

The Virginia General Assembly



2010 LEGISLATIVE REPORT
DBHDS

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2010 Final Legislative and Budget Report
 (pending action by the Governor and Reconvened Session on April 21st)

LEAD LIST BILLS - PASSED

<i>DBHDS LEAD Agency Bills:</i>	<i>Explanation:</i>
HB 150 - <u>O'Bannon</u> - Prescription drugs; stored, etc., by community services board, behavioral health authorities, etc.	<ul style="list-style-type: none"> • Amends and reenacts §§ 37.2-500, 37.2-601, 54.1-3420.2, and 54.1-3423 to authorize community services boards or behavioral health authorities (CSBs) to: <ol style="list-style-type: none"> 1. Establish crisis stabilization units; and 2. Permit CSB facilities licensed by DBHDS, upon the written request of patients or their legally authorized representatives, to store, retain, and repackage medications dispensed to patients and delivered to CSB facilities for subsequent delivery or administration to patients; and • Authorizes the Board of Pharmacy to register crisis stabilization units that are licensed by the DBHDS to maintain a stock of schedule VI controlled substances necessary for the immediate treatment of patients admitted to those units. • Authorizes state and local Health Department clinics to store and deliver dispensed prescription medications upon the written request of the patient, the patient's legally authorized representative, or the Department of Health regional director for subsequent delivery or administration.
HB 195 - <u>Cosgrove</u> - Community services boards; reduces period of time a person must wait before being reappointed.	<ul style="list-style-type: none"> • Amends § 37.2-502 to allow a member of a community services board (CSB) who has completed his or her last three-year term to be reappointed to the CSB after only a one-year period has elapsed since the end of that last term. Current law requires a three-year period.
HB 247 - <u>Kilgore/SB 63</u> - <u>Lucas</u> - Involuntary commitment order; reduces length of time a person can appeal to circuit court.	<ul style="list-style-type: none"> ▪ From the Commission on Mental Health Law Reform. ▪ Amends § 37.2-821 governing appeals of involuntary admission orders for people with mental illness and certification orders for admission of persons with intellectual disabilities by clarifying several elements of current law that are vague or impractical. Specifically, that: <ol style="list-style-type: none"> 1. Choice of venue rests with the person making the appeal; 2. Filing an appeal shall not suspend an order already in place; 3. A person may be discharged if appropriate while an appeal is pending; and 4. An order from the circuit court following appeal cannot extend the original order. • Additionally, the time period within which an appeal can be filed is reduced to 10 days (from 30 in current law) which decreases the possibility that the person will be discharged from the hospital, and therefore released from the original order, before the appeal hearing for that order actually occurs. • Lastly, the bill clarifies that appeal hearing procedures follow the same procedures as for the initial hearing except that the court has discretion to use the evaluation report for the commitment hearing from which the appeal is taken instead of a requiring a new independent evaluation.
HB 248 - <u>Kilgore/SB 65</u> - <u>Lucas</u> - Psychiatric treatment; revises Psychiatric Inpatient Treatment of Minors Act.	<ul style="list-style-type: none"> • From the Commission on Mental Health Law Reform. • Amends and reenacts 8.01-389, 15.2-1704, 15.2-1724, 16.1-280, 16.1-335 through 16.1-339 16.1-340

	<p>through 16.1-347, 19.2-13, 32.1-127:03, 37.2-808, 37.2-809, 37.2-813, and 54.1-2400.1 and adds sections numbered 16.1-336.1, 16.1-340.1, 16.1-340.2, 16.1-340.3, 16.1-340.4, and 16.1-345.6, and repeals 37.2-812 to streamline the code pertaining to psychiatric treatment of minors.</p> <ul style="list-style-type: none"> • Amendments substitute the cross references to the adult code with the actual language, thus eliminating the need to refer back to §37.2. Other aspects of the code amended for clarification include: <ol style="list-style-type: none"> 1. The title of the section is changed, removing the word “<i>Inpatient</i>” from “Psychiatric Inpatient Treatment of Minors Act,” reflecting the emphasis on inclusion of both inpatient and outpatient treatment as options under this law. 2. Section 16.1-347 provides for qualified evaluators to be paid in any instance in which they are used. Because it is cross-referenced to the adult code, reimbursement for this type of evaluation is not possible under current law. 3. The requirement for a prescreening report from the Community Services Board is made explicit. 4. Law enforcement of the jurisdiction where the detention center is located will provide transportation to return the minor to the detention center within 24 hours of completing inpatient treatment. The sheriff of the jurisdiction in which the minor and parents are located will serve the petition and notice of hearing. 5. Timelines for juvenile commitment hearings are clarified to occur no sooner than 24 hours and no later than 96 hours from the filing of the petition or the execution of the temporary detention order, whichever occurs later. This makes the hearing deadlines consistent with juvenile detention deadlines. 6. A judge or special justice has the discretion to permit voluntary admission. • Technical amendments to the introduced bill include: <ol style="list-style-type: none"> 1. An independent examiner is not related by marriage, adoption, or legal guardianship of the minor being evaluated. 2. The definition of a qualified evaluator adds <i>(ii) any mental health professional employed by a community services board.</i> 3. The qualified evaluator shall not be related to by marriage, adoption, or legal guardianship of the minor being evaluated. 4. A law enforcement officer who takes a person into custody pursuant to this subsection or subsection H may lawfully go or be sent beyond the territorial limits of the county, city or town in which he serves to any point in the Commonwealth for the purpose of obtaining the assessment.
<p>HB 311 - O'Bannon/SB 87 - Howell - Inmates; hospitalization in local correctional facilities.</p>	<ul style="list-style-type: none"> • From the Commission on Mental Health Law Reform. • Amends the current three sections of the <i>Code</i> that govern pretrial hospitalization (§19.2-169.6), post-conviction, pre-sentencing (§19.2-176) and post-sentencing (§19.2-177) involuntary treatment by combining them into §19.2-169.6, and repealing the other two sections. The purpose of the bill is to simplify those sections that govern the involuntary admission and treatment of jail inmates to DBHDS state hospitals, or to community hospitals approved by the Commissioner for this purpose. • Updates the required commitment procedures and language for these forensic “jail transfer” commitment statutes, to conform to the current (recently changed) civil commitment laws. The

	<p>revisions to these <i>Code</i> sections continue the statutory provisions that enable the criminal court to directly commit defendants for 30 days without requiring that a Temporary Detention period be completed.</p> <ul style="list-style-type: none"> • The language in section 19.2-169.6A(2) clarifies the responsibility to determine the probable cause needed to commit an inmate for involuntary treatment lies with the magistrate who considers the petition for commitment of the inmate.
<p>HB 729 - <u>Albo</u>/SB 360 - <u>Barker</u> - Involuntary admission; allows court to enter an order for mandatory outpatient treatment following.</p>	<ul style="list-style-type: none"> • Attorney General's bill. • Amends §§ 37.2-815 and 37.2-817 through 37.2-817.4 to create a new procedure for mandatory outpatient treatment (MOT) following inpatient admission such that if a person meets the criteria for involuntary inpatient admission as well as certain additional criteria, then the presiding judge or special justice may issue an involuntary order for inpatient treatment that includes authorization for the treating physician of the inpatient facility to discharge the person from inpatient treatment to mandatory outpatient treatment, under the same order, for a period not to exceed the length of the original order. • The physician, if authorized by the special justice to discharge the person under MOT following inpatient treatment, must determine whether the person meets specific additional criteria before discharging the person under MOT. • In addition, there must be a discharge plan developed by the facility staff with the CSB and the person, the plan must contain the components set forth in section G of 37.2-817 (existing law) and the discharge plan must be approved by the court and incorporated into the existing order. The CSB is responsible for monitoring compliance with the MOT discharge plan and all other existing procedures for MOT orders apply to mandatory outpatient treatment following inpatient treatment.
<p>HB 1099 - <u>Sickles</u> - Autism Spectrum Disorders; expand employment programs for individuals therewith.</p>	<ul style="list-style-type: none"> • This bill is a Section 1 bill (it has the force of law but is not a part of the <i>Code of Virginia</i>.) • Requires DBHDS, in coordination with the Department of Rehabilitative Services and other partner agencies, including local community services boards and behavioral health authorities, to establish specific goals for programs to assist individuals with autism spectrum disorders (ASDs) to obtain and sustain employment. The goals shall include: skills training, behavioral supports, education and other activities related to successful employment outcomes. • A detailed summary outlining the plan for inclusion of specific goals for ASD employment programs shall be in DBHDS' report to the Joint Legislative Audit and Review Commission due November 1, 2010.
<p>SB 538 - <u>Newman</u> - Physicians, license; DBHDS to require presence thereof in any state training center.</p>	<ul style="list-style-type: none"> • This bill is a Section 1 bill (it has the force of law but is not a part of the <i>Code of Virginia</i>.) • Requires DBHDS to require a licensed physician to be on duty at all times for any certified skilled nursing beds in any state training center as defined in § 37.2-100.
<p>SB 689 - <u>Blevins</u> - Protection and Advocacy, Office for; establish policy and guideline for approval of legal remedies.</p>	<ul style="list-style-type: none"> • Amends §51.5-39.5 regarding the organization of the Virginia Office of Protection and Advocacy (VOPA) and specifically relates to the powers and duties of the board, and the Protection and Advocacy Fund, by adding a duty for the board to: <i>Establish a policy and internal guidelines for the approval of legal remedies, including the initiation of any legal proceeding on behalf of the Office, any persons with disabilities, or any organization representing persons with disabilities</i>

SECONDARY (Comment) LIST BILLS – PASSED

(bills with * indicate comment was not requested, but DBHDS offered comment and tracked)

<i>DBHDS Comment Agency Bills:</i>	<i>Explanation:</i>
<u>SB 706</u> - <u>Houck</u> - Health insurance; coverage for mental health and substance abuse services.	<ul style="list-style-type: none"> • From the Joint Commission on Health Care. • Removes the benefit limitations applicable to coverage for inpatient, partial hospitalization, and outpatient mental health and substance abuse services under large group health insurance policies and adds requirements to large group policies to conform them to the federal Mental Health Parity and Equity Act of 2008 (P.L. 110-343). The existing limitations will continue to apply to individual and small group policies.
<u>SJ 73</u> - <u>Hanger</u> - Strategy & Model for Substance Abuse Prevention & Treatment, Joint Subcommittee Studying; continued. (Incorporates SJR 74 and 75)	<ul style="list-style-type: none"> • The study shall: <ol style="list-style-type: none"> 1. Identify and characterize the nature of substance abuse in the Commonwealth; 2. Identify current state policies and programs targeting substance abuse prevention and treatment; 3. Examine the cost of such policies and programs to the Commonwealth; 4. Identify and examine policies and prevention programs from other leading states in the field of substance abuse and prevention; and (v) compare the Commonwealth's substance abuse prevention and treatment programs and policies with those of the leading states. 5. Continue the work groups established during the 2009 interim to explore issues related to substance abuse treatment, substance abuse prevention, and special issues related to the abuse of prescription medication. • In addition, the Bureau of Insurance of the State Corporation Commission shall collect data on and information about the coverage provided by health insurers, health services plans, and health maintenance organizations for substance abuse treatment services. The Bureau of Insurance shall collect such data and information as specified in the Senate Amendment in the Nature of a Substitute for Senate Joint Resolution 74 (2010). • The Department of Health Professions shall collect data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by the Department to prescribers. The Department of Health Professions shall collect such data and information as specified in Senate Joint Resolution 75 (2010), as amended by the Senate. • Meetings shall be completed by November 30, 2010, and an executive summary of its findings and recommendations shall be submitted no later than the first day of the 2011 Regular Session of the General Assembly and shall state whether the joint subcommittee intends to submit a report of its findings and recommendations for publication as a House or Senate document.

<p>*HB 267 - <u>Englin</u> - Advance Health Care Directive Registry; notification to physicians.</p>	<ul style="list-style-type: none"> Amends § 54.1-2983, as it may become effective, related to notification of the Advance Health Care Directive Registry. The bill requires the attending physician, upon receiving notification that an individual has an advance directive, to notify that individual of the availability of the Advance Health Care Directive Registry.
<p>*SB 275 - <u>Whipple</u> - Advance medical directives; clarifies authority.</p>	<ul style="list-style-type: none"> From the Commission on Mental Health Law Reform. Amends the public guardianship statutes § 2.2-713, and Health Care Decision Act §§54.1-2982, 54.1-2983.2, 54.1-2983.3, 54.1-2984, 54.1-2986, 54.1-2986.2, 54.1-2987.1, and 54.1-2988 relating to advance medical directives to: <ol style="list-style-type: none"> Clarify authority of an advance directive in cases in which a person is subject to an emergency custody, temporary detention, involuntary admission, or mandatory outpatient treatment order; Eliminate the requirement that a second physician or licensed clinical psychologist provide a written certification that a patient is incapable of making an informed decision in cases in which the patient is unconscious or experiencing a profound impairment of conscious function due to trauma, stroke, or other acute physiological condition; Add a provision authorizing a person who has exhibited special care and concern for a patient and is familiar with the patient's beliefs and values to make health care decisions on that patient's behalf if the patient is incapable of making an informed decision; and Clarify the procedure regarding decisions over a patient's protest. Provides that a public guardian may authorize admission of an incapacitated person to a mental health facility in certain situations.
<p>*SB 529 - <u>Puller</u> - Sexually violent predators; evaluation determining whether a prisoner meets definition thereof.</p>	<ul style="list-style-type: none"> Amends § 37.2-903 to allow a licensed mental health professional certified by the Board of Psychology as a sex offender treatment provider may perform a screening for an initial determination of whether a prisoner meets the definition of a sexually violent predator when there is no specific scientifically validated instrument to measure the risk assessment of a prisoner.

Legislation of Interest: Carried Over, Failed, Incorporated, Referred by Letter

LEAD LIST BILLS

<i>DBHDS LEAD Agency Bills:</i>	<i>Last action:</i>
<i>Carried Over (must be acted on by December 2, 2010)</i>	
<u>HB 305</u> - <u>O'Bannon</u> / <u>SB 86</u> - <u>Howell</u> - Voluntary admission; person admitted to facility for mental health treatment after detention order.	(H) Continued to 2011 in Health, Welfare and Institutions <ul style="list-style-type: none"> From the Commission on Mental Health Law Reform.
<u>HB 307</u> - <u>O'Bannon</u> / <u>SB 85</u> - <u>Howell</u> - Involuntary temporary detention order; hearing after execution.	(H) Continued to 2011 in Courts of Justice <ul style="list-style-type: none"> From the Commission on Mental Health Law Reform.
<u>SB 80</u> - <u>Howell</u> - Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act; established.	(S) Continued to 2011 in Courts of Justice (14-Y 0-N) <ul style="list-style-type: none"> From the Commission on Mental Health Law Reform.
<u>SB 84</u> - <u>Howell</u> - Voluntary admission; person admitted to facility for mental health treatment after detention order.	(S) Continued to 2011 in Courts of Justice (14-Y 0-N) <ul style="list-style-type: none"> From the Commission on Mental Health Law Reform.
<u>SB 336</u> - <u>Hanger</u> - Community services boards; access to medication assisted treatment.	(S) Continued to 2011 in Education and Health (15-Y 0-N)
<u>SB 337</u> - <u>Hanger</u> - Community services boards; providing information about substance abuse services.	(S) Continued to 2011 in Education and Health (15-Y 0-N)
<i>Incorporated</i>	
<i>(none)</i>	
<i>Failed</i>	
<u>HB 169</u> - <u>Pogge</u> - Intellectual disability services system; restructuring.	(H) Stricken from docket by Health, Welfare and Institutions at the patron's request
<u>HB 867</u> - <u>Cline</u> - Community services boards; removes provision allowing employment of certain persons. (See SB260)	(S) Pursuant to Senate Rule 20(L) referred by letter to the Joint Commission on Health Care

<p>SB 158 - <u>Edwards</u> - Mental health courts; definition, district and circuit courts may establish in any jurisdiction.</p>	<p>(S) Failed to pass in Senate (language had been discussed by the Commission on Mental Health Law Reform)</p>
<p>SB 260 - <u>Lucas</u> - Mental health and substance abuse providers; background checks. (See HB867)</p>	<p>(S) Failed to pass in Senate</p>
<p>SB 707 - <u>Houck</u> - Autism Advisory Council; created, report.</p>	<p>(H) Left in Rules</p>
<p>SJ 90 - <u>Herring</u> - Community services boards; DBHDS to study funding formula used to distribute resources.</p>	<p>(S) Stricken at request of Patron in Rules referred by letter Would have requested DBHDS to study the funding formula used to distribute resources to community services boards. In conducting its study, the Department shall (i) review the various programs and services being provided by community services boards across the state, including any voluntary or pilot programs, and how such programs and services are funded, (ii) examine the effectiveness of the current formula in adequately funding such programs and services, and (iii) consider the most effective use of limited funds in providing the most essential services through the community services boards to meet the needs of citizens of the Commonwealth.</p>

SECONDARY (Comment) LIST BILLS

<i>DBHDS COMMENT Agency Bills:</i>	<i>Last action:</i>
<i>Carried Over (must be acted on by December 2, 2010)</i>	
HB 730 - <u>Albo</u> - Health insurance; coverage for early intervention services of autism.	(H) Continued to 2011 in Commerce and Labor
<i>Incorporated</i>	
SB 592 - <u>Miller, J.C.</u> - Veterans' mental health courts; allows Hampton Roads to establish.	(S) Incorporated by Courts of Justice (SB158-Edwards)
SJ 74 - <u>Hanger</u> - Substance abuse treatment services; Bureau of Insurance of SCC to collect data, etc., on report.	(H) Incorporated by Rules (SJ73)
SJ 75 - <u>Hanger</u> - Prescription Monitoring Program; DHP to collect data about utilization by prescribers & dispensers.	(H) Incorporated by Rules (SJ73)
<i>Failed</i>	
HB 34 - <u>Marshall, R.G.</u> - Health insurance; mandated coverage for autism spectrum disorder.	(H) Left in Commerce and Labor
HB 198 - <u>Ware, R.L.</u> - Pharmacy contracts; establishes requirements for audit procedures.	(H) Stricken from docket by Commerce and Labor
HB 303 - <u>O'Bannon</u> - Health insurance; mandated coverage for autism spectrum disorder.	(H) Left in Commerce and Labor
HJ 89 - <u>O'Bannon</u> - Children's mental health services; joint subcommittee to study option for improving & accessibility.	(H) Left in Rules
SB 70 - <u>McEachin</u> - Criminal conviction record; person convicted of certain offenses to petition for expungement.	(S) Passed by indefinitely in Courts of Justice
SB 464 - <u>Howell</u> - Health insurance; mandated coverage for autism spectrum disorder.	(H) Left in Commerce and Labor
SB 649 - <u>Stosch</u> - Autism Tuition Assistance Grant Program; established.	(S) Failed to report (defeated) in Commerce and Labor

FYI Bills - PASSED

<i>Bills of Minor Interest (FYI only) - PASSED</i>	
FYI Bills	Last action
<u>HB 514</u> - <u>Rust</u> - Long-term services; SHHR develop blueprint for livable communities for people with disabilities.	(S) Signed by President
<u>HB 518</u> - <u>Rust</u> - Freedom of Information Act; public body shall remain responsible for retrieving public records, etc.	(S) Signed by President
<u>HB 719</u> - <u>Peace</u> - Uniform Power of Attorney Act; established within Code of Virginia.	(S) Signed by President
<u>HB 903</u> - <u>Bell, Robert B.</u> - Threat assessment teams; exempts certain records established at higher educational institutions.	(H) Bill text as passed House and Senate (HB903ER)
<u>HB 944</u> - <u>Landes</u> - Governor's reports; to provide monthly reports on revenue collections and quarterly assessments.	(S) Signed by President
<u>HB 967</u> - <u>Peace/SB 338</u> - <u>Hanger</u> - Assisted living facility and group home; no more than 8 aged, infirmed, etc., persons shall reside.	(S) Signed by President
<u>HB 1028</u> - <u>Pollard</u> - Freedom of Information Act; recording of public meetings.	(S) Signed by President
<u>HB 1039</u> - <u>Byron</u> - Medical information; notification to residents if information is subject of database breach.	(S) Signed by President
<u>HB 1147</u> - <u>Scott, J.M.</u> - Computer trespass; civil damages to include all eight statutory definitions thereof.	(S) Signed by President
<u>HB 1189</u> - <u>Putney</u> - Retirement System; modifies for new employees all defined benefit retirement plans.	(H) Bill text as passed House and Senate (HB1189ER)
<u>HJ 127</u> - <u>Cox, M.K.</u> - Medicaid; JLARC to study program to identify opportunity to reduce waste, etc.	(H) Bill text as passed House and Senate (HJ127ER)
<u>HJ 132</u> - <u>McQuinn</u> - Senior citizens; SHHR to establish mechanism to facilitate coordination & access to service thereto.	(H) Bill text as passed House and Senate (HJ132ER)

Biennium Budget

G - Governor's Budget GA - General Assembly's Amendments

2010 - 2012 Biennium Budget				
	FY11	FY12	FY11	FY12
	Governor	Governor	GA Amendments	GA Amendments
CO				
Jail Diversion	\$ (400,000)	\$ (400,000)	\$ 400,000	\$ 400,000
Special Hospitalization	\$ (756,007)	\$ (756,007)	no change	no change
CSBs				
Children from CCCA*	\$ 2,100,000	\$ 2,100,000	\$ (2,100,000)	\$ (2,100,000)
Waiver Start-up	\$ (660,000)	\$ (760,000)	no change	no change
MH Facilities				
CCCA closure	\$ (6,800,000)	\$(10,100,000)	\$ 6,800,000	\$ 10,100,000
SWVMHI Adolescent	\$ (700,000)	\$ (1,400,000)	no change	no change
SWVMHI Geriatric Closure	\$ -	\$ (2,000,000)	no change	no change
Pharmacy Savings	\$ (1,200,000)	\$ (5,800,000)	no change	no change
Reduce Support Positions	\$ (797,795)	\$ (797,795)	no change	no change
Reduce Direct Care Positions	\$ (500,000)	\$ (500,000)	no change	no change
Energy Savings	\$ (45,000)	\$ (45,000)	no change	no change
Physician Consolidation	\$ (359,067)	\$ (359,067)	no change	no change
Total	\$(10,401,862)	\$(21,001,862)		
ID Training Centers				
Nonresident Care	\$ (1,417,920)	\$ (1,417,920)	no change	no change
Census Reduction (57 beds)		\$(10,000,000)	no change	no change
Increase SF Appropriation	\$ -	\$ -	no change	no change
Reduce beds at SEVTC	\$ (500,000)	\$ (500,000)	no change	no change
Close 1 CVTC unit	\$ (1,168,319)	\$ (1,168,319)	no change	no change
Total	\$ (3,086,239)	\$(13,086,239)		
NOTE: See changes to Budget language below.				

New Budget Language

Appropriation Act Item # (hyperlinked)	Office with Primary Responsibility	ASSESSMENT AND REPORTING: Deliverable and Status - Description	DLAS Report Required	Report Due Date
304 M.	CFS	<p>The Commissioner of DBHDS shall establish a planning process to identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible. The planning process will produce a comprehensive plan that ensures there are child-centered services, both inpatient and community-based, delivered at the community level in every Health Planning Region in the Commonwealth. The target populations to be addressed in this plan are children through age 17 who: (i) have a mental health problem, (ii) may have co-occurring mental health and substance abuse problems, (iii) may be in contact with the juvenile justice or courts systems, (iv) may require emergency services, or (v) may require long term community mental health and other supports. The planning process should identify the mental health and substance abuse services that are needed to help families keep their children at home and functioning in the community and should define the role that the Commonwealth Center for Children and Adolescent will play in this effort. The plan should establish and rank recommendations based on greatest priority and identify future funding associated with each recommendation. The planning process shall include input from community services boards, state and private inpatient facilities, the DSS, CSA, the DJJ, DOE, DMAS, parents of children with mental health and co-occurring substance abuse problems, advocates for child mental health and co-occurring services, and any other persons or entities the DBHDS deems necessary for full consideration of the issues and needed solutions. The Commissioner shall report interim findings to the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2010 and a final report by November 1, 2011.</p>	yes; may do all by Oct 1	Interim Oct 1, 2010 Final Nov 1, 2011.

304 N.	Division of Services and Supports	DBHDS shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year. The first annual report shall be submitted no later than December 1, 2010 for fiscal year 2010.	yes	December 1,2010 ongoing
314 E.	ODS	The Commissioner, in cooperation with the Virginia Association of Community Services Boards and the Northern Virginia Training Center (NVTC), shall develop a pilot project to serve individuals in the community who otherwise might be admitted to NVTC. The pilot shall include a review of evidence-based community services that have proven cost effective in reducing the demand for placement at NVTC or other similar facilities. The pilot project shall have no effect on the status of individuals currently residing at NVTC. The Commissioner shall report his findings and recommendations to the Chairmen of the Senate Finance and House Appropriations Committees by November 1, 2010.	yes	November 1, 2010
297 ZZ.2.	DMAS/ Finance/ODS	<i>2. If there is an extension through June 30, 2011 of increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act (P.L. 111-5), the Department of Medical Assistance Services shall amend the 1915 (c) home- and community-based Intellectual Disabilities waiver to add 250 slots effective July 1, 2010 to address the community waiting list. This contingent appropriation is subject to the provisions of paragraph KKKK. in this Item.</i>	no	
297 ZZ.3.	DMAS/ODS	3. The Department of Medical Assistance Services shall amend the 1915 (c) home- and community-based Intellectual Disabilities waiver to add 30 waiver slots for Medicaid recipients who are exiting Southeastern Virginia Training Center according to the following schedule: 15 waiver slots effective July 1, 2010 and 15 additional waiver slots effective July 1, 2011.	no	

297 P.7.	DMAS/Pharm	7. The Department of Medical Assistance Services shall (i) exempt antidepressant, anti-anxiety and antipsychotic medications used for the treatment of mental illness from the Medicaid Preferred Drug List program; (ii) continually review utilization of behavioral health medications under the State Medicaid Program for Medicaid recipients; and (iii) ensure appropriate use of these medications according to federal Food and Drug Administration (FDA) approved indications and dosage levels. The department may also require retrospective clinical justification according to FDA approved indications and dosage levels for the use of multiple behavioral health drugs for a Medicaid patient. For individuals 18 years of age and younger who are prescribed three or more behavioral health drugs, the department may implement clinical edits that target inefficient, ineffective, or potentially harmful prescribing patterns in accordance with FDA-approved indications and dosage levels. The department shall report on the utilization and cost of drugs exempted under the provisions of this paragraph to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2010.	no	December 1, 2010
297 HH.2.	DMAS/ODS	DMAS shall amend the Individual and Family Developmental Disabilities Support (DD) Waiver to add up to 30 new slots (up to 15 each fiscal year) and the Intellectual Disabilities (ID) Waiver to add up to 220 new slots (up to 110 each fiscal year) which will be reserved for individuals transitioning out of institutional settings through the Money Follows the Person Demonstration. DMAS shall seek federal approval for necessary changes to the DD and ID waiver applications to add the additional slots.	no	
297 XXX.	DMAS/ Finance/Licensing and CFS	DMAS shall work with the Department of Behavioral Health and Developmental Services and the Virginia Association of Community Services Boards to establish rates for the Intensive In-Home Service based on quality indicators and standards, such as the use of evidence-based practices.	no	
297 GGGG.	DMAS/ Finance/Licensing and CFS	<i>If there is an extension through June 30, 2011 of increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act (P.L. 111-5), the reductions in paragraph WW., HHH., III., JJJ., KKK., LLL. and NNN. shall not become effective.</i>	no	

<p>297 YYY.1.</p>	<p>DMAS/ Finance/ODS and CFS</p>	<p>1. DMAS shall amend the 1915 (c) home-and-community-based waivers to decrease the annual amount paid for environmental modifications and assistive technology from \$5,000 to \$3,000 in the Individual and Family Developmental Disabilities Supports, Intellectual Disabilities, Technology Assisted and HIV/AIDS waivers. The department shall amend the Children's Mental Health demonstration grant to decrease the annual amount paid for environmental modifications from \$5,000 to \$3,000. The department shall implement this change effective January 1, 2011, and prior to the completion of any regulatory process undertaken in order to effect such change. If there is an extension through June 30, 2011 of increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act (P.L. 111-5), the reduction in this paragraph in the first year shall not become effective. This contingent appropriation is subject to the provisions of paragraph KKKK. in this Item.</p> <p>2. DMAS shall report on utilization and costs of providing environmental modifications and assistive technology in the Medicaid program to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2010.</p>	<p>yes</p>	<p>1. Jan 1, 2011 2. Dec 1, 2010</p>
<p>297 JJJ.1-2.</p>	<p>DMAS/ Finance/ ODS and OMH</p>	<p><i>1. Effective July 1, 2010, DMAS shall reduce rates for mental health therapeutic day treatment services by three percent and require prior authorization of services. If there is an extension through June 30, 2011 of increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act (P.L. 111-5), the reduction in paragraph JJJ.1. shall not become effective. This contingent appropriation is subject to the provisions of paragraph KKKK. in this Item.</i></p> <p><i>2. Effective July 1, 2011, DMAS shall reduce rates for mental health therapeutic day treatment services by four percent below the rates in effect on June 30, 2010.</i></p>	<p>no</p>	