

2018-20 Strategic Plan

Department of Medical Assistance Services [602]

Mission

To improve the health and well-being of Virginians through access to high-quality health care coverage.

Vision

To serve all who are touched by our system with caring, integrity, and respect.

Values

Service: We are committed to serving all who are touched by our system with caring, integrity, and respect.

Collaboration: We value professional, respectful cooperation to achieve common goals. Everyone's input is welcome.

Trust: We are continuously building a culture that is honest, supportive, and fosters integrity.

Adaptability: We work together to anticipate and embrace change to meet Virginia's health care needs.

Problem Solving: We promote problem-solving processes and respond to challenges with a forward-thinking approach.

Finance

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2018 Appropriation Act. Adjustments to these amounts will be based the annual utilization and inflation forecast and other amendments contained in the 2019 Virginia Acts of Assembly. DMAS' base budget is currently funded with approximately 46% state general funds and 54% non-general funds. The non-general funds are comprised of Federal Funds, the Virginia Health Care Fund, the FAMIS Trust Fund and other special funds. The Federal Medical Assistance Percentage (FMAP) rate for the Virginia Medicaid program is currently 50%.

Pursuant to Chap. 836, Item 306 JJJ of the 2018 Appropriations Act, DMAS is expanding eligibility for the Medicaid program under the Patient Protection and Affordable Care Act (PPACA). The new population shall consist of adults aged 19-64 whose income is at or below 138% of the federal poverty level. State general funds for Medicaid Expansion will be drawn from a provider assessment that shall implement October 1, 2018. The Federal Medical Assistance Percentage (FMAP) rate for the Virginia Medicaid Expansion population shall be 90%.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	4,839,837,209	7,244,322,901	4,959,670,074	8,783,161,031
Changes to Initial Appropriation	0	0	0	0

(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)

Customers

Anticipated Changes to Customer Base

DMAS' customer base is large and diverse. The Patient Protection and Affordable Care Act (PPACA) shall have a significant impact on enrollee populations served under the programs administered by DMAS. Pursuant to Chap. 836, Item 306 JJJ of the 2018 Appropriations Act, DMAS is expanding eligibility for the Medicaid program under PPACA. DMAS anticipates that the new population will be up to 400,000 adults aged 19-64 who earn up to 138% of the federal poverty level. In light of Medicaid Expansion most customer groups are expected to significantly increase. Many enrollees currently served in the Family Planning waiver and the GAP waiver shall be moved into the Medicaid Expansion population. Enrollment in the Family Planning waiver is expected to decrease, while the GAP waiver shall be discontinued.

The availability of subsidized private coverage offered through the FFM necessitates that DMAS examine the need for current programs offering some level of coverage to individuals in the income range who will be eligible for the subsidized private coverage, such as certain current enrollees in Plan First and FAMIS MOMS. Changes to these programs based on the broader PPACA reform may also impact the covered population for DMAS going forward.

Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Health Professions	Medicaid Providers	60,905	0	Increase
Low-Income	Total beneficiaries / clients in Medicaid and FAMIS (Title XIX and XXI)	1,208,345	0	Increase
Low-Income	Low-income, Aged, and Disabled Virginians with Mental Health or Intellectual Disability in facilities (e.g., nursing facilities, ICF/MRs)	19,890	0	Decrease
Low-Income	Low-income, aged, or disabled Virginians with a diagnosis of HIV+	38	0	Stable
Low-Income	Recipients, seniors, and persons with disabilities who meet eligibility requirements	224,878	0	Increase
Low-Income	FAMIS MOMS – Uninsured pregnant women with income > 133% FPL and < 200% FPL**	1,139	0	Increase
Low-Income	CHIP: Uninsured children age 6 to 19 with family income between 109% and 143% FPL	63,299	0	Increase
Low-Income	CHIP: Uninsured children under 19 with family income >143% FPL (federal poverty level) and < 200% FPL*	70,393	0	Increase
Low-Income	Medicaid: Caretaker Adults	115,908	0	Increase
Low-Income	Medicaid: Pregnant women	16,042	0	Increase
Low-Income	Medicaid: Children	503,591	0	Increase
Low-Income	Medicaid: Family Planning (limited benefit)	134,934	0	Stable
Low-Income	Program of All-inclusive Care for the Elderly (PACE)	1,326	0	Increase
Low-Income	LTC in the community (waivers)	49,747	0	Increase
Low-Income	Low Income Aged Blind and Disabled not in Long Term Care	153,915	0	Increase
Low-Income	Medicaid: Governor's Access Plan for those with Serious Mental Illness (limited Benefit)	16,339	0	

Partners

Name	Description
Federal agencies	Center for Medicaid and Medicare Services (CMS)
Federally approved contractors	Magellan, DentaQuest, Logisticare, Xerox
Industry Associations	Virginia Community Healthcare Association (VCHA); Virginia Association of Health Plans (VAHP); Virginia Health Care Foundation (VHCF)
State and local entities	Virginia Department of Social Services; Virginia Department of Health; Virginia Department of Education, Virginia Department of Behavioral Health and Developmental Services, 120 Local Departments of Social Services, and 103 Local School Districts, Virginia Information Technology Agency
Advocacy groups	Virginia Health Care Foundation (VHCF); Virginia Poverty Law Center (VPLC)
Boards and committees	Children's Health Insurance Advisory Committee (CHIPAC); Virginia Board of Medical Assistance Services (BMAS)
VHQC (Virginia Health Quality Center)	Assistance with outreach and training
Federally Qualified Health Centers (FQHC)	Assistance with outreach and training

Agency Goals

- **Improve the health and well being of Virginians**

- **Summary and Alignment**

The Department of Medical Assistance Services (DMAS) has two priorities for improving the health and well-being of Virginians: 1) Happy

Birthday Virginia and 2) Medicaid behavioral health redesign. In support of his goal to increase health equity in the Commonwealth, Governor Ralph Northam directed state agencies to collaborate on a series of strategies to improve maternal health outcomes. DMAS is building on this goal through its Healthy Birthday Virginia initiative, which aims to eliminate maternal and infant deaths among Medicaid members by 2025 so that mothers and babies can celebrate the child's first birthday together. Healthy Birthday Virginia consists of several new policy and program improvements that streamline enrollment for pregnant women, increase access to treatment for expecting mothers with SUD, and improve accountability for prenatal and postpartum managed care services. Currently, Virginia's Medicaid-covered behavioral health services reflect a crisis-oriented approach, with an overreliance on intensive treatment services and underdeveloped opportunities for prevention and early intervention in community settings. DMAS is working with the Department of Behavioral Health and Developmental Services and other stakeholders to redesign the state's behavioral health services to keep Virginians well and thriving in their communities by decreasing the reliance on state psychiatric hospital beds through sustainable Medicaid funding. Through Medicaid expansion, DMAS is extending Medicaid coverage to adults between the ages of 19 and 64 with incomes at or below 138% of the federal poverty level. By expanding Medicaid, up to 400,000 new members, most of whom are currently either uninsured or underinsured, will have access to quality, low-cost health care. DMAS is also improving the health of low-income Virginians through new programs that address the critical health care needs of this population. Examples include the Commonwealth Coordinated Care Plus (CCC Plus) program for individuals with complex care needs, the Medallion 4.0 managed care program, and the Addiction Recovery and Treatment Services (ARTS) program that was created to address the opioid epidemic that is killing hundreds of Virginians every year. According to the Robert Wood Johnson Foundation's County Health Rankings Initiative, access to clinical care only accounts for about 20 percent of the health factors that influence a person's health outcomes. Social determinates of health (SDOH), such as housing, social engagement and community support, finances, and nutrition, account for the remaining factors. SDOH often have a far greater impact on an individual's health, and if unaddressed, can result in significant and costly medical needs. Since 2019, DMAS has begun a new phased-in process to implement supports to address the SDOH needs of its managed care population. This year will see the first steps in the agency's introduction of financial incentives for Medicaid managed care organizations (MCOs) to provide SDOH-related services that are designed to address the social needs of this population. Such services include supportive housing and nutritional supports, both of which are directed at the factors that create health risks for the Medicaid population.

Objectives

- » **Secure federal authority for the 1115 COMPASS Waiver (work/community engagement requirement; health and wellness program, including premiums, co-payments and healthy behavior incentives; and housing/employment supports for high-need beneficiaries) per the legislative mandate and subsequently implement the requirements.**

Description

Per the 2018 Appropriations Act, DMAS submitted its 1115 Demonstration Waiver, Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS), in November 2018. Since then, DMAS has actively engaged in waiver negotiations with the Centers for Medicare and Medicaid Services to obtain federal approval for this waiver program. DMAS is also working with the Department of Social Services and other key agencies to plan for the waiver's implementation.

Objective Strategies

- The agency will secure federal authority for the 1115 COMPASS Waiver program.

Measures

- ◆ Approval of 1115 COMPASS Waiver and related authorities by the CMS

- » **Ensure individuals can access substance use disorder treatment through the Addiction and Recovery Treatment Services (ARTS) program.**

Description

DMAS created the ARTS program to address the opioid epidemic that is impacting thousands of Virginians every year through overdoses and fatalities. By implementing the ARTS program, DMAS expanded access to care by increasing the number of SUD treatment providers and services, which substantially improved SUD treatment rates across the state. DMAS continues to perform outreach to community advocates, member groups and health care providers to increase access to and use of SUD services to lessen the impact of the opioid crisis in Virginia.

Objective Strategies

- Promote awareness of opioid epidemic and SUD services.

Measures

- ◆ Number of individuals receiving services through the Addition and Recovery Treatment Services (ARTS) Program
- ◆ Number of Opioid Use Disorder (OUD) related emergency department visits
- ◆ Number of pregnant women enrolled in Medicaid with a substance use disorder (SUD) who are engaged in SUD treatment at delivery

- » **Continue outreach to potentially eligible Virginians to increase enrollment in Medicaid expansion coverage.**

Description

DMAS, in partnership with the Department of Social Services and other key partners, successfully implemented Medicaid expansion coverage effective January 1, 2019. As of July 10, 2019, there were 296,000 Virginians enrolled in Medicaid expansion coverage.

Objective Strategies

• DMAS worked with the Department of Social Services, Department of Behavioral Health and Developmental Services, Department of Corrections, Virginia Information Technologies Agency, the Virginia Department of Health, and other key agencies, managed care organizations, contractors and stakeholders to successfully implement expanded Medicaid coverage. DMAS is continuing to work with its partners to promote Medicaid expansion to potentially eligible individuals.

Measures

- ◆ Increase healthcare utilization by Medicaid expansion population
- ◆ Number of individuals enrolled in the Medicaid Expansion population

» Ensure individuals needing long term services and supports can receive these benefits in home and community settings versus institutional facilities.

Description

Given the high and increasing cost of institutional care, DMAS is focused on strengthening strategies to encourage the use of less costly and less restrictive home and community based placement services.

Objective Strategies

• The agency is conducting standardized training for preadmission screening teams on the availability and appropriate use of Medicaid home and community based care waivers. It has also developed a comprehensive automated Uniform Assessment Instrument database that captures information and can be shared across agencies.

Measures

- ◆ Number of individuals residing in institutional settings

• Improve access to high quality health care coverage

Summary and Alignment

As noted above, DMAS is improving Virginians' access to quality health care through Medicaid expansion and the CCC Plus and ARTS programs. The agency is also enhancing access to care through the Medallion 4.0 managed care program that is focused on increasing primary care visits as well as promoting preventive and coordinated care for enrolled members. Medallion 4.0 also includes coverage for community mental health rehabilitation services, and is promoting the prevention of obesity, asthma, and other chronic conditions. Both CCC Plus and Medallion 4.0 will increase the quality of member care by enhancing care to pregnant women and infants via expanded case management), as well as enhanced oral health, and the addition of trauma informed care.

Objectives

» Ensure individuals can access substance use disorder treatment through the Addiction and Recovery Treatment Services (ARTS) program.

Description

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Objective Strategies

• Promote awareness of opioid epidemic and SUD services.

Measures

- ◆ Number of individuals receiving services through the Addition and Recovery Treatment Services (ARTS) Program
- ◆ Number of Opioid Use Disorder (OUD) related emergency department visits
- ◆ Number of pregnant women enrolled in Medicaid with a substance use disorder (SUD) who are engaged in SUD treatment at delivery

» Ensure all screeners are trained and certified through the agency's online training system prior to conducting long term service and support screenings.

Description

To ensure that all long term service and support (LTSS) screenings are performed consistently and that screeners understand how to apply the criteria within the Uniform Assessment Instrument to determine eligibility for both adults and children, the agency developed a mandatory training program. All individuals who perform LTSS screenings must complete the training as well as the certification process to

demonstrate a reliable application of the criteria before conducting their first screening.

Objective Strategies

- DMAS will develop and implement a new online training and certification program for LTSS screeners

Measures

- ◆ Number of individuals completing mandatory LTSS online training and certification

» **Continue outreach to potentially eligible Virginians to increase enrollment in Medicaid expansion coverage.**

Description

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Objective Strategies

- DMAS worked with the Department of Social Services, Department of Behavioral Health and Developmental Services, Department of Corrections, Virginia Information Technologies Agency, the Virginia Department of Health, and other key agencies, managed care organizations, contractors and stakeholders to successfully implement expanded Medicaid coverage. DMAS is continuing to work with its partners to promote Medicaid expansion to potentially eligible individuals.

Measures

- ◆ Increase healthcare utilization by Medicaid expansion population
- ◆ Number of individuals enrolled in the Medicaid Expansion population

• **Promote better health outcomes through prevention-based strategies and improved quality of care.**

Summary and Alignment

Although DMAS does not directly provide health care services, the agency plays a significant role in ensuring that those who are eligible for its services receive quality health care. The agency believes that a focus on care coordination and prevention-based strategies will reap positive health benefits for its members and sound fiscal benefits for taxpayers. Care coordination and preventive care are key components of the CCC Plus and Medallion 4.0 managed care programs. Both programs are adding new levels of service that address social determinants of health that have a significant impact on members' overall health and quality of life, such as access to food, stable housing and other community resources.

Objectives

» **Improve the oral health and utilization of appropriate care for children enrolled in the Medicaid and FAMIS programs.**

Description

This objective will focus DMAS efforts on improving the oral health of children through utilization of appropriate dental services.

Objective Strategies

- DMAS will promote utilization of preventive pediatric dental visits by children covered by Medicaid and FAMIS, while working with the dental benefit administrator to increase the use of childhood dental services for their members.

Measures

- ◆ Percentage of children receiving dental services

• **Enhance the delivery of health care services by improving communication and relationships with members, customers and partners.**

Summary and Alignment

Effective communication is vital to ensure that DMAS partners understand the administrative and legal aspects of services, as well as the outcomes DMAS is striving to achieve on behalf of its members. Equally important is the dissemination of information to providers and to eligible and enrolled individuals who ultimately benefit from these important services. DMAS implemented a Medicaid Member Advisory Committee (MAC) to enhance its understanding of members' healthcare experiences. The MAC consists entirely of Medicaid members and their representatives. MAC participants provide valuable insight that is enhancing DMAS services and operations. The MAC will help to ensure that Medicaid members have a voice in the agency's decision-making processes and change management strategies.

Objectives

» **Improve communications and relationships with customers and partners.**

Description

The Virginia Medicaid, FAMIS (Family Access to Medical Insurance Security Plan) and FAMIS Plus (Medicaid) programs serve over 1 million customers and to help manage it, DMAS relies on close relationships and clear communication with many partners, including over

70,000 enrolled health care services providers.

Objective Strategies

- The agency will engage its members, providers, and other other stakeholders through a variety of activities including a financial dashboard, quarterly member advisory committee meetings, and a Medicaid expansion dashboard.

Measures

- ◆ Increase the number of providers enrolled in the Medicaid and FAMIS programs
- ◆ Number of public meetings to communicate with and gain input from outside stakeholders

• **Maintain a system of internal controls that adequately protects resources from fraud, waste and abuse.**

Summary and Alignment

DMAS is responsible for managing a multi-billion dollar enterprise. Sound fiscal management and strict compliance with accepted financial standards and controls are essential for protecting these resources. DMAS will continue to rigorously examine the way it operates to reduce waste and to prevent fraud and abuse.

Objectives

- » **Ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.**

Description

This objective is intended to ensure that all medical and administrative funds and other resources that support Virginia Medicaid programs are managed effectively and that financial and personnel resources are used in a manner consistent with applicable state and federal requirements.

Objective Strategies

- DMAS will continuously evaluate its Medicaid programs to ensure that they are operating as efficiently and effectively as possible. To achieve this, DMAS will: 1) deploy an internal financial scorecard to measure expenditures to budget, 2) deploy an external dashboard on utilization of finances to support Medicaid, and 3) update its Medicaid forecast and rate-setting processes by implementing the recommendations of an external reviewer. The agency will also seek more transparency in its forecast and rate-setting processes by holding quarterly meetings with staff from various legislative committees as well as the Joint Legislative Audit and Review Commission, the Department of Planning and Budget, and the Secretary of Health and Human Resources to review key policy changes.

Measures

- ◆ Number of Administrative and Medical Deferrals and Disallowances
- ◆ Number of unresolved state audit findings
- ◆ Percentage accuracy of agency budget forecast
- ◆ Percentage of Budget Carry Forward

Major Products and Services

As permitted under federal law, the Virginia Medicaid program covers a broad range of services, with nominal cost sharing for most beneficiaries. There are two types of services – those required by federal law and those that are options for the state. Virginia Medicaid covers all federally mandated services, including inpatient and outpatient and emergency hospital; physician and nurse midwife; clinic, laboratory and x-ray; transportation; family planning; nursing facility; home health; and the Early and Periodic Screening, Diagnosis, and Treatment program for children (EPSDT).

In addition to required services, Virginia Medicaid also covers several optional services, including certified pediatric nurse and family nurse practitioner services; routine dental care for persons under age 21; dental care for pregnant women; primary care and behavioral health services for uninsured individuals with serious mental illness; prescription drugs; rehabilitation services either in or outside of the home (physical and occupational therapy, and speech language pathology services; hospice; certain mental health and substance abuse services; and intermediate care facilities for individuals with developmental and intellectual disabilities and related conditions.

Medicaid members also receive coverage through home and community-based waiver programs. These waivers provide community-based long term services and supports as an alternative to institutionalization. The following waiver programs are available to Medicaid beneficiaries who meet the level of care criteria: Alzheimer's Assisted Living, Day Support, Commonwealth Coordinated Care Plus, Intellectual Disability, Technology Assisted, and Individual and Family Developmental Disabilities Support.

In addition, DMAS implemented the Addiction and Recovery Treatment Services (ARTS) benefit in April, 2017 to increase access to treatment for

Medicaid members with opioid use disorders (OUD) and other substance use disorders (SUD), which includes abuse of alcohol and other legal and illegal drugs, but not tobacco. Five services are covered under ARTS: 1. medically managed intensive inpatient services; 2. substance use residential/inpatient services; 3. substance use outpatient and intensive outpatient and partial hospitalization; 4. opioid treatment; 5. early intervention services, care coordination and case management services; and 6. withdrawal management services.

Performance Highlights

DMAS continuously strives to make the Medicaid and FAMIS programs even more cost-effective and quality-focused. The primary areas of focus to achieve this outcome revolve around care-coordination, improved business flow with enterprise-based information management, and program integrity. Specifically, DMAS is working to bring care coordination principles to all populations and services under programs that it administers. This includes the examination and development of care coordination models to improve service delivery for Medicare-Medicaid dual enrollees. In addition to care coordination, DMAS and our partners across the Health and Human Resources (HHR) Secretariat are taking advantage of unprecedented federal funding to modernize eligibility systems across the HHR spectrum. For DMAS, this entails a new eligibility determination and enrollment system (VaCMS) that automates, to the extent possible, the eligibility process resulting in real-time determinations of eligibility for certain applicants of Medicaid and FAMIS.

Staffing

Authorized Maximum Employment Level (MEL)	517
Salaried Employees	429
Wage Employees	104
Contracted Employees	59

Key Risk Factors

DEMOGRAPHICS – As the number and age of persons DMAS serves increases, there are increased demands for long-term care and home and community based service programs.

NETWORK ACCESS – DMAS relies on its contracted health care providers to deliver services to customers. While periodically some provider groups receive increases in reimbursement, others receive only modest amounts. Even with these occasional increases, many providers are still paid well below the amounts paid by commercial insurers. Without sufficient increases, access to care may decline as providers make business decisions to no longer accept Medicaid or FAMIS patients.

FEDERAL CHANGES – Implementation of the Patient Protection and Affordable Care Act of 2010 (PPACA) continues to require substantial agency efforts. Virginia chose to implement the Medicaid expansion, which shall cause a significant increase in enrollment - up to 400,000.

COORDINATION OF SERVICE – DMAS works with 23 other state agencies, 10 of which are involved in healthcare-related activities on DMAS' behalf. One is the Virginia Department of Social Services (VDSS) that provides enrollment services for Medicaid and FAMIS applicants through 121 local departments of social services (LDSS) with costs exceeding \$100 million annually. As the agency responsible for Medicaid, DMAS is accountable to federal authorities for resolving any issues of non-performance or payment.

EXPENDITURES – Expenditures for the agency have increased from \$4.9 billion in SFY 2006 to nearly \$10 billion in SFY 2018. This increase has occurred despite a number of major savings and reform initiatives. In the last biennium enrollment in Medicaid/FAMIS has increased from 1,106,920 to 1,208,345 individuals and the service benefit package was enhanced as well.

Management Discussion

General Information About Ongoing Status of Agency

Currently the Agency is undergoing significant internal process transformation, and as well as implementing Medicaid Expansion, updating the Medallion 4.0 and CCC Plus managed care programs to support Medicaid Expansion. In addition, DMAS is also working the Dept. of Behavioral Health and Developmental Services to transform the coverage and delivery of Behavioral Health services in the Medicaid and FAMIS programs. Finally, DMAS has implemented the new Addiction and Recovery Treatment Services (ARTS) program, to more effectively address the treatment needs of individuals with substance use issues.

The Agency is implementing all these innovations centered around coordinated care, person centered planning and trauma informed care. In its partnership with the six managed care plans that provide services individuals in the Medallion 4.0 and CCC Plus programs, DMAS is also focusing on value-based payment, data transparency and social determinants of health.

Information Technology

DMAS is revolutionizing the foundation of its entire information technology (IT) system. Through a phased-in procurement process, DMAS is implementing the conversion of its IT system from the former monolithic, mainframe claims processing and enrollee data system into a new agile and far more powerful Medicaid Enterprise IT System (MES). The MES is a web-based modular system built by multiple vendors who are not

simply replacing previous IT solutions to process Medicaid claims and keep track of enrollee data. The agency's new system sets the standard for speedy processing solutions, robust interconnectivity, and simplicity. The MES system will also provide DMAS with multiple applications to address agency business needs, including an Enterprise Data Warehouse and a Medicaid Appeals tracking system.

As part of this effort DMAS has also partnered with the Department of Social Services to create a new Medicaid Eligibility and Enrollment IT system. In addition, DMAS has also created a new user-friendly, interactive mobile-compatible website. DMAS is the first Medicaid agency in the country to procure and implement a modular Medicaid IT system, and will be a model followed by Medicaid agencies in the other states.

Estimate of Technology Funding Needs

Workforce Development

The Department of Medical Assistance Services is a highly professional and efficient organization. DMAS has over 20 divisions and offices, including the Executive Management Team. Overseeing all Medicaid activities and resources in these divisions for over 1.2 million beneficiaries are over 400 authorized classified positions (for SFY2019) with an average of 380 filled or in recruitment. DMAS also utilizes about 120 hourly and contract employees to supplement the agency workforce.

DMAS is currently looking inward, reviewing almost every aspect of employee recruitment, on-ramping, continual engagement and organization. Processes for the review and approval of work product are being updated and improved, and the Agency has adapted a more flexible approach to individual staff responsibilities, placing individuals on temporary duty on other projects or in other divisions to address immediate, mission-critical project needs. Executive management has instituted enhanced forms of internal communication as well, including multiple employee surveys, and web-based town-hall meetings.

With all this activity there is some concern regarding DMAS' aging workforce. Potential retirements could have a significant impact on the agency's operations in terms of the loss of experienced managers and other key agency staff. DMAS is formulating greater legacy training to address this concern. The retention of highly-skilled employees, evident by low employee turnover rates, continues to be emphasized through effective employee recognition programs, training, and fair and consistent compensation practices.

Physical Plant

DMAS is located in a privately leased building at 600 E. Broad Street, Richmond, VA 23219.

Supporting Documents

Title	File Type
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Reimbursements for Medical Services Related to Involuntary Mental Commitments [32107]

Description of this Program / Service Area

An Involuntary Mental Commitment, also known as a Temporary Detention Order (TDO), is the detainment of an individual who (a) has been determined to be mentally ill and in need of hospitalization, (b) presents an imminent danger to self or others as a result of the mental illness or is so seriously mentally ill as to be substantially unable to care for self, and (c) is incapable of volunteering or unwilling to volunteer for treatment. A magistrate issues the TDO. The duration of the order shall not exceed 48 hours prior to a commitment hearing. If the 48-hour period terminates on a Saturday, Sunday, or legal holiday, such persons may be detained until the next business day.

DMAS ensures that all other available payment resources, including Medicaid, have been exhausted prior to payment by this program, which is funded only through state funds. DMAS determines the allowable eligibility period for the client who is under an involuntary mental commitment and enrolls the client in the involuntary mental commitment program. Once this is completed, DMAS processes and adjudicates claims for the allowable services provided to clients under an involuntary mental commitment.

Mission Alignment

Va. Code 16.1-340.1

This service area is in line with DMAS’ mission to provide access to a comprehensive system of high quality and cost effective health care services to qualifying Virginians. By ensuring that appropriate services are provided to eligible persons, DMAS provides access to needed care for this population of clients.

Products and Services

Description of Major Products and Services

Operations (Enrollment & Member Services) – Determination of the involuntary mental commitment eligibility and enrollment for providers and clients

Operations (Provider Enrollment, Services and Reimbursement) – Determination of the per diem rate of reimbursement for all services provided

Operations (Health Care Services) – Coverage for involuntary mental commitment services

Anticipated Changes

No significant changes are anticipated for this program.

Factors Impacting

The number of clients placed under an involuntary mental commitment will be affected by efforts to augment services, changes in length of stay guidelines, and the take up rate in insurance of insurance available through the Health Benefits Exchange in 2014.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	16,740,733	0	16,236,238	0
Changes to Initial Appropriation	0	0	605,189	0

Supporting Documents

Title **File Type**

Service Area Plan

Reimbursements for Medical Services Provided Under the Family Access to Medical Insurance Security Plan [44602]

Description of this Program / Service Area

The Family Access to Medical Insurance Security (FAMIS) program is part of Virginia’s Title XXI Child Health Insurance Program – CHIP) for uninsured children and pregnant women living below 200% federal poverty level (FPL) respectively. The FAMIS program provides access to comprehensive health care services for qualifying children through a benefit plan modeled on the state-employee health plan in areas where a contracted managed care organization is available; and through a Medicaid “look-alike” benefit plan in fee-for-service areas. FAMIS requires family cost sharing through copayments for services and provides a premium assistance option for private/employer-sponsored insurance.

Mission Alignment

Va. Code 32.1-351

FAMIS provides access to a comprehensive system of high quality and cost effective health care services to uninsured children whose families earn too much to qualify for Medicaid but too little to afford private health insurance. This coverage is also now available to children of eligible low-income state employees.

Products and Services

Description of Major Products and Services

Coverage of comprehensive health care services through managed care or fee-for-service delivery models

Marketing and outreach services to promote enrollment

Application processing and enrollment

Claims processing and payment

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Maternal & Child Health	Title XXI of the Social Security Act and Va. Code 32.1, Chap. 13	42 CFR, Part 457	Required	51,092,083	374,675,275

Anticipated Changes

With respect to Virginia's Children's Health Insurance Program (CHIP), under theThe Patient Protection and Affordable Care Act, states are required to maintain income eligibility levels for CHIP through September 30, 2019.

Factors Impacting

Federal and state appropriations and regulations impact the nature and scope of the services that can be provided through FAMIS. Unlike Medicaid, FAMIS is not an entitlement program

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly. The Federal Medical Assistance Participation (FMAP) rate for this program area increased to 88% effective October 1, 2015 from 65%. Non-general funds are comprised of Federal Funds and the Family Access to Medical Insurance Plan Trust Fund.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	2,769,009	138,650,657	3,119,577	141,572,433
Changes to Initial Appropriation	2,375,769	16,291,275	2,909,670	19,855,601

Supporting Documents

Title	File Type
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Service Area Plan

Reimbursements to State-Owned Mental Health and Intellectual Disabilities Facilities [45607]

Description of this Program / Service Area

This service area reimburses facilities owned and operated by the Department of Behavioral Health and Development Services (DBHDS) for medically necessary services provided to Medicaid eligible recipients residing in these facilities. Virginia's public mental health, intellectual disability and substance abuse services system is comprised of 16 state facilities and 40 locally-run community services boards (CSBs). The CSBs and facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, intellectual disabilities, or substance use disorders. DMAS works in partnership with the Virginia Department of Behavioral Health & Developmental Services (DBHDS) to ensure that services are medically necessary and provide the most appropriate setting, as well as that reimbursement rates are sufficient to help maintain the financial viability of these facilities.

Mission Alignment

Va. Code 32.1-326

DMAS is helping to ensure that a comprehensive system of high quality and cost effective health services are provided to qualifying Virginians in DBHDS managed facilities, a vulnerable population, by processing and reimbursing all appropriate Medicaid funding available.

Products and Services

Description of Major Products and Services

Coverage of Mental Health and Mental Retardation Health Care Services; Rate Setting/Cost Analysis; Provider Enrollment; Claims Payments; Prior Authorization

Anticipated Changes

A recent settlement between Virginia and the U.S. Department of Justice, regarding compliance with the ADA and the Olmstead decision, requires that Virginia gradually add 3,720 ID (Intellectual Disability) waiver slots and 450 Developmental Disability (DD) waiver slots by June 30, 2021. A portion of these slots are targeted for individuals discharging from state facilities. As they are discharged, occupancy at the facilities will decline. Expenditures in this service area will, therefore, also decline.

Factors Impacting

Federal regulations limit the types of individuals who are eligible to receive Medicaid coverage in Institutions for Mental Disease (IMD). Virginia's state mental health facilities qualify as IMDs. The Code of Federal Regulations (CFR) prohibits covering individuals between age 22 through age 64 while residing in an IMD. This does not apply to individuals diagnosed with Intellectual Disabilities. Total reimbursement to the facilities is limited by State appropriations.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	71,345,074	63,345,074	70,270,201	62,270,201
Changes to Initial Appropriation	0	8,000,000	0	8,000,000

Supporting Documents

Title	File Type
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Service Area Plan

Reimbursements for Behavioral Health Services [45608]

Description of this Program / Service Area

This service area reimburses providers, both public and private, for the treatment of mental illness, including long-term serious mental illness and short term acute problems. Medicaid covers outpatient services, inpatient services under certain circumstances, and community-based mental health rehabilitative services to individuals who meet specified criteria for each service. DMAS is in a partnership with DBHDS, the CSBs, and community providers, and advocates continuing work to ensure access to needed mental health services in the most appropriate setting.

Mission Alignment

Va. Code 32.1-326

By providing coverage for mental health services we are ensuring needed medical care for a vulnerable population.

Products and Services

Description of Major Products and Services

Coverage of Behavioral Health Care Services; Establishment of policies and standards and dissemination of information; Rate Setting and Financial Analysis; Claims processing and payment

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Behavioral Health Services	Title XIX of the Social Security Act, Va. Code 32.1-325	42 CFR, Part 431		0	0

Anticipated Changes

Current efforts are aimed at utilization management and care coordination.

Factors Impacting

Federal regulations, Virginia's State Plan and the Code of Virginia all address mental health services covered by Medicaid. In recent years, there has been a significant increase in the number of mental health providers enrolled to participate in the Medicaid program. This increased access and utilization, however, has not resulted in significant quality improvements. DMAS implemented and enforces strict marketing requirements to disallow inappropriate solicitation of recipients into treatment programs. New regulations are under development with stakeholders to address program eligibility for adults. One such regulations package were signed by the Governor, will be published on June 27, 2016, and will be effective July 27, 2016. The necessary state plan amendment SPA must be filed with CMS by September 30, 2016.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	404,019,895	395,505,251	426,589,537	417,881,045
Changes to Initial Appropriation	12,650,239	21,164,883	19,518,134	28,226,626

Supporting Documents

Title	File Type
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Reimbursements for Medical Services [45609]

Description of this Program / Service Area

This service area represents expenditures associated with coverage of general medical services in the Title XIX Medicaid program. General medical services include inpatient and outpatient hospital services, physician and clinic services, prescribed drugs, lab and x-ray services, dental, transportation services, as well as many others. General medical services are provided through two delivery models – capitated managed care and fee-for-service.

Mission Alignment

Va. Code 32.1-325

By providing coverage of general medical services, DMAS promotes access to a comprehensive system of high quality and cost effective health care services to our customers.

Products and Services

Description of Major Products and Services

Coverage of General Medical Services; Rate Setting/Cost Analysis; Provider Enrollment; Claims Payments; Capitation Payments to Contracted Health Plans; Prior Authorization; Special provider Reimbursement Projects (e.g. Revenue Maximization, Teaching Hospital DSH)

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Medical Services	Title XIX of the Social Security Act and Va. Code 32.1, Chap. 9	42 CFR, Part 431		0	0

Anticipated Changes

DMAS is expanding eligibility for the Medicaid program under the Patient Protection and Affordable Care Act. The new population shall consist of adults aged 19-64 who earn from 100-138% of the federal poverty level. In light of Medicaid Expansion most customer groups are expected to significantly increase. Many enrollees currently served in the Family Planning waiver and the GAP waiver shall be moved into the Medicaid Expansion population. Enrollment in the Family Planning waiver is expected to decrease, while the GAP waiver shall be discontinued.

The availability of subsidized private coverage offered through the FFM necessitates that DMAS examine the need for current programs offering some level of coverage to individuals in the income range who will be eligible for the subsidized private coverage, such as certain current enrollees in Plan First and FAMIS MOMS. Changes to these programs based on the broader PPACA reform may also impact the covered population for DMAS going forward.

In addition, there are several additional factors that will have an impact on Virginia Medicaid in the future including: (i) an increase in the number of beneficiaries age 65 and older; (ii) an increase in the number of persons with disabilities seeking services; (iii) health care reform and funding; (iv) new technology requirements, such as: electronic prescriptions, and electronic health records; and (iv) continued growth in overall program enrollees and costs.

Factors Impacting

The following factors will impact the services provided within this service area:

- Federal policy changes and Medicaid reform initiatives
- Health care cost inflation
- Impact of low reimbursement on provider participation
- Managed care penetration by geographic area and population type
- Legislative initiatives/priorities
- Budgetary/resource restraints
- Growing emphasis on cost containment and program integrity

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly. The Medicaid program is funded with a mixture of state and federal funds. The state match for the Medicaid program comes from a combination of state General Funds and the Virginia Health Care Fund. The federal match rate in Virginia is currently 50% state and 50% federal funds.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	2,483,896,574	3,037,055,926	2,534,226,867	3,045,276,549
Changes to Initial Appropriation	2,313,764	90,123,352	128,963,162	112,489,846

Supporting Documents

Title **File Type**

Service Area Plan

Reimbursements for Long-Term Care Services [45610]

Description of this Program / Service Area

Provide access to a system of high-quality facility and community-based long-term services and supports for seniors and persons with disabilities to ensure health, safety, and welfare.

Mission Alignment

Va. Code 32.1-325

By assisting seniors and persons with disabilities to obtain high-quality, cost-effective long-term services and supports in the least restrictive environment that meets their needs, the Commonwealth saves money over more costly and more restrictive placements.

Products and Services

Description of Major Products and Services

Coverage of Long-Term Care & Waiver Programs (Nursing facility care; Home and community-based services); Rate Setting/Cost Analysis; Provider Enrollment; Claims Payments; Prior Authorization

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Long Term Services and Supports	Title XIX of the Social Security Act and Va. Code 32.1, Chap. 9	42 CFR, Part 431	Required	0	0

Anticipated Changes

A recent settlement between Virginia and the U.S. Department of Justice, regarding compliance with the ADA and the Olmstead decision, requires that Virginia gradually add 3,720 ID (Intellectual Disability) waiver slots and 450 DD (Developmental Disability) waiver slots by June 30, 2021. As these slots are filled, expenditures in this service area can be expected to increase.

Factors Impacting

The Department's focus on care coordination across all areas of the Medicaid program will affect the delivery of long term care services.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	1,334,643,400	1,334,643,400	1,389,961,653	1,389,961,653
Changes to Initial Appropriation	23,949,498	23,949,498	36,145,340	36,145,340

Supporting Documents

Title	File Type
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Insurance Premium Payments for HIV-Positive Individuals [46403]

Description of this Program / Service Area

This service area ensures that HIV clients are able to maintain their medication protocol. The program provides reimbursement for health insurance premium payments to ensure that those approved individuals are able to maintain and utilize their private health insurance. In order to qualify, an individual must (1) be a resident of Virginia; (2) be able to provide documentation from a physician verifying disability within three months due to HIV+ diagnosis; (3) have family income no greater than 250% of the poverty level; (4) have countable liquid assets no more than \$10,000; (4) not be eligible for Medicaid; and (5) be eligible for and have availability of continuing health insurance. DMAS staff determines eligibility for the program and assumes the responsibility of providing health insurance premium payment in a timely manner.

Mission Alignment

Va. Code 32.1-330.1

By providing financial assistance for recipients' health insurance premiums, the program enables recipients to maintain maximum comprehensive health care benefits and deflect the expenses away from the Medicaid program. If these individuals do not maintain their private health insurance coverage they will likely become Medicaid eligible due to the significant costs for HIV pharmacy products.

Products and Services

Description of Major Products and Services

Financial assistance for health insurance premiums

Anticipated Changes

The Department does not anticipate any changes to the products and services.

Factors Impacting

The services provided by the HIV Unit are extremely important to eligible enrollees and is limited only by funding options. There has always been a waiting list. There is a growing need for insurance continuation for this population as the drug therapies improve. Complicating this situation is the fact that premiums for commercial insurance have been increasing yearly at double-digit rates.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. This program 100% state funded.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	556,702	0	556,702	0
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Reimbursements from the Uninsured Medical Catastrophe Fund [46405]

Description of this Program / Service Area

This service area provides payment for medical services to eligible, uninsured Virginians diagnosed with a life-threatening medical catastrophe. Eligibility is based on income, legal residency in the Commonwealth of Virginia, life threatening injury or illness and an approved treatment plan. Applications are taken on a first come, first served basis and funding is expended until appropriation is exhausted.

Mission Alignment

Va. Code 32.1-324.3

Individuals determined eligible for services under the program are provided access to life-saving health care services.

Products and Services

Description of Major Products and Services

Life-saving health care services based on Medicaid rates; eligibility determination, treatment plan approval, and determination of treatment plan costs.

Contract with providers for services approved on the treatment plan; verify services rendered and initiate payment to the provider.

Anticipated Changes

The department does not anticipate any product or service changes.

Factors Impacting

There are a number of administrative and operational factors that affect the products and services of the UMCF, including application requirements, provider agreements and requirements, payment methodology, regulatory restrictions and limited funding.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act.

This program is 100% State funded.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	225,000	40,000	225,000	40,000
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Reimbursements for Medical Services Provided to Low-Income Children [46601]**Description of this Program / Service Area**

The extension of Medicaid eligibility for uninsured children from ages 6-19 is part of Virginia's Title XXI Child Health Insurance Program (CHIP) program for uninsured children living below 200% of the federal poverty level (FPL). Virginia calls refers to its CHIP program as the Family Access to Medical Insurance Security (FAMIS) program. Prior to this program, children under age 6 with family income up to 133% FPL could qualify for Medicaid benefits, but children from ages 6 to 19 would only qualify for Medicaid if their family income was less than or equal to 100% FPL. While children from ages 6 to 19 with income between 100-133% FPL might qualify for the FAMIS program instead, this meant that children in the same family would be enrolled in different programs and families would have to navigate two different systems of care.

In September 2002, Virginia's Title XXI program was split into two groups – FAMIS for children aged 0-19 with income greater than Medicaid but less than or equal to 200% FPL, and the CHIP Medicaid program for children age 6-19 with income from 100-133% FPL. Children covered by the CHIP Medicaid program receive full Medicaid benefits but are funded with the enhanced Title XXI match rate. In 2004, the Virginia General Assembly renamed Medicaid for children, including the CHIP Medicaid program, "FAMIS Plus."

Mission Alignment

Va. Code 32.1-325

The CHIP Medicaid program carries out the mission of DMAS by providing access to a comprehensive system of high quality and cost effective health care services to uninsured children age 6 to 19 with income between 100% FPL and 133% FPL.

Products and Services**Description of Major Products and Services**

Coverage for comprehensive health care services through managed care or fee-for-service delivery models; Marketing and outreach to promote enrollment; Application processing and enrollment; Claims payment

Anticipated Changes

In February 2009, the President signed Public Law 111-3, the Child Health Insurance Program Reauthorization Act (CHIPRA), which reauthorized the Children's Health Insurance Program (CHIP) through 2013. This law also expanded health coverage for children and establishes quality requirements and protections for both health and mental health care services. CHIPRA also altered how Medicaid and CHIP programs cover services for pregnant women. DMAS has successfully implemented numerous CHIPRA provisions and in 2011 received a \$26 million CHIPRA Performance Bonus in support of the ongoing and strong efforts to identify and enroll eligible children in Medicaid and CHIP coverage.

The Patient Protection & Affordable Care Act (PPACA) extends the current reauthorization period and funding of CHIP for two years, through 9/30/15. States are also required to maintain income eligibility levels for CHIP through September 30, 2019 and the ACA increases the CHIP match rate by 23 points beginning October 2015 (FFY 2016).

Factors Impacting

Federal and state appropriations and regulations impact the nature and scope of the services that can be provided through the CHIP Medicaid Expansion. Unlike Medicaid, the CHIP Expansion is not an entitlement program.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly. The Medicaid expansion program is covered with a mixture of state and federal funds. On the federal level this program is covered through the Title XXI CHIP program that provides an enhanced federal match rate. The FMAP (Federal Medical Assistance Participation) rate for this program area increased to 88% effective October 1, 2015 from 65%.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	15,569,606	115,319,345	15,834,390	117,705,258
Changes to Initial Appropriation	744,198	4,315,215	1,023,054	5,915,998

Supporting Documents

Title **File Type**

Administrative and Support Services [499]

Description of this Program / Service Area

This service area includes the manpower, administrative support, policy and research and contractual services necessary to successfully operate the Agency's programs and activities.

Mission Alignment

Va. Code 32.1-325

By performing the functions within this service area, DMAS is able to provide access to a comprehensive system of high quality and cost effective health care services to our customers to qualifying Virginians.

Products and Services

Description of Major Products and Services

- Financial Services – Fiscal and accounting services
- Policy Analysis – Policy and research services
- Information Management – Computer support services
- Program Integrity – Quality assurances services including provider and recipient audits
- Program Operations – Provider enrollment, claims processing and reimbursement services
- Appeals – Client and provider appeals of audits and other agency decisions
- Human Resources – Personnel services and training
- Integrated Care and Behavioral Health
- Communications and Legislative Liaison – Information dissemination services and legislative coordination services
- Budget
- Contract Management
- Compliance, Security, and Internal Auditing – Services to ensure the integrity of data and information
- Long Term Care – Services for the aged population and individuals with disabilities
- Marketing and Enrollment Services – Providing health related services for children and pregnant women
- Innovation and Strategy

Anticipated Changes

The Department must remain flexible and adapt to new programs and priorities to maintain the quality and timeliness of all recipient services. Sufficient funding and staffing resources are vital for the agency to maintain these services.

Factors Impacting

Projects related to the work of DMAS operational areas determine the work that is performed in the administrative divisions. Changes in administrative services are the result of significant operational projects, including Medicaid Reform and Electronic Health Records.

Financial Overview

The initial appropriation in the table was established for the biennium budget included in the 2013 Appropriation Act. Adjustments to these amounts were based the annual utilization and inflation forecast and other amendments contained in the 2015 Virginia Acts of Assembly. DMAS' administrative funding is comprised of approximately 66% federal funds, 33% state general (GF) funds, and 1% for several small grants that are paid from non-general funds (NGF). DMAS also serves as the pass-through agency for the transfer of federal funding to the Department of Social Services for Medicaid eligibility determinations. These amounts and other smaller federal pass-throughs to four other state agencies are not included in DMAS' appropriation figures.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	60,065,774	155,930,278	61,175,772	165,197,912
Changes to Initial Appropriation	-2,203,289	-300,000	-112,661	3,071,540

Supporting Documents

Title **File Type**