

House and Senate Committee-Approved Budget Amendments General Assembly 2012

The following are the amendments to the governor's budget approved by the House and Senate money committees on February 19, 2012. The full House of Delegates passed its budget; however, the Senate did not pass a budget. For the Senate amendments to be considered by those crafting the final budget, they must be added to the budget the House passed.

Children's Mental Health Amendments

Senate

Item [315](#) #2s Child Psychiatry Demonstration Projects

- provides \$896,825 GF the first year and \$1.3 million GF the second year to establish five child psychiatry demonstration projects. Funding will be used to hire a child psychiatrist in each of the Commonwealth's five regions to direct the provision of clinical services in person or through telemedicine and provide extensive training and consultation with other children's health care providers (e.g., general practitioners, pediatricians, nursing practitioners, and community service boards staff) to increase their expertise in the prevention, diagnosis, and treatment of children with mental health disorders

House

Item [315](#) #1h Children's Crisis Services

- \$500,000 the first year and \$500,000 the second year from the general fund shall be used to initiate two pilot programs to provide mobile crisis services to children with mental health or behavioral disorders

Early Care and Education Amendments

Senate

Item [139](#) #8s Virginia Preschool Initiative

FY 12-13	FY 13-14	
\$9,085,337	\$9,133,622	GF

- updates the per pupil amount for the Virginia Preschool Initiative for At-Risk Four-Year-Olds from \$6,000 to \$6,800 to reflect a more realistic current cost
- extends the hold harmless provisions due to the change in methodology in the budget as introduced so that, going forward, no school divisions will see a reduction in available slots lower than the actual slots they have used in a prior year

Item [297](#) #7s CHIP

FY 12-13	FY 13-14	
\$500,000	\$500,000	GF

- adds \$500,000 GF each year to partially restore funding for the Comprehensive Health Improvement Program (CHIP). The introduced budget reduced funding for the program by \$30,318 the first year and \$757,956 the second year from the general fund and \$500,000 each year from the federal TANF block grant.

Item [343](#) #1s Healthy Families

FY 12-13	FY 13-14	
\$380,000	\$380,000	GF

- provides \$380,000 GF each year to restore funding for Healthy Families Virginia that was reduced in the introduced budget

House

Item [297](#) #4h CHIP

FY 12-13	FY 13-14	
\$0	\$727,628	GF

- restores \$727,628 the second year from the general fund to the Comprehensive Health Improvement Program (CHIP)

Item [343](#) #2h Virginia Early Childhood Foundation

FY 12-13	FY 13-14	
\$0	(\$1,500,000)	GF

- eliminates \$1,500,000 from the general fund the second year for the Virginia Early Childhood Foundation contained in the introduced budget

Health Amendments

Senate

Item [306](#) #1s Medicaid/FAMIS for Legal Immigrant Pregnant Women

FY 12-13	FY 13-14	
\$293,677	\$503,628	GF
\$545,401	\$935,310	NGF

- provides funding to extend health care coverage to children and pregnant women who are legal immigrants that are lawfully residing in the United States. In 1996, federal welfare reform required that legal immigrants be present in the United States for five years before being eligible for publicly-funded health care. Subsequent federal legislation allowed states to offer coverage for this population. The amendment is

expected reduce the cost of indigent care provided by Virginia's health care providers. This amendment is contingent upon the passage of Senate Bill 568 - Ebbin

Item 307 #11s Medicaid/FAMIS for Legal Immigrant Pregnant Women

FY 12-13	FY 13-14	
\$648,016	\$760,021	GF
\$648,016	\$760,021	NGF

- provides funding to include coverage of pregnant women who are lawfully residing and currently not eligible for Medicaid 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 amendment is contingent upon the passage of Senate Bill 568 - Ebbin.)

House

Item 307 #3h Medicaid/FAMIS for Legal Immigrant Pregnant Women

FY 12-13	FY 13-14	
\$408,889	\$694,146	GF
\$564,656	\$998,893	NGF

- provides funding in each year to provide coverage of pregnant women and children who are lawfully residing and currently not eligible for Medicaid coverage until they have lived in the United States for five years pursuant to the passage of House Bill 183. Consistent with the language of the bill, funding is included for those same individuals who would be eligible for the Family Access to Medical Insurance Security or FAMIS program

Comprehensive Services Act Amendments

Senate

Item 283 #1s Caseload reduction

- This amendment reduces \$7.3 million the first year and \$10.4 million the second year from the general fund to reflect level funding for caseload and costs for the Comprehensive Services Act program. Despite a continuing downward trend in CSA spending that has resulted in general fund savings exceeding \$114.2 million during the past two fiscal years, the introduced budget assumes program spending will rebound in FY 2012 and grow by 2 percent on average in FY 2013 and FY 2014. This amendment assumes that projected CSA spending will remain constant through FY 2014, consistent with projected spending in the Title IV-E foster care program. A companion amendment

to this item appropriates \$5.4 million GF from these savings the first year to restore wrap-around services for special education children in CSA

Item 283 #3s Restores wrap-around services

- restores \$5.4 million GF the first year for "wrap-around" services for children and youth with special education needs to prevent their placement in more restrictive and expensive special education settings. Funding for these services was eliminated in the introduced budget. Budget language is also added requiring a report by October 1, 2012 on the implications of eliminating funding for wrap-around services for CSA children with special education needs. A companion amendment to this item results in savings that are used to pay for this restoration in the first year

Item 283 #4s Suspends higher match rate on residential for Prince William County only

- provides \$206,462 GF the first year and \$209,146 GF the second year as a result of suspending the higher local match rate for residential placements made in Prince William County in the Comprehensive Services Act program. In FY 2009, the local match rate for residential facilities was increased as a disincentive for making placements in more expensive settings. Budget language requires CSA to evaluate the impact of this policy change on children and youth who are served in Prince William County since the new policy was enacted.

House

Item 283 #1h Caseload reduction

- reduces \$7.3 million the first year and \$10.5 million the second year from the general fund to reflect lower caseload growth in the Comprehensive Services Act. Caseload in the program continues to decline as more children leave foster care and obtain permanent homes

Child Welfare Amendments

Senate

Item 343 #3s Child Advocacy Centers

- provides \$931,000 GF each year to restore funding for child advocacy centers that was targeted for elimination in the introduced budget. Budget language that was removed from the introduced budget is also restored. This amendment restores full funding for child advocacy centers that was reduced by \$85,000 GF each year from the Department of Social Services and \$846,000 GF each year from the Secretary of Health and Human Resources

Part C/Early Intervention Amendments

Senate

Item [307](#) #14s Targeted Case Management Rate Increase for Part C

- provides \$274,752 from the general fund and \$275,752 from federal Medicaid matching funds each year to increase the Medicaid payment rate for Part C early intervention targeted case management for infants and toddlers with disabilities. Funding would increase rates from \$120 to \$132 per month. This ten percent increase in the rate will improve the ability of local lead agencies to provide case management for the 3,816 infants and toddlers and their families each month and reduce the waiting list for these services which is prohibited by the federal Individuals with Disabilities Education Act.