

**Department of Planning and Budget  
2018 Fiscal Impact Statement**

1. **Bill Number:** HB 663

**House of Origin**     Introduced     Substitute     Engrossed  
**Second House**     In Committee     Substitute     Enrolled

2. **Patron:** Kilgore

3. **Committee:** Counties, Cities and Towns

4. **Title:** Reimbursement of costs necessary to examine, review, and supervise a cooperative agreement.

5. **Summary:** Requires parties who have applied to the Department of Health for approval of a cooperative agreement to pay all costs incurred to examine the initial application and, in the event that the cooperative agreement is approved, all costs incurred for the review and ongoing supervision of the cooperative agreement by the State Health Commissioner.

6. **Budget Amendment Necessary:** Yes, see item 8 and item 10.

7. **Fiscal Impact Estimates:** See item 8.

**7a. Expenditure Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2018	\$318,751	6	Nongeneral
2019	\$624,518	6	Nongeneral
2020	\$624,518	6	Nongeneral
2021	\$624,518	6	Nongeneral
2022	\$624,518	6	Nongeneral

**7b. Revenue Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Fund</i>
2018	\$318,751	Nongeneral
2019	\$624,518	Nongeneral
2020	\$624,518	Nongeneral
2021	\$624,518	Nongeneral
2022	\$624,518	Nongeneral

8. **Fiscal Implications:** This fiscal impact statement has been updated to include additional information provided by the Virginia Department of Health (VDH) related to the reimbursement cap. This bill, as amended, would have a fiscal impact on the Commonwealth. The Governor’s introduced budget includes funding for VDH for the active supervision of a cooperative agreement in Southwest Virginia beginning FY 2019 and beyond. If the proposed bill does not pass and a cooperative agreement moves forward, the Commonwealth will incur

the cost beyond the \$75,000 reimbursement cap currently set in § 15.2-5384.1 of the Code of Virginia to supervise a cooperative agreement.

The provisions of the bill would allow VDH to seek the full reimbursement for services from parties involved. According to the Code of Virginia §15.2-5384.1 J, VDH can only seek reimbursement of up to \$75,000 per recipient per year for the ongoing monitoring and support of the cooperative agreement provided the agency. This amount would not be sufficient to adequately provide the level of monitoring that is required.

The personnel resources necessary to conduct the active monitoring of the cooperative agreement does not currently exist within the Virginia Department of Health. To meet the staffing needs for the active monitoring of any cooperative agreement in southwest Virginia, six additional staff are expected to be needed:

- One program manager dedicated solely to the monitoring of the cooperative agreement (total compensation: \$99,544)
- One information technologist for the systems needed to manage the large volume of data collected in the monitoring (total compensation: \$75,981)
- One analyst to assist in the analysis of the data and to serve as the liaison (total compensation: 86,438)
- One complaint intake specialist devoted solely to the receipt of cooperative agreement and merger specific complaints and complaints related to the subject facilities (total compensation \$86,265)
- Two medical facilities inspectors to field investigate the complaints (total compensation x 2: \$166,250).

Additionally an outside consultant with a background in health facility mergers and population health is included for an estimated cost of \$42,800 (80 hours at \$535/hr). There is an initial computer set up at the current VITA rate of \$6,429, which is refreshed every three years per policy, and annual computer support costs of \$15,840. Travel estimates include quarterly trips for the program manager, complaint visits for two health care compliance specialists, two state vehicles and gas for the travel involved, totaling an estimated \$51,400 annually. Therefore the total impact for the provisions of the bill is \$624,518.

However, since FY 2018 is already six months in, the estimated costs for the first year for personnel expenses, computing expenses, consulting expenses, and travel can halved, but the set up costs for the computing system will still be incurred in full. The expenses for FY 2018 would be \$315,505.

**9. Specific Agency or Political Subdivisions Affected:** Department of Health.

**10. Technical Amendment Necessary:** On line 195, before “special fund” add “dedicated.” This will provide the proper protection required for the fund.

**11. Other Comments:** None.