

Budget Amendments
Summary compiled by Voices for Virginia's Children
February 3, 2010

Disclaimer: Some budget amendments propose reducing funding for the Virginia Preschool Initiative to support other initiatives that serve children, such as restoring funds for inpatient psychiatric services for children. While we strongly support restoring children's mental health funding, **Voices does not support raiding other vital child-serving programs**, such as pre-k, in order to attain the necessary funding.

HEALTH CARE

Topic	Number	Patron	Amount	Description	Voices' Position
Children's in-patient psychiatric safety net - SWVMHI	309 #2s	Wampler, Puckett	\$2.1 million	This amendment restores \$700,000 GF the first year and \$1.4 million GF the second year to reverse a proposal included in the introduced budget to close the adolescent treatment unit at Southwest Virginia Mental Health Institute in Marion. Separate amendments update an informational table in Item 311 reflecting position levels and appropriations and restore educational funding in Item 132.	SUPPORT
Children's in-patient psychiatric safety net – SWVMHI	132 #2s 132 #24h	Wampler Puckett Carrico	\$1,148,015	This amendment restores \$567,744 the first year and \$580,271 the second year for educational services through "state operated programs" for children residing at the adolescent unit at Southwestern Virginia Mental Health Institute at Marion in Smyth County. The introduced budget anticipated the savings by again proposing the closure of the unit, along with the Commonwealth Center for Children and Adolescents in Staunton. There is a companion amendment in Health and Human Resources restoring the funds for the mental health treatment center.)	SUPPORT
Children's in-patient psychiatric safety net - CCCA	309 #3s 309 #1h	Hanger Richard Bell, Landes	\$13.3 million	This amendment restores \$5.0 million GF and \$1.8 million NGF the first year and \$8.3 million GF and \$1.8 million NGF the second year to prevent the closure of the Commonwealth Center for Children and Adolescent located in Staunton. Separate amendments update an informational table in Item 311 reflecting position levels and appropriations and restore educational funding in Item 132.	SUPPORT
Children's in-patient psychiatric safety net - CCCA	132 #25h	Richard Bell, Landes	\$2,694,257	This amendment provides \$1,325,081 the first year and \$1,369,176 the second year from the general fund to restore a budget reduction that closed the Commonwealth Center for Children and Adolescents which is location in Staunton, Virginia.	SUPPORT
Exempts certain MH drugs from the preferred drug list (PDL)	297 #15s 297 #15h	Houck Ingram	\$2,108,623	This amendment adds language to continue the current exemption of antidepressant, antianxiety and antipsychotic medications used to treat mental illness from the Medicaid Preferred Drug List. Funding is also restored that was reduced in the introduced budget from the estimated savings of including these medications in the Medicaid Preferred Drug List program. Language is added requiring the Department of Medical Assistance Services to continue to review utilization of these medications and ensure appropriate use and	SUPPORT

				dosage requirements are followed. If negative prescribing patterns are detected the department is required to notify the medical director of the Department of Behavioral Health and Developmental Services who may require peer consultation with the prescriber. However, the language does not preempt the authority of the prescriber from determining which medication to prescribe or refill.	
Exempts certain MH drugs from the preferred drug list (PDL)	304 #4h	Ingram	Language	This amendment adds language to exempt antidepressant, antianxiety and antipsychotic medications used to treat mental illness from the Preferred Drug List used by the Department of Behavioral Health and Developmental Services.	SUPPORT
FAMIS coverage for <i>legal</i> immigrant children	296 #1s	Whipple	\$280,000	This amendment provides \$140,000 GF and \$280,000 NGF from federal Medicaid matching funds each year to expand coverage under FAMIS to children who are <i>legal</i> immigrants that have resided in the United States less than five years. Under current law, uninsured children who reside in the United States legally must wait five years prior to enrolling in FAMIS. The five-year wait interferes with access to necessary health care services and takes advantage of the 65 percent federal match.	SUPPORT
Medicaid coverage for legal immigrant pregnant women	297 #22s 297 #13h	Barker O'Bannon	\$1,965,230	This amendment provides \$898,275 GF and \$1.1 million NGF the first year and \$1.1 million GF and \$1.1 million NGF from federal Medicaid matching funds the second year to provide coverage to pregnant women who are <i>legal</i> immigrants and who are otherwise eligible for Medicaid. Federal reauthorization of the Children's Health Insurance Program allows states to offer Medicaid coverage for this population. Medicaid already covers the labor and delivery costs for this population as an emergency service which can be expensive, especially if there are complications due to the lack of prenatal care. This coverage may result in the avoidance of these additional Medicaid costs. This is a recommendation of the Joint Commission on Health Care.	SUPPORT
FAMIS Moms coverage for legal immigrant pregnant women	296 #3s 296 #2h	Barker Brink	\$185,470	This amendment provides \$90,473 GF and \$168,021 NGF the first year and \$94,997 GF and \$176,442 million NGF from federal FAMIS matching funds the second year to include coverage of pregnant women who are lawfully residing and currently not eligible for FAMIS coverage until they have lived in the United States for five years. Federal reauthorization of the Children's Health Insurance Program allows states to offer coverage for this population. It is expected that this change will improve birth outcomes and reduce the cost of indigent and uncompensated care by providing prenatal, labor and delivery services to this population. This a recommendation of the Joint Commission on Health Care.	SUPPORT
Intensive in-home reimbursement rates	297 #9s 297 #11h	Howell Landes	Language	This amendment directs the Department of Medical Assistance Services to work with the Department of Behavioral Health and Developmental Services and that Virginia Association of Community Services Boards to establish rates for intensive in-home services within certain parameters.	SUPPORT

CSA - MENTAL HEALTH / FOSTER CARE

Title	Number	Patron	Amount	Description	Voices' Position
CSA Match Rate	274 #1s 274 #4h	Hanger Scott	Language	Reduces the match rate that localities must pay for CSA services to the lowest match rate for participating localities when two or more contiguous communities join efforts to establish community-based services.	MONITOR
CSA Match Rate	274 #3s	Hanger	\$1.6 million	This amendment restores \$800,000 GF each year to reinstate a hold harmless provision for residential services that was removed in the introduced budget. Current law exempts localities from paying a higher local match rate for CSA-funded residential treatment services up to \$200,000. Beyond that amount, localities are subject to a higher match rate. This "disincentive" is designed to encourage localities to pursue placements in community-based services.	MONITOR
CSA Residential Match Rate Increase	274 #2s	Colgan	\$12,921,396	This amendment adds \$6.5 million GF each year to change the base year calculation of the local match rate for non-Medicaid residential services provided through the Comprehensive Services Act. Instead of a match rate based on 25 percent above the fiscal year 2007 base, the local match would revert to the rate in place on September 1, 2008	OPPOSE
Policy directing increased use of residential diagnostic programs	274 #1h	Lingamfelter	Language	Directs the State Executive Council to establish a policy directing the increased use of residential diagnostic programs for at risk children and adolescents prior to placement in services. The goals of the policy shall be to better define the appropriate course of treatment for at risk children and adolescents, including in-home and community based care	OPPOSE
CSA residential match rate	274 #2h	Lingamfelter	Language	This amendment changes the base year calculation of the local match rate for non-Medicaid residential services provided through the Comprehensive Services Act. Instead of a match rate based on 25 percent above the fiscal year 2007 base, the local match would change to that in place on September 1, 2008.	OPPOSE
CSA residential match rate	274 #3h	Kilgore, Byron, Crockett- Stark	Language	This amendment equalizes local matching rates for services provided through the Comprehensive Services Act. Currently, localities receive a larger percentage share of reimbursement by the Commonwealth for community based services than for residential services.	OPPOSE