot contribute to improving the accuracy of Food Stamp eligibility and benefits
 1437 determination and will clearly have a detrimental impact on the Commonwealth's Food Stamp program,
 1438 it shall notify DPB in writing on or before July 10, 2000, and shall obtain DPB agreement not to apply
 1439 for the waiver. The Department shall not terminate such waivers without advance approval from the
 1440 Department of Planning and Budget.

1441 E. Out of the appropriation for State Administration of Financial Assistance for Standards of Living
 1442 Services, ~~\$374,994~~ \$2,609,771 the first year and ~~\$222,222~~ \$1,572,359 the second year from the general
 1443 fund is appropriated to meet the Food Stamp reinvestment requirement of the U.S. Department of

1444 Agriculture. These amounts are attributable to the error rate for federal fiscal year 1998 years through
 1445 1999. Of the amount required in the second year, \$88,888 shall be assessed to local departments of
 1446 social services on a basis proportional to caseload. This reduction is reflected in the appropriation in
 1447 Item 383.

1448 F. The Department of Social Services is hereby authorized to expend amounts provided for in Item
 1449 548 for grant payments and administrative costs of the Virginia Caregivers Grant Program operated
 1450 pursuant to Chapter 21, Title 63.1, Code of Virginia.

1451 G. Out of this appropriation, \$250,000 the first year and \$250,000 the second year from the federal
 1452 TANF grant shall be provided by the Department to support the expansion of services provided by food
 1453 banks. The Department shall issue a Request for Proposals specifying that these funds shall be used only
 1454 for the expansion of services and shall not to be used to supplant funds that support existing programs.

1455 381. Not set out.

1456	382.	Protective Services (45300)	75,134,131	62,969,871
1457			81,673,726	83,059,769
1458		Foster Care (45301)	64,099,720	52,142,506
1459			70,639,315	71,960,768
1460		Protection of Children and Youths (45302)	2,826,866	2,619,509
1461		Financial Assistance for Child and Youth Services	7,672,578	7,672,578
1462		(45303)		
1463		Comprehensive Services Act Administration	534,967	535,278
1464		(45305)		
1465				806,914
1466	Fund Sources:	General	42,454,758	35,390,902
1467			44,553,177	45,265,338
1468		Federal Trust	32,679,373	27,578,969
1469			37,120,549	37,794,431

1470 Authority: Title 63.1, Chapters 3, 10, 10.1, 11, 11.1, 12.1, and 18, Code of Virginia; P.L. 100-294,
 1471 P.L. 101-126, P.L. 101-226, P.L. 105-89, as amended, Federal Code.

1472 A.1. Out of the amount for Financial Assistance for Child and Youth Services, \$575,000 from the
 1473 general fund and \$400,000 from nongeneral funds the first year and \$575,000 from the general fund and
 1474 \$400,000 from nongeneral funds the second year shall be provided for the purchase of services for
 1475 victims of domestic violence, child abuse and neglect prevention activities as stated in §§ 63.1-248.7 C
 1476 and 63.1-319, Code of Virginia, in accordance with regulations promulgated by the Board of Social
 1477 Services.

1478 2. Out of the amount for Financial Assistance for Child and Youth Services, increased nongeneral
 1479 fund revenues from Chapter 887, Acts of Assembly of 1993, estimated at \$541,578 the first year and
 1480 \$541,578 the second year, shall be appropriated for services to victims of domestic violence.

1481 3. Out of the amount for Financial Assistance for Child and Youth Services, \$250,000 from the
 1482 general fund and \$1,000,000 from the federal TANF grant the first year and \$250,000 from the general
 1483 fund and \$1,000,000 from the federal TANF grant the second year shall be provided as grants to local
 1484 domestic violence programs for purchase of crisis and core services for victims of domestic violence,
 1485 including 24-hour hotlines, emergency shelter, emergency transportation, and other crisis services as a
 1486 first priority.

1487 B.1. Expenditures meeting the criteria of Title IV-E of the Social Security Act shall be fully
 1488 reimbursed except that expenditures otherwise subject to a standard local matching share under
 1489 applicable state policy, including local staffing, shall continue to require local match. The Commissioner
 1490 shall ensure that local social service boards obtain reimbursement for all children eligible for Title IV-E
 1491 coverage.

1492 2. Out of the amount for Financial Assistance for Child and Youth Services, \$300,000 the first year
 1493 and \$300,000 the second year from the general fund shall be allocated to the Pendleton and Chesapeake
 1494 Childcare Programs.

1495 C. This appropriation includes \$180,200 from the general fund and \$99,800 from nongeneral funds
 1496 the first year and \$180,200 from the general fund and \$99,800 from nongeneral funds the second year to
 1497 continue respite care for foster parents.

1498 D. The Commissioner, in cooperation with the Department of Planning and Budget, shall establish a
 1499 reasonable, automatic adjustment for inflation each year to be applied to the room and board maximum
 1500 rates paid to foster parents. However, this provision shall apply only in fiscal years following a fiscal
 1501 year in which salary increases are provided for state employees. The amount of the increase shall be
 1502 based on inflation in the cost of raising a child as indicated by appropriate inflation indicators selected

1503 by the Department of Planning and Budget.

1504 E. Out of this appropriation shall be provided \$100,000 the first year from the general fund and
 1505 \$100,000 the second year from the general fund for Volunteer Emergency Families for Children to
 1506 expand its shelter care network for abused, neglected, runaway, homeless, and at-risk children
 1507 throughout Virginia.

1508 F. The Department of Social Services shall develop additional performance measures for the adoption
 1509 subsidy program to measure, over a fiscal year, the percentage of foster care children with a goal of
 1510 adoption who are placed in adoptive homes and, of those, the average number of months since the
 1511 termination of parental rights and the average number of months since the goal of adoption was
 1512 established.

1513 G. The Department of Social Services shall develop and maintain a Memorandum of Understanding
 1514 with the Comprehensive Health Investment Project (CHIP) of Virginia to pilot the use of foster care
 1515 prevention funding in Southwest Virginia. Additional funding which may be available through this effort
 1516 to Southwest Virginia CHIP projects cannot be used to supplant existing resources for those projects.

1517 H. The Department of Social Services (DSS) and the State Executive Council (SEC) of the
 1518 Comprehensive Services Act (CSA) shall negotiate a Memorandum of Understanding (MOU) regarding
 1519 Title IV-E coverage of services for Title IV-E eligible children that were previously funded under the
 1520 Comprehensive Services Act. In developing the MOU, the SEC and DSS shall consult the Department
 1521 of Medical Assistance Services regarding the impact of the MOU on Medicaid coverage of such
 1522 services. The Department of Planning and Budget (DPB) shall approve the terms of the MOU to assure
 1523 they are precise enough to govern any transfer of appropriation from CSA to DSS and to assure that it
 1524 clearly distinguishes between provisions regarding retroactive charges and current charges. Pursuant to
 1525 the MOU, funds may be transferred to the Department of Social Services from the Comprehensive
 1526 Services Act appropriation, upon documentation that demonstrates reduction in CSA costs and transfer
 1527 of charges to DSS for such services. If DPB determines that savings should result from the difference
 1528 between the state matching ratio required for Title IV-E and the state share of CSA expenditures, DPB
 1529 shall unallot the appropriate amount of general fund savings. Such unallotted funds shall be made
 1530 available only if needed to fund unavoidable deficits in either CSA or DSS foster care and adoptions.
 1531 Otherwise they shall revert to the general fund of the state treasury.

1532 I. It is the intent of the General Assembly that the Commissioner of the Department of Social
 1533 Services allow local social services boards to obtain matching federal funds for children participating in
 1534 Healthy Family sites who are eligible for Title IV-E coverage. Appropriations from the general fund in
 1535 this Item for Healthy Families may be used to qualify for matching federal funds.

1536 J. The Department of Social Services shall allocate \$600,000 the first year and \$600,000 the second
 1537 year from the federal Temporary Assistance to Needy Families (TANF) grant for services to children
 1538 participating in Healthy Families who may qualify for TANF.

1539 383. Not set out.

1540 384. Not set out.

1541 385. Not set out.

1542	386.	Child Support Enforcement Services (46300)	448,732,923	491,262,432
1543		Support Enforcement and Collection Services	69,379,781	69,409,290
1544		(46301)		
1545		Public Assistance Child Support Collections (46302)	10,925,000	10,925,000
1546		Non-Public Assistance Child Support Payments	368,428,142	410,928,142
1547		(46303)		
1548	Fund Sources:	General	4,802,780	4,563,291
1549				6,498,796
1550		Special	398,587,973	441,337,495
1551				439,401,990
1552		Federal Trust	45,342,170	45,361,646

1553 Authority: Title 20, Chapter 9; Title 63.1, Chapters 13 and 14, Code of Virginia; P.L. 104-193, as
 1554 amended; P.L. 105-200, Federal Code.

1555 A. Any net revenue from child support enforcement collections, after all disbursements are made in
 1556 accordance with state and federal statutes and regulations, and after the state's share of the cost of
 1557 administering the program is paid, shall be estimated and deposited into the general fund by June 30 of
 1558 the fiscal year in which it is collected. Any additional moneys determined to be available upon final
 1559 determination of a fiscal year's costs of administering the program shall be deposited to the general fund
 1560 by September 1 of the subsequent fiscal year in which it is collected.

1561 B. In determining eligibility and amounts for cash assistance, pursuant to the Personal Responsibility
 1562 and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, the Department shall continue
 1563 to disregard up to \$50 per month in child support payments and return to recipients of cash assistance
 1564 up to \$50 per month in child support payments collected on their behalf.

1565 C. Amounts disbursed to recipients of cash assistance pursuant to paragraph B of this Item shall be
 1566 considered part of the Commonwealth's required Maintenance of Effort spending for the federal
 1567 Temporary Assistance for Needy Families program established by the Social Security Act.

1568 D. The Department shall expand collections of child support payments through contracts with private
 1569 vendors. However, the Department of Social Services and the Office of the Attorney General shall not
 1570 contract with any private collection agency, private attorney, or other private entity for any child support
 1571 enforcement activity until the State Board of Social Services has made a written determination that the
 1572 activity shall be performed under a proposed contract at a lower cost than if performed by employees of
 1573 the Commonwealth. Pursuant to § 63.1-249.1 D, Code of Virginia, the Department and the Office of the
 1574 Attorney General shall each submit a written report, on July 1 of each year, to the Governor and the
 1575 Chairmen of the House Appropriations and Senate Finance Committees, with a detailed summary and
 1576 evaluation of the privatization of child support enforcement activities.

1577 387. Not set out.

1578 388. Not set out.

1579 389. Not set out.

1580 390. Not set out.

1581	Total for Department of	1,221,008,336	1,239,541,051
1582	Social Services		
1583		1,228,232,708	1,264,657,693
1584	General Fund Positions	259.76	259.76
1585			263.76
1586	Nongeneral Fund Positions	1,324.74	1,324.74
1587	Position Level	1,584.50	1,584.50
1588			1,588.50
1589	Fund Sources: General	272,409,255	265,896,455
1590		275,192,451	282,733,140
1591	Special	402,675,012	445,424,534
1592			443,489,029
1593	Dedicated Special Revenue	2,308,500	2,308,500
1594	Federal Trust	543,615,569	525,911,562
1595		548,056,745	536,127,024

1596	TOTAL FOR OFFICE OF	5,829,619,187	5,847,184,150
1597	HEALTH AND HUMAN		
1598	RESOURCES		

1599		5,966,647,628	6,092,800,307
1600	General Fund Positions	9321.11	9330.11
1601		9323.49	9336.73
1602	Nongeneral Fund Positions	7781.89	7780.89
1603		7784.27	7783.51
1604	Position Level	17,103.00	17,111.00
1605		17,108.00	17,116.00
1606	Fund Sources: General	2,463,277,020	2,458,378,481
1607		2,537,184,048	2,609,220,795
1608	Special	801,000,428	844,070,998
1609			842,135,493
1610	Enterprise	6,316,197	6,316,197
1611	Trust and Agency	42,000	42,000
1612	Dedicated Special Revenue	107,390,181	108,362,585
1613		112,335,397	110,055,958
1614	Federal Trust	2,451,593,361	2,430,013,889
1615		2,509,969,558	2,525,029,864

1616 OFFICE OF TRANSPORTATION

1617 506. through 524. not set out.

1618 Department of Transportation (501)

1619	525.	Highway System Acquisition and Construction	1,608,354,038	1,399,011,951
1620		(60300)		
1621			1,526,354,038	1,311,511,951
1622		Access Roads and other Construction (60302)	509,929,500	305,636,600
1623			427,929,500	218,136,600
1624		Interstate Construction (60303)	280,922,000	266,605,000
1625		Primary Construction (60304)	234,125,100	241,519,300
1626		Secondary Construction (60306)	238,192,000	238,415,900
1627		Urban Construction (60307)	184,776,400	184,551,400
1628		Construction Management (60309)	70,565,338	71,103,351
1629		Transportation Improvement District Debt Service	7,475,000	7,769,000
1630		(60311)		
1631		Designated Highway Corridor Development Programs	69,807,400	70,756,400
1632		(60312)		
1633		Financial Assistance for Roads and other Construction	12,561,300	12,655,000
1634		(60313)		
1635	Fund Sources:	General	325,584,000	134,347,000
1636			243,584,000	46,847,000
1637		Commonwealth Transportation	1,275,295,038	1,256,895,951
1638		Trust and Agency	7,475,000	7,769,000

1639 Authority: Title 33.1, Chapter 1; §§ 58.1-815, 58.1-815.1, and 58.1-816.1, Code of Virginia; Chapters
 1640 653 and 676, Acts of Assembly of 1988; Chapters 8, 9, and 12, Acts of Assembly of 1989, Special
 1641 Session II; and Chapter 391, Acts of Assembly of 1993.

1642 A. Out of the amounts for Financial Assistance for Roads and other Construction, \$7,000,000 the
 1643 first year and \$7,000,000 the second year from the Commonwealth Transportation Fund shall be
 1644 allocated for purposes set forth in §§ 33.1-221, 33.1-221.1:1, and 33.1-223, Code of Virginia. Of this
 1645 amount, the allocation for Recreational Access Roads shall be \$1,500,000 the first year and \$1,500,000
 1646 the second year. Any balance in the Industrial, Airport and Rail Access program at the end of each
 1647 fiscal year that exceeds an amount equal to the annual appropriation shall be available in the next fiscal
 1648 year for allocation to other transportation programs.

1649 B. Out of the amounts for Financial Assistance for Roads and other Construction the following
 1650 amounts shall be provided for financial assistance to localities and regional agencies for transportation
 1651 planning: \$5,561,300 the first year and \$5,655,000 the second year from the Commonwealth
 1652 Transportation Fund.

1653 C. The amount shown for Transportation Improvement District Debt Service shall be derived from
 1654 payments made to the Transportation Trust Fund pursuant to the Contract between the State Route 28
 1655 Highway Transportation Improvement District and the Commonwealth Transportation Board dated
 1656 September 1, 1988. The contract payments may be supplemented from primary funds allocated to the
 1657 highway construction district in which the project financed is located, or from the secondary system
 1658 construction allocation to the county or counties in which the project financed is located, and from any
 1659 other lawfully available revenues of the Transportation Trust Fund, as may be necessary to meet debt
 1660 service obligations. The payment of debt service shall be for the bonds issued under the
 1661 "Commonwealth of Virginia Transportation Contract Revenue Bond Act of 1988" (Chapters 653 and
 1662 679, Acts of Assembly of 1988). Funds required to pay the total debt service on the bonds shall be
 1663 made available in the amounts indicated in paragraph G of this Item.

1664 D.1. Out of the amounts for Designated Highway Corridor Development Programs, \$40,000,000 the
 1665 first year and \$40,000,000 the second year shall be paid from the general fund to the U.S. Route 58
 1666 Corridor Development Fund, hereinafter referred to as the "Fund", established pursuant to § 58.1-815,
 1667 Code of Virginia. This payment shall be in lieu of the deposit of state recordation taxes to the Fund, as
 1668 specified in the cited Code section and shall be made on July 1 of each year. Said recordation taxes
 1669 which would otherwise be deposited to the Fund shall be retained by the general fund. In addition,
 1670 \$3,500,000 the first year and \$3,500,000 the second year from the Highway Maintenance and Operating
 1671 Fund shall be provided to the Route 58 Corridor Development Fund. This allocation shall be in addition
 1672 to any funds currently provided to the Route 58 Corridor Development Fund.

1673 2. \$11,850,000 the first year and \$11,850,000 the second year from the Commonwealth
 1674 Transportation Fund shall be provided to the Route 58 Corridor Development Fund.

1675 3. Pursuant to the "U.S. Route 58 Commonwealth of Virginia Transportation Revenue Bond Act of
 1676 1989" (Chapter 8, as amended by Chapter 538 of the 1999 Acts of Assembly), the amounts shown in

paragraph G of this Item shall be available from the Fund for debt service for the bonds previously issued and additional bonds issued pursuant to said act.

4. It is the intent of the General Assembly that the Route 58 Corridor Development Program shall be funded such that the Program is able to support its full amount of authorized debt.

E.1. The Commonwealth Transportation Board shall maintain the Northern Virginia Transportation District Fund, hereinafter referred to as the "Fund." Pursuant to § 58.1-815.1, Code of Virginia, and for so long as the Fund is required to support the issuance of bonds, the Fund shall include at least the following elements:

a) Amounts transferred from Item 269 of this act to this Item;

b) \$11,200,000 the first year and \$11,200,000 the second year from the Commonwealth Transportation Fund shall be provided to the Northern Virginia Transportation District Fund.

c) Any public right-of-way use fees allocated by the Department of Transportation pursuant to § 56-468.1 of the Code of Virginia and attributable to the counties of Fairfax, Loudoun, and Prince William, the amounts estimated at \$4,431,000 the first year and \$5,380,000 the second year;

d) Any amounts which may be deposited into the Fund pursuant to a contract between the Commonwealth Transportation Board and a jurisdiction or jurisdictions participating in the Northern Virginia Transportation District Program, the amounts estimated to be \$816,000 the first year and \$816,000 the second year;

e) \$3,500,000 the first year and \$3,500,000 the second year in surplus revenues from the Highway Maintenance and Operating Fund intended for general construction programs; and

f) It is the intent of the General Assembly that the Northern Virginia Transportation District Program shall be funded such that the Program is able to support its full amount of authorized debt.

2. The Fund shall support the issuance of bonds at a total authorized level of \$466,200,000 for the purposes provided in the Northern Virginia Transportation District, Commonwealth of Virginia Revenue Bond Act of 1993 (Chapter 391, Acts of Assembly of 1993), for the purposes provided in Chapters 470 and 597, Acts of Assembly of 1994 (1994 Amendments to the Northern Virginia Transportation District, Commonwealth of Virginia Revenue Bond Act of 1993), for the purposes provided in Chapters 740 and 761, Acts of Assembly of 1998 (1998 Amendments to the Northern Virginia Transportation District, Commonwealth of Virginia Revenue Bond Act of 1993), and for the purposes provided in Chapter 538 (1999 Amendments to the Northern Virginia Transportation District, Commonwealth of Virginia Revenue Bond Act of 1993).

3. Pursuant to the Northern Virginia Transportation District, Commonwealth of Virginia Revenue Bond Act of 1993, Chapter 391, Acts of Assembly of 1993 as amended by Chapters 470 and 597 of the Acts of Assembly of 1994, Chapters 740 and 761 of the Acts of Assembly of 1998, and Chapter 538 of the 1999 Acts of Assembly, amounts shown in paragraph G of this Item shall be available from the Fund for debt service for the bonds previously issued and additional bonds issued pursuant to said act.

4. Should the actual distribution of recordation taxes to the localities set forth in § 58.1-815.1, Code of Virginia, exceed the amount required for debt service on the bonds issued pursuant to the above act, such excess amount shall be transferred to the Northern Virginia Transportation District Fund in furtherance of the program described in § 33.1-221.1:3, Code of Virginia.

5. Should the actual distribution of recordation taxes to said localities be less than the amount required to pay debt service on the bonds, the Commonwealth Transportation Board is authorized to meet such deficiency, to the extent required, from funds identified in Enactment No. 1, Section 11, of Chapter 391, Acts of Assembly of 1993.

F.1. The Commonwealth Transportation Board shall maintain the City of Chesapeake account of the Set-aside Fund, pursuant to § 58.1-816.1 which shall include funds transferred from Item 284 of this act to this Item, including such local revenues from the City of Chesapeake as may be received pursuant to a contract or other alternative mechanism for the purpose provided in the Oak Grove Connector, City of Chesapeake Commonwealth of Virginia Transportation Program Revenue Bond Act of 1994.

2. Pursuant to the Oak Grove Connector, Commonwealth of Virginia Transportation Program Revenue Bond Act of 1994 (Chapters 233 and 662, Acts of Assembly of 1994), the amounts shown in paragraph G of this Item shall be available from the City of Chesapeake account of the Set-aside Fund for debt service for the bonds issued pursuant to said act.

3. Should the actual distribution of recordation taxes and such local revenues from the City of Chesapeake as may be received pursuant to a contract or other alternative mechanism to the City of Chesapeake account of the Set-aside Fund be less than the amount required to pay debt service on the bonds, the Commonwealth Transportation Board is authorized to meet such deficiency, pursuant to Enactment No. 1, Section 11 of the Oak Grove Connector, City of Chesapeake Commonwealth of Virginia Transportation Program Revenue Bond Act of 1994 (Chapters 233 and 662, Acts of Assembly of 1994).

4. The amount appropriated for Interstate Construction includes \$589,687 the first year and \$589,687

1738 the second year to be transferred to the Department of State Police's Highway Patrol Services. These
 1739 funds are for eight positions dedicated to the I-95/395/495 interchange improvement project and are part
 1740 of State Highway Project No. 0095-029-F20 and Federal Project No. NH-95-2 (410).

1741 G. Pursuant to various Payment Agreements between the Treasury Board and the Commonwealth
 1742 Transportation Board, funds required to pay the debt service due on the following Commonwealth
 1743 Transportation Board bonds shall be transferred to the Treasury Board pursuant to paragraphs C, D 2, E
 1744 3, and F 2 of this Item:

	FY 2001	FY 2002
1745		
1746	Transportation Contract Revenue Refund Bonds, Series 1992 (Route 28)	\$8,802,675
1747	Commonwealth of Virginia Transportation Revenue Bonds: U.S. Route 58	\$8,805,125
1748	Corridor Development Program:	
1749	Series 1993A	\$9,920,684
1750	Series 1993B	\$7,237,143
1751	Series 1996B	\$8,111,592
1752	Series 1997C (Refunding)	\$4,877,749
1753	Series 1999B	\$14,858,610
1754	Additional Bonds	\$8,000,000
1755	Northern Virginia Transportation District Program:	
1756	Series 1993C	\$9,499,134
1757	Series 1995A	\$2,154,520
1758	Series 1996A	\$5,188,759
1759	Series 1997B (Refunding)	\$2,337,573
1760	Series 1999A	\$2,414,609
1761	Additional Bonds	\$14,852,405
1762	Transportation Program Revenue Bonds:	
1763	Series 1997A (Oak Grove Connector, City of Chesapeake)	\$2,329,120

1764 H. The Director, Department of Planning and Budget, is authorized to adjust the source and amount
 1765 of appropriation in this item for debt service associated with bonds issued for Route 58 and the
 1766 Northern Virginia Transportation District program based on actual debt service requirements needed
 1767 during the biennium.

1768 I. Contingent upon the passage of Senate Bill 33/House Bill 608, as passed by the 2000 Session of
 1769 the General Assembly and as such bill becomes law, the proceeds of the Federal Highway
 1770 Reimbursement Anticipation Notes shall be expended for the projects in accordance with the terms and
 1771 conditions of Senate Bill 33/House Bill 608. Out of the amounts provided for this Item, a sum sufficient
 1772 amount shall be provided from federal highway and highway assistance reimbursements for the debt
 1773 service payments on the Federal Highway Reimbursement Anticipation Notes. In accordance with
 1774 Chapters 1019 and 1044, Acts of Assembly of 2000, the project list as included in Enactment 3 of such
 1775 chapters is amended to include Route 288 for funding from the proceeds of the Federal Highway
 1776 Reimbursement Anticipation Notes. The amount of outstanding issued Federal Reimbursement
 1777 Anticipation Notes shall not exceed \$800,000,000 at any one time.

1778 J. Notwithstanding the amounts specified in § 33.1-75.1 C and D of the Code of Virginia,
 1779 \$15,000,000 per year in Commonwealth Transportation Funds shall be allocated to localities for
 1780 secondary road revenue sharing.

1781 K. Out of the amounts for this item, \$1,000,000 shall be transferred to the Governor's Development
 1782 Opportunity Fund to reimburse the Fund for outlays made to Loudoun County for construction of a road
 1783 related to attracting a major employer.

1784 L. Out of the amounts for Northern Virginia's Primary Construction, the Commonwealth
 1785 Transportation Board shall allocate \$500,000 the first year to make improvements to Route 193,
 1786 consistent with the findings of a 1999 Department of Transportation study of traffic calming alternatives
 1787 for Georgetown Pike, Route 193.

1788 M. Out of this appropriation the first year, the Commonwealth Transportation Board is encouraged to
 1789 make improvements to Route 86 in the City of Danville at George Washington High School that ensure
 1790 the safety of the students. These improvements shall be made in coordination with the Danville School
 1791 Superintendent.

1792 N. Any funding provided to Route 460 improvements from Suffolk to Petersburg shall include the
 1793 necessary feasibility, environmental, and demand analyses for consideration of high-speed rail.

1794 O. Out of the amounts included in this Item, there is hereby appropriated \$157,284,000 the first year
 1795 and \$0 the second year from the general fund for specified highway projects, notwithstanding the
 1796 provisions of § 6 of Enactment 4 of Chapter 1019 and Chapter 1044, Acts of Assembly of 2000.

1797 P. Out of the amounts included in this Item, there is hereby appropriated \$20,585,038 the first year
 1798 and \$2,200,000 the second year from the general fund for the mass transit assistance program for a

1799 statewide new transit vehicle and equipment program, notwithstanding the provisions of § 1 of
1800 Enactment 4 of Chapter 1019 and Chapter 1044, Acts of Assembly of 2000.

1801 Q. Out of the amounts included in this Item, there is hereby appropriated \$0 the second year from
1802 the general fund for a statewide competitive capital grant program for privately owned designated
1803 reliever airports, notwithstanding the provisions of § 3 of Enactment 4 of Chapter 1019 and Chapter
1804 1044, Acts of Assembly of 2000.

1805 R. Out of the amounts included in this Item, there is hereby appropriated \$23,000,000 the first year
1806 from the general fund for the Virginia Airports Revolving Loan Fund pursuant to Chapter 2.1
1807 (§ 5.1-30.1 et seq.) of Title 5.1 of the Code of Virginia, notwithstanding the provisions of § 2 of
1808 Enactment 4 of Chapter 1019 and Chapter 1044, Acts of Assembly of 2000.

1809 526 through 529. Not set out.

1810 530 and 531. Omitted.

1811 532 through 539. Not set out.

1812	TOTAL FOR OFFICE OF	3,221,640,924	3,051,329,912
1813	TRANSPORTATION		
1814		3,139,640,924	2,963,829,912
1815	Nongeneral Fund Positions	12,719.00	12,719.00
1816	Position Level	12,719.00	12,719.00
1817	Fund Sources: General	325,584,000	134,347,000
1818		243,634,099	46,897,099
1819	Special	21,681,815	21,704,874
1820	Commonwealth Transportation	2,772,131,169	2,791,259,994
1821	Trust and Agency	51,233,107	51,545,711
1822	Debt Service	47,187,000	48,648,500
1823	Federal Trust	3,773,734	3,773,734

1824 CENTRAL APPROPRIATIONS

1825 540. through 541. Not set out.

1826	541.10	Reversion Clearing Account - Appropriation	(46,372,226)	(16,961,060)
1827		Reduction (Operating) (223000)		
1828	Fund Sources:	General	(46,372,226)	(16,961,060)

1829 Authority: Discretionary Inclusion.

1830 A. The State Comptroller shall revert an amount estimated at \$3,724,563 representing balances as of
1831 June 30, 2000 in the Department of Mental Health, Mental Retardation and Substance Abuse Services
1832 that had been previously reappropriated. Such amount is hereby appropriated to this item.

1833 B. The Director of the Department of Planning and Budget shall transfer to this item an amount
1834 estimated at \$5,500,000 representing the funding provided for textile workers' health benefits
1835 appropriated by the 2000 General Assembly and subsequently vetoed by the Governor.

1836 C. The Department of Medical Services Assistance shall deposit to the general fund an amount
1837 estimated at \$27,433,907 in fiscal year 2000-2001 and \$6,441,255 in fiscal year 2001-2002 representing
1838 Medicaid recoveries from prior year activities. Such amounts deposited are hereby appropriated to this
1839 item.

1840 D. Included in this item shall be additional revenue accruing to the general fund in an amount
1841 estimated at \$1,000,000 in fiscal year 2000-2001 and \$1,000,000 in fiscal year 2001-2002 pursuant to
1842 House Bill 2145.

1843 E. The State Comptroller shall transfer to this item an amount estimated at \$3,892,860 in fiscal year
1844 2000-2001 and \$3,892,860 in fiscal year 2001-2002 from the University of Virginia Medical Center in
1845 recognition of the Commonwealth's ongoing financial support of indigent care.

1846 A. The Director of the Department of Planning and Budget shall transfer to this item from the
1847 general fund of the state treasury an amount estimated at \$837,465 in fiscal year 2000-2001 and
1848 \$910,735 in fiscal year 2001-2002 from the Educational and General Programs of the following
1849 colleges and universities based on delayed opening dates of educational facilities.

1850	Institution	2000-01	2001-02
1851	College of William and Mary	\$15,930	\$0
1852	University of Virginia	\$22,660	\$199,290

1853	Virginia Polytechnic Institute and State	\$47,690	\$248,435
1854	University		
1855	James Madison University	\$0	\$58,070
1856	Old Dominion University	\$0	\$71,940
1857	Virginia Commonwealth University	\$171,545	\$0
1858	University of Virginia's College at Wise	\$0	\$69,000
1859	Virginia Community College System	\$579,640	\$264,000
1860	Total	\$837,465	\$910,735

1861 *B. The Director of the Department of Planning and Budget shall transfer to this item an amount*
 1862 *from the general fund of the state treasury estimated at \$495,488 in fiscal year 2000-2001 and \$539,156*
 1863 *in fiscal year 2001-2002 from the Virginia Community College System based on revised estimates of*
 1864 *lease payments for equipment.*

1865 *C. The Director of the Department of Planning and Budget shall transfer to this item an amount*
 1866 *from the general fund of the state treasury estimated at \$2,007,054 in fiscal year 2001-2002 in the*
 1867 *Division of Community Correction in the Department of Corrections based on level funding substance*
 1868 *abuse treatment as part of the Governor's Substance Abuse Reduction Effort (SABRE) Program.*

1869 *D. The Director of the Department of Planning and Budget shall transfer to this item an amount*
 1870 *from the general fund of the state treasury estimated at \$1,000,000 in fiscal year 2001-2002 from the*
 1871 *Department of Criminal Justice Services based on level funding substance abuse treatment as part of the*
 1872 *Governor's Substance Abuse Reduction Effort (SABRE) Program.*

1873 *E. The Director of the Department of Planning and Budget shall transfer to this item an amount*
 1874 *estimated at \$1,170,000 from the general fund appropriation in the second year in the Department of*
 1875 *Juvenile Justice based on level funding substance abuse treatment as part of the Governor's Substance*
 1876 *Abuse Reduction Effort (SABRE) Program.*

1877 *F. On or before June 30, 2001, the State comptroller shall revert to the general fund the following*
 1878 *amounts from the agency fund code and project code listed; provided, however, that the Director of the*
 1879 *Department of Planning and Budget may direct the restoration of any portion of the reverted amount if*
 1880 *the Director shall subsequently verify an unpaid obligation that cannot be paid as a result of this*
 1881 *reversion:*

1882	Agency Code	Project Code	Fund Code	Amount
1883	127	15163	0100	1,481,860
1884	219	15428	0100	24,768
1885	949	16513	0100	45,315
1886	799	16335	0200	621,000
1887	Total			2,172,943

1888 *G. On or before June 30, 2001, the State Comptroller shall revert to the general fund an amount*
 1889 *estimated at \$315,000 from the Export Loan Fund at the Department of Business Assistance. Such*
 1890 *amount is hereby appropriated to this item.*

1891 *H. On or before June 30, 2001, the State Comptroller shall revert to the general fund an amount*
 1892 *estimated at \$1,000,000 from the Virginia Economic Development Revolving Fund at the Department of*
 1893 *Business Assistance. Such amount is hereby appropriated to this item.*

1894 **2. That, in cooperation with the Department of Treasury and other state agencies, the Department**
 1895 **of Rail and Public Transportation may develop a program to assist mass transit properties in**
 1896 **financing agreements, not to exceed five years, to acquire new transit vehicles and equipment.**

1897 **3. That no provision of this act shall alter the effect of any and all budget actions that have been**
 1898 **taken, or will be taken, pursuant to the Governor's Executive Order Seventy-four (01) issued on**
 1899 **February 24, 2001.**

1900 **4. That this act is effective on its passage, as provided in subsection C of § 1-12 of the Code of**
 1901 **Virginia.**