2024 General Assembly: Priority Behavioral Health (*BH*) Bills Passed and Signed by the Governor

All legislation is effective July 1, 2024, unless otherwise noted.

Patron/Item #	Description
BH Workforce	
Social Work Licensure Compact; authorizes Virginia to become a signatory to Compact. *Sen. Hashmi & Del. Glass* *SB 239/HB 326*	The national Social Work Licensure Compact will make it easier for Licensed Clinical Social Workers (*LCSWs*) to practice in other Compact states. Once fully-implemented (*approximately 18-24 months*), Compact privileges may be issued. (*Compacts were also passed for dentists/dental hygienists and physician assistants.*)
Counseling, Board of; licensure of professional counselors without examination. *Del. Cole/HB 426*	This bill evolved during Session. The Board of Counseling must accept the National Counselor Exam (*NCE*), in addition to the historically required National Clinical Mental Health Counseling Examination (*NCMHCE*).
Marriage & family therapists; Bd. of Counseling to amend regulations related to licensure. *Del. Sickles/HB 329*	Removes requirements that Licensed Marriage and Family Therapy (*LMFT*)-applicants for licensure by endorsement must document fulfillment of certain educational and experience requirements.
Behavioral health aides; scope of practice, supervision, and qualifications. *Sen. Durant/SB 403*	Establishes a “stackable” BH credential (*like the Certified Nursing Assistant (CNA) to Registered Nurse (RN) career pathway in nursing*); adds behavioral health (*BH*) technicians and BH technician assistants to professions governed by the Board of Counseling; defines qualified mental health professional (*QMHP*) and QMHP-Trainee qualifications, scope of practice, and supervision requirements. The Board of Counseling must adopt regulations for these professions by November 1, 2024. The Department of Behavioral Health and Developmental Services (*DBHDS*), and the Department of Medical Assistance Services (*DMAS*) must promulgate regulations that align with those regulations.
Barrier crimes; adult substance abuse and mental health services; exception. *Sen. Pillion & Del. Price* *SB 626/HB 1269*	DBHDS, substance use disorder (*SUD*)/mental health (*MH*) providers to adults, and community services boards (*CSBs*) and BH authorities may hire applicants convicted of certain barrier crimes (*misdemeanor assault and battery or involving controlled substances*), provided the conviction occurred more than 4 years before the employment application date.
Credentialed addiction treatment professionals; definition to include licensed behavior analysts. *Del. Cohen/HB 503*	DBHDS must amend its definition of "credentialed addiction treatment professional" to include licensed behavior analysts.

Nursing staff at state psychiatric hospitals; employee destinations, payment policies, etc. *Sen. Favola & Del. Rasoul* *SB 177/HB 806*	DBHDS and state psychiatric hospitals must designate nursing staff and psychiatric technicians who work at least 36 hours/week as full-time, and allow state hospitals to use 12-hour shifts for them. DBHDS cannot reduce pay or benefits for such employees only because the employee works 36 hours/week. DBHDS should examine whether this change should be extended to comparable direct care positions in other executive branch agencies to improve recruitment and retention.
Other Health Workforce	
Virginia Health Workforce Development Authority (*VHWDA*). *Sen. Head/SB 155*	The mission of the VHWDA is to facilitate development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed, and culturally competent quality workforce. The bill expands and clarifies VHWDA Board membership, Board scope, defines a 2-year Masters in Psychology (*psychological practitioner*) and School of Nursing faculty educational requirements.
VHWDA. *Del. Willett/ HB 1499*	Addresses VHWDA Board scope, 2-year Masters in Psychology (*psychological practitioner*) and QMHPs.
Nurse practitioners; patient care team provider, autonomous practice. *Del. Tran/HB 971*	Reduces collaborative practice requirement from 5 to 3 years. Also, allows NPs with 3-years NP experience to serve as a collaborator in specific circumstances.
Certain students in nursing education programs; out-of-state clinical sites. *Sen. Hackworth/SB 553*	Allows nursing education programs in the Commonwealth located within 60 miles of a bordering state or the District of Columbia to contract for clinical hours at out-of-state clinical sites.
PA Licensure Compact; authorizes Virginia to become a signatory to Compact. *Del. Glass/HB 324*	The national Physician Assistant (*PA*) Compact will make it easier for PAs to practice in other Compact states. Once fully-implemented (*approximately 18-24 months*), Compact privileges may be issued. (*Compacts were also passed for dentists/dental hygienists and social workers.*)
Physician assistants; practice agreement exemption. *Sen. Head/SB 133*	Allows PAs employed by a hospital, certain DBHDS facilities or federally qualified health centers (*FQHCs*) to practice without a separate practice agreement if the facility's credentialing/privileging requirements include a practice arrangement.
Medicine, Board of; temporary licensure of physicians licensed in a foreign country. *Del. Tran/HB 995*	A physician previously licensed/authorized to practice in a foreign country may be issued a provisional license to practice medicine valid for up to 2 years. After at least 2-years of practice under a renewable 2-year restricted license, and passing all 3 steps of the United States Medical Licensing Examination (*USMLE*), the physician may apply for a full, unrestricted license to practice medicine.

Youth Mental Health	
Public elementary and secondary schools; programs of instruction on mental health education. *Del. Price/HB 603*	Requires K-12 health education to include MH topics: social and emotional learning, signs and symptoms of common MH challenges; MH wellness and healthy strategies for coping with stress and negative feelings; importance of/guidance on seeking assistance from an adult/MH professional; prevalence of MH challenges and the importance of overcoming about them; MH and substance use disorders (*SUD*); and importance of positive MH to the student well-being (*physical health, academic success*).
School boards; model MOU with certain mental health service providers; provision and expansion of virtual mental health services. *Del. Srinvasan/HB 919*	The Virginia Department of Education (*VDOE*), with DBHDS and DMAS, must develop a model memorandum of understanding (*MOU*) to be used between a school board and a nationally recognized school-based telehealth provider to provide MH tele-therapy to public school students. School boards may adopt policies and procedures to increase access to school-based MH services for students via virtual MH entities and partnerships with public or private community MH providers offering school-based teletherapy.
English language learner students; ratios of instructional positions, At-Risk Program established. *Sen. Lucas/SB 105*	Public school staffing and fund to support students who are educationally at risk, including prevention, intervention, or remediation activities required pursuant to relevant law, ***teacher recruitment programs and initiatives***, programs for English language learners, the hiring of additional school counselors and other support staff, and other programs relating to increasing the success of disadvantaged students.
Public schools; opioid antagonist administration, etc. *Sen. Pillion & Del. Sewell SB 726/HB 732*	Local school boards must develop plans, policies, and procedures for public secondary school student education on opioid overdose prevention and reversal, and encourage each student to complete the program before graduation. Each public elementary and secondary must have 2+ unexpired doses of opioid antagonists and have at least one employee authorized, trained and certified to administer the opioid antagonist by VDH or an authorized entity, and maintain records of each such trained and certified employees. VDH and DOE must collaboratively develop guidelines/policies to implement the bill and requires school boards to implement them by the start of the 2025-2026 school year. Provides disciplinary, civil, and criminal immunity for public school, school board, or local health department employees for any act or omission made with good faith administration of an opioid antagonist to reverse an opioid overdose during school hours, on school premises, or during a school-sponsored activity, unless such act or omission was the result of gross neglect or willful misconduct.
Opioids; DOE to develop education materials concerning risks. **Educational materials and Guidelines due** November 1, 2024. *Del. Convirs-Fowler/HB 134*	VDOE, in consultation with stakeholders and experts, will develop age-appropriate and evidence-based education materials concerning the risks to health and safety that are posed by opioids and guidelines for school boards to incorporate the materials into instructional programs for their students.

Public schools; youth and community violence prevention, report. *Sen. Aird & Del. Rasoul* *SB 484/HB 626*	Establishes the Community Builders Pilot Program to reduce youth involvement in behaviors that lead to gun violence, and increase community engagement among of rising 8th graders enrolled in Roanoke City Public Schools and Petersburg City Public Schools during the school year and summer months via community engagement, workforce development, postsecondary education exploration, and social-emotional education and development. The school boards will administer the program and will collect data. A report is due to the Governor and relevant committees of the General Assembly by November 1 of each year on the progress of the Program. The bill expires on July 1, 2027.
Crisis Services	
Emergency custody and TDOs; evaluations, presence of others *Sen. Bagby & Del. Willett* *SB 546/HB 1242*	Allows the family member or legal guardian of an individual who is being held in emergency custody to be present and provide support/supportive decision-making to be with the person being evaluated for a temporary detention (*unless the individual objects or the evaluator or treating physician determines that their presence would create a medical, clinical, or safety risk to the patient or health care provider or interferes with patient care*).
Parental admission of minors for inpatient treatment, adds that if a parent admits an involuntary minor (*age 14+*), that a TDO will not be required. Also, adds substance use to the reason a minor can be admitted to an inpatient facility. *Sen. Marsden & Del. Delany* SB 460/*HB 772*	A temporary detention order (*TDO*) is not required for a minor 14 years of age or older who objects to admission upon the application of a parent.
Crisis stabilization services; facilities licensed by DBHDS, nursing homes. *Del. Sickles/HB 1336*	Allows DBHDS-licensed crisis stabilization service providers to maintain a stock of Schedules II through VI controlled substances to treat their patients. Currently, maintaining stock of Schedule VI controlled substances is allowed under certain conditions, and Schedules II through V controlled substances may be maintained only if authorized by federal law and Board of Pharmacy regulations. Also allows automated/remote drug dispensing systems at DBHDS facilities that provide crisis stabilization services, nursing homes, and other facilities authorized by the Board of Pharmacy. The Board of Pharmacy must adopt emergency regulations to implement the bill.
Health insurance; emergency services, mobile crisis response *Sen. Bagby & Del. Kilgore* *SB 543/HB 601*	Emergency services for an emergency medical condition, as it relates to MH services or SUD services provided at a BH crisis service provider, include a BH assessment that is within the capability of a BH crisis service provider and ancillary services routinely available to evaluate the emergency medical condition, and further examination and treatment within the capabilities of the staff and facilities available at the BH crisis service provider, so the patient's condition does not deteriorate.

State hospitals; discharge planning **Effective** January 1, 2025. **One-time evaluation on discharge planning changes** due November 1, 2025. *Sen. Favola & Del. Hope* *SB 179/HB 314*	When an individual is discharged from Central State Hospital, Southwestern Virginia Mental Health Institute, or Southern Virginia Mental Health Institute the appropriate CSB shall implement the facility's discharge plan within 30 days after admission. When an individual will be discharged from any other state facility within 30 days of admission, or from a state hospital 30+ days after admission, the appropriate CSB/BH authority is responsible for the individual's discharge planning. Currently, CSBs and BH authorities provide discharge planning for all individuals discharged from state hospitals, regardless of the duration of their stay. Annual reports are due August 1 to the Governor and the General Assembly.
Naloxone or other opioid antagonists; possession by state agencies, guidelines for private employer. *Del. Hope/HB 342*	Requires state agencies to possess naloxone/other opioid antagonists to reverse a life-threatening opioid overdose and state employees may have/administer naloxone/other opioid antagonists. The VDH website must include information about the use of naloxone/other opioid antagonists to reverse an opioid overdose and prevention in public places. VDH must develop a plan to procure/distribute naloxone/other opioid antagonists to each state agency and to report its progress by November 1, 2024.
Health Insurance	
Health insurance provider panels; incentives for mental health services. *Sen. Favola/SB 87*	Health insurance primary care provider contracts may include provisions to promote comprehensive MH screening and referrals to MH services (*on-site, via telehealth on site, off-site*).
Health insurance; prior authorization. *Sen. Favola/Del. Willett* *SB98/HB 1134*	Prior authorization for prescription drugs, approved by another health insurance company, must be honored for at least for the first 90 (*extended from 30 days*) of a member's prescription drug coverage under a new health plan.
Health insurance; health care provider panels, continuity of care. *Del. Orrock/HB 218*	Carriers must cover health care services provided to an enrollee with an existing provider-patient relationship for at least 90 days after a provider no longer participates with the carrier, except if the provider is terminated for cause. Continued coverage is required for enrollees with an existing provider-patient relationship at the time of the provider's termination who are pregnant; terminally ill; have a life-threatening condition; or is admitted to an inpatient facility.
Health insurance; ethics and fairness in carrier business practices. *Sen. Favola & Del. Sullivan* SB 425/*HB 123*	Prohibits a carrier from retroactively denying previously paid claim or seeking recovery of a previously paid claim unless it specifies in writing the specific claim(*s*) denial will be imposed or the recovery is sought, and it provides a written explanation of why the claim is being retroactively adjusted (*up to 12 months, however, overpayments may be recouped by withholding or offsetting against future payments which may occur after the 12-month limit*). **Effective** July 1, 2025, carriers must provide an electronic way for providers to determine if an enrollee is covered by a health plan and outlines claims payment requirements.

Studies/Work Groups	
BH Commission; work group to study processes related to civil admissions; report. **Report due** July 1, 2025. *Sen. Deeds/SB 574*	Directs the Behavioral Health Commission to convene a work group to study how to align current civil admissions laws and processes with Virginia's new BH and crisis response services and resources.
DBHDS regulations; use of seclusion in crisis receiving centers and crisis stabilization units. Report **Report due** November 1, 2025 *Sen. Deeds/SB 569*	DBHDS must amend its regulations to ensure licensing and regulations support high-quality crisis services, including appropriate and safe use of seclusion in crisis receiving centers and crisis stabilization units. It exempts the initial adoption of such regulations from the Administrative Process Act. Convene a work group to propose additional regulations for the use of evidence-based and recovery-oriented seclusion and restraint practices and alternative behavior management practices that may limit or replace the use of seclusion and restraint in hospitals, residential programs, and licensed facilities.
State hospitals; discharge of individuals **Report due** November 1, 2025 *Del. Hope/HB 515*	Directs DBHDS to develop and implement a pilot program relating to the discharge of individuals at one state hospital.
Fentanyl crisis; Joint Commission on Health Care to study policy solutions. **Executive Summary due** no later than the first day of the next Regular Session of the General Assembly for each year. *Del. Srinivasan/HJ 41*	Joint Commission on Health Care (*JCHC*) will study policy solutions to the Commonwealth's fentanyl crisis, including the causes of the rise in fentanyl prevalence and fentanyl overdoses in the Virginia; the impact of the rise in fentanyl prevalence and fentanyl overdoses on Virginians and the state's health care system; insight into the fentanyl crisis within the context of other drug crises and addiction trends in recent history; and recommendations to reduce the prevalence of fentanyl in the Commonwealth and reduce the number of fentanyl overdoses in the state. Complete meetings by November 30, 2025.
Wholesale prescription drug importation program; Sec. of Health and Human Resources to establish. **Report due** November 1, 2024. *Sen. Subramanyam/SB 186*	The Secretary of Health and Human Resources (*HHR*) must research wholesale prescription drug programs in other states (*start-up, implementation, best practices, program effectiveness, cost, safety*). The feasibility of a wholesale prescription drug plan for Virginia must be submitted by November 1, 2024.

Gun violence; JLARC to study effects on communities **Report due** no later than the first day of the next Regular Session of the General Assembly for 2025 and 2026. *Del. Anthony/HJ 76*	Directs the Joint Legislative Audit and Review Commission (*JLARC*) to conduct a 2-year study of the social, physical, emotional, and economic effects of gun violence on communities across the Commonwealth.
Federal Medicaid Works program. DMAS to convene work group to study, etc. **Report due** November 1, 2024. *Sen. Favola/SB 59*	Requires a workgroup, led by DMAS, to study and make recommendations to improve the federal Medicaid Works program, a voluntary program that allows Medicaid members with disabilities to earn up to $75,000/year and save up to $45,976 of their earnings.
DD Waivers	
Individuals with developmental disabilities; financial eligibility. *Sen. Ebbin & Del. Shin* *SB 676/HB 908*	Changes financial eligibility requirements for individuals with intellectual and developmental disabilities via Waivers (*DD Waivers*), so Social Security Disability Insurance (*SSDI*) income above the maximum monthly Supplemental Security Income (*SSI*) is disregarded. SSDI income is counted when determining an individual's patient pay obligation. DMAS must also report on the impact of these financial eligibility changes on Virginians on DD Waivers (*cost, number of members impacted*) by November 1, 2024.
Slot-retention requests; Developmental Disability Waiver slots, sunset date. *Sens. Suetterlein and Pekarsky & Del. Runion* *SB610/HB 577*	DMAS and DBHDS must allow for support coordinators to request and obtain approval of consecutive Waiver slot-retention requests for a period of up to 365 calendar days for individuals who have been assigned a DD Waiver slot. Current regulations allow for four consecutive 30-day slot-retention extensions. The bill sunsets on June 30, 2026.
DMAS; Department of Behavioral Health and Developmental. Sen. Aird & Del. Shin SB488/HB909 Incorporates SB 149 (*Suetterlein*)	DMAS and the DBHDS must submit a state plan amendment (*SPA*) to U.S. Centers for Medicare and Medicaid (*CMS*) to expand ability of legally-responsible individuals (*LRIs*) to be reimbursed for providing personal care services to a family member on a DD Waiver.
Other Items of Interest	
Statute of Limitations; medical debt payment period. *Del. Clark/HB 34*	Amends the statute of limitations on medical debt, so that patient payment plans must extend to 3 years after the final invoice for health care services, unless the hospital/health care provider allows for a longer payment period. This does not apply to medical debt resulting from programs administered by DMAS.

BH Commission; changes composition of membership. *Sen. Favola/Del. Rasoul* *SB 125/HB 807*	Requires BH Commission to include 3 House appointees who are members of the House Committee on Appropriations (*formerly 2*).
Hospitals; emergency departments to have at least one licensed physician on duty at all times. **Effective** July 1, 2025 *Sen. Pekarsky/Del. Hope* *SB 392/HB 353*	Hospitals with an emergency department (*ED*) must have at least 1 licensed physician on duty and physically present at all times. Current law requires a licensed physician on call, though not necessarily physically present on the premises.
Pharmacy technicians; expansion of allowable duties. *Del. Hodges/HB 1067*	Pharmacy techs may accept a refill authorization of a prescription for a Schedule III through Schedule VI drug, and clarify quantity or refills for a prescription issued for a Schedule VI drug from a prescriber/its agent as long as there are no other changes to the original prescription, and may accept an electronic refill requires for a Schedule VI drug under the pharmacist-in-charge or pharmacist-on-duty, as long as the refill is not an “on-hold” prescription (*an active prescription that cannot be filled until the pharmacist resolves an issue*).
Pharmacy outsourcing and pharmacy technician remote database access; regulations *Del. Hodges/HB 1068*	A Virginia or out-of-state pharmacy may outsource tasks related to dispensing prescriptions of Schedule VI drugs (*verification, alternate delivery*) to a central-fill pharmacy. Regulations will address numbers of pharmacy techs and ratio of pharmacists to support personnel, pharmacist verification, process at initiating pharmacy to receive prescriptions, ability for unregistered/unlicensed persons to assist with non-dispensing tasks, and delivering drugs to the patient’s home or originating pharmacy, and pharmacy techs may access the pharmacy's database remotely to perform certain prescription processing functions.

Biennial Budget Bill (*FY25-FY26*) as Passed and Signed by the Governor
Behavioral Health (*BH*) Budget Amendments Resulting in New or Increased Funding

All Budget Amendments are effective July 1, 2024, unless otherwise noted.

June 2024

Department	Description/Key Elements
Workforce	
VDH	**Behavioral Health Loan Repayment Program (*BHLRP*)** amount increased by $4.3 million GF each year over the biennium, to bring total annual support to $7.3 million each year. Language increases loan repayment awards from $30K to $50K for child and adolescent psychiatrists, Psych NPs and psychiatrists. Adds academic medical centers to list of eligible employers.
VHWDA	Increases **Virginia Health Workforce Development Authority (*VHWDA*)** funding by $1.6 million GF each year to support the Area Health Education Center (*AHEC*) programs and health workforce initiatives.
DBHDS	Provides $741,989 GF FY25 and $711,989 GF the FY26 for state facilities to partner with academic institutions to allow the facilities to serve as clinical training sites for medical residents, nurses, nurse practitioners, physician assistants, and other licensed MH professionals.
VDH	To reduce the shortage of clinical education opportunities and establish new preceptor rotations for nursing students, especially in high demand fields such as psychiatry, provides $3.5 million GF in each year to VDH for a Nursing Preceptor Incentive Program, offering an incentive of up to a $5,000 for any Virginia licensed physician, physician's assistant, licensed practical nurse, registered nurse, or advanced practice registered nurse (*APRN*) who, in conjunction with a licensed and accredited Virginia public or private not-for-profit school of nursing, provides a clinical education rotation of 250 hours. Amount may vary by actual number of hours completed during the clinical education rotation.
DBHDS	Provides an additional $1.1 million to add 60 slots to the *Boost 200* program, which pays for licensure-required supervision for Masters-prepared Social Workers, Counselors a Marriage and Family Therapists to help them become LCSWs, LPCs or LMFTs in Virginia.
SCHEV	Provides $1.0 million GF FY25 and $1.5 million GF in FY26 to continue a mental health pilot to provide BH services for Virginia college students by providing the cost of licensure-required supervision for those with a Master of Social Work and Master of Counseling seeking Virginia licensure.
DBHDS	Provides $7.5 million GF each year to help expand the CSB workforce. Funds may be used to fund internships or scholarships, to support clinical supervision hours, or for reimbursement for licenses, certificates, and necessary exams.
DMAS	Provides $1.5 million GF and $1.5 million NGF each year to fund 20 new psychiatric residency slots and 10 new obstetric-gynecological residency slots using Medicaid supplemental payments.
DHP	Provides $1.2 million NGF and 12 positions each year to the Department of Health Professions (*DHP*) to expand licensing, investigative and administrative staff to improve application processing and license issuance, increase the number of investigations completed and decrease over-reliance on temporary and wage employees.
DMAS	Seek SPAs to expand provider qualifications so individuals working towards DBHDS certificate to provide peer supports may be approved as Medicaid provider and eligible for registration via DHP. DMAS is authorized to adjust caseload limits for peer recovery specialists to align with DBHDS, DHP and revised policies to reflect the need to operate within a crisis or ED setting. Provider caseload limit increase does not have any adverse impact on quality of care or program integrity. DMAS may promulgate emergency regulations to implement these changes within 280 days or less from the enactment of this Act.

Youth Mental Health	
DHP	Effective July 1, 2024, as a condition for licensure, the Board of Medicine and the Board of Nursing shall require all practitioners with authority to prescribe BH medications to children and adolescents to give families a plan for medication management and access after-hours, on weekends/holidays or in emergencies; working means of contacting the prescriber (*telephonically or electronically*) with a <48 hour response time to address questions or concerns with prescribed BH medications for children and adolescents; and resources (*in hardcopy or via a website*) on how to obtain help related to after-hours medication management, prescription refills or medication overdose. The Boards must require providers close their practice must make medical records available to families ≤1 week after closure. VDH may implement these changes prior to completion of any required regulatory process.
DBHDS	Includes $15.0 million GF each year to provide grants to establish school-based health clinics to provide MH services, primary medical care, and other health services in schools to students, their families, and staff.
DBHDS	Provides an additional $1.2 million GF each year for children's MH services to build service capacity focused on unique needs of children across the crisis services continuum.
VDOE	VDOE will collaborate with the DBHDS and DMAS on a plan for creating a new program to deliver flexible mental health funds to divisions for school-based MH services and supports, as well as technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports and consider maximizing existing funding and positions funded through the Standards of Quality such as specialized student support positions. VDOE shall provide such plan to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee and the Behavioral Health Commission no later than December 1, 2024.
VDOE	The Superintendent of Public Instruction shall enter into a statewide contract with a provider experienced in attendance recovery services for at-risk students to assist public school divisions with outreach and support for disengaged, chronically absent, or struggling students. The provider should be able to scale up the number of students served if necessary based on demand from school divisions. School divisions may opt to purchase services through this contract.
VDOE	The Superintendent of Public Instruction shall enter into a statewide contract with one or more telehealth providers to provide high-quality mental health care services to public school students. School divisions may opt to purchase such services through this contract.
VDOE	Provides $447,416 FY25 and $447,416 FY26 to provide training, technical assistance, and on-site coaching to public school teachers and administrators on use of a positive behavioral interventions and supports program to improve school climate and reduce disruptive behavior in the classroom.
VDH	In FY26, $100,000 from the Commonwealth Opioid and Abatement and Remediation fund shall be provided for the purchase and distribution of additional opioid reversal agents for public school divisions by the VDH.
DMAS	Effective July 1, 2024, DMAS shall have the authority to amend the state plan to increase the per diem rates paid to therapeutic group homes (*TGH*) that accept children requiring early and periodic screening, diagnosis, and treatment (*EPSDT*) services by 50%.
DBHDS	Provides $1.1 million GF FY25 and $610,000 GF FY26 to establish and provide ongoing support for two Intermediate Care Facilities for children/teens under 21 with severe SUD/MH conditions that need inpatient treatment but do not require medically-managed acute care from a general hospital.
DBHDS	Includes language directing DBHDS to identify and develop effective, safe, and therapeutic alternative placements for children who would otherwise be admitted to the Commonwealth Center for Children and Adolescents (*CCCA*) and report their findings by November 1, 2024.

Medicaid – BH Services	
DMAS	DMAS shall have the authority to modify legacy Medicaid behavioral health services: that predate the current service delivery system (*phasing out Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In Home Services, and Therapeutic Day Treatment*); youth services are replaced with the implementation of tiered community-based supports for youth and families with and at-risk for BH disorders appropriate for delivery in homes and schools; adult services are replaced with a comprehensive array of psychiatric rehabilitative services for adults with SMI (*community-based and center-based services, like independent living and resiliency supports, community support teams, and psychosocial rehabilitation services*); Targeted Case Management-SMI and Targeted Case Management- Serious Emotional Disturbance (*SED*) are replaced with Tiered Case Management Services. All new and modified services shall be evidence-based and trauma informed. DMAS can implement programmatic changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for the legacy and redesigned services. Changes must be budget-neutral. DMAS may seek necessary Waivers and SPAs from CMS. DMAS may implement the changes authorized in this paragraph upon federal approval and prior to the completion of any regulatory process.
DMAS	Develop guidelines for a statewide Collaborative Care Model (*primary care/BH*) program. The department shall submit a report on progress developing and implementing the guidelines annually by October 1 to the Joint Commission on Health Care and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees.
DMAS	Continues Behavioral Health Redesign efforts and provides $500,000 each GF and NGF in FY25.
DBHDS	Provides $4.5 million GF each year to increase support for STEP-VA, expanding services and accounting for inflation.
DMAS	All Virginia Medicaid managed care organizations (*MCOs*) must provide and manage behavioral health services for Medicaid members.
DMAS	Increases Medicaid MCO's care coordination/activity responsibilities for helping enrollees with their health-related social, BH and cancer needs.
DMAS	Update the reimbursement methodology for outpatient rehabilitation services to the Resource Based Relative Value Scale (*RVU*). Changes must be budget neutral. To ensure and maintain budget neutrality, a budget neutrality factor shall be applied to any rate calculations
DMAS	Increase MCO care coordination screening requirements for Health-Related Social Needs, Behavioral Health and Cancer.
DBHDS	Provides $3.4 million GF FY25 and $3.3 million GF FY26 to provide ongoing support for 2 additional peer wellness stay programs.
Crisis Services	
DBHDS	Provides $25.0 million GF FY25 and $2.6 million GF FY26 to continue expanding the state's crisis services system, funding more crisis receiving centers and crisis stabilization units, resulting in total biennial funding of $107.3 million GF.
DBHDS	Includes $10.0 million GF in FY25 (*one-time funds*) to establish additional mobile crisis teams to respond to individuals experiencing a mental health crisis.
DBHDS	Provides $3.6 million GF FY25 and $4.2 million GF FY26 to provide ongoing support for 7 crisis co-responder programs, resulting from the MARCUS Alert legislation. Co-responder teams (*both law enforcement and MH professionals*) respond to an individual in crisis, when dispatched by 911.
DBHDS	Includes $4.7 million GF each year for alternative transportation and custody option, and expands the program by allowing individuals under an involuntary commitment order to access these services.
DBHDS	Provides $2.5 million GF each year to help CSBs hire additional staff for crisis stabilization units whose bed capacity is not fully utilized because of a lack of staff.

DBHDS	Includes $2.6 million GF each year to contract with the Virginia Crisis Intervention Team Coalition for training on de-escalation and BH laws for law enforcement, fire and emergency services departments, and hospital ED personnel.
VDH	Of the amounts provided in L.1., $1,000,000 FY25 and $1,000,000 FY26 shall be provided to purchase and distribute 8 milligram naloxone nasal spray.
Housing for Individuals with MH Conditions	
DBHDS	Includes $6.0 million GF each year for more discharge assistance funds to increase ability to house individuals on the extraordinary barriers list in the community (*specialized group homes, assisted living facilities, and other models*) to support and stabilize individuals in the community.
DBHDS	Includes $3.0 million GF each year to expand permanent supportive housing for individuals with SMI, resulting in a total of $167.2 million GF for the program over the biennium.
Medicaid – Eligibility	
DMAS	Increases automation of Medicaid eligibility determinations by contracting with a consultant to assist with timely and accurate eligibility determinations. Adds $206,889 GF and $2.8 million NGF FY25 and $3.1 million GF and $16.2 million NGF FY26 for DMAS to contract with a vendor to assist in timely and accurate Medicaid eligibility determinations.
DMAS	Adds $2.1 million GF and $4.6 million NGF FY25 and $4.1 million GF and $9.1 million NGF in FY26 to direct the agency to contract with a vendor to manage all incoming mail currently directed to local Departments of Social Services (*DSS*), including Medicaid applications and renewal notices. This will allow all returned mail to be processed in one centralized location and will expedite application processing.
VDSS	Provides $3.5 million GF and $3.5 million NGF FY25 and $350,000 GF and $350,000 NGF the FY26 to replace Virginia's benefits eligibility system (*CommonHelp*) used to apply for Medicaid, SNAP, TANF, the Child Care Subsidy Program, and two Energy Assistance Programs.
VDSS	Includes $6.0 million GF and $6.0 million NGF each year to fund the income verification for benefits contract used to review public benefit applications and eligibility determination.
Medicaid – Cost Adjustment	
DMAS	Provides an additional $95.0 million from the GF in fiscal year 2025 for higher-than-expected enrollment in the Medicaid. Enrollment has not declined due the eligibility unwinding from the federal Public Health Emergency (*PHE*) as originally projected.
DMAS	Includes an increase of $19.6 million GF and $44.7 million NGF FY25 and $27.3 million GF and $59.4 million NGF FY26 to fund the utilization and inflation costs of the FAMIS program. Program expenditures projections include an increase of 14.3% in FY25 and 5.7% in FY26 (*return to 12 MCO payments a year and increased eligibility*). FAMIS covers children ages 0 to 18 living in families with incomes between 133% and 205% FPL.
DMAS	Reduces $11.1 million GF and $14.7 million NGF in FY25 and $4.6 million GF and $2.1 NGF in FY26 in the M-CHIP program to reflect expected utilization and inflation. M-CHIP supports Medicaid-enrolled children, ages 6 to 18, living in families with incomes between 100% and 133% FPL.
DMAS	Reduces spending by $2.9 million GF FY25 and $1.3 million GF FY26 to reflect the estimated cost of hospital and physician services for persons subject to an involuntary mental commitment.
Medicaid – Rate Increases	
DMAS	Adjusts Psychiatric Residential Treatment Facility rates for inflation. Language clarifies the DMAS reimbursement methodology for Medicaid payments to Psychiatric Residential Treatment Facilities (*PRTFs*) to specify the application of an annual inflation increase beginning in FY25.

DMAS	Increase DD Waiver rates 3% for Group Homes, Sponsored Residential, Supported Living, Independent Living Supports, In-home Supports, Community Engagement, Community Coaching, Therapeutic Consultation, Private Duty and Skilled Nursing, Group Day Support, Group Supported Employment, Workplace Assistance, Community Guide, and Benefits Planning. DMAS may implement these changes prior to completion of any required regulatory process.
DMAS	Update the rates for consumer-directed facilitation services based on the most recent rebasing estimates (*Consumer Directed (CD) Management Training increase to $90.14/hour in Northern Virginia and to $80.91/hour in the rest of the state; CD Initial Comprehensive Visit increase to $360.54/visit in Northern Virginia and to $323.64/visit in the rest of the state; CD Routine Visit increase to $112.67/visit in Northern Virginia and to $101.14/visit in the rest of the state; and CD Reassessment Visit increase to $180.27/visit in Northern Virginia and to $161.82/visit in the rest of the state*). DMAS may implement these changes prior to completion of any required regulatory process.
DMAS	Increases reimbursement rates 2% each year for Medicaid personal care, respite, and companionship services provided in agency-directed and consumer-directed waiver programs. DMAS may implement these changes prior to completion of any required regulatory process.
DMAS **Effective** July 1, 2025	Increase DD Waiver rates 3% for Group Homes, Sponsored Residential, Supported Living, Independent Living Supports, In-home Supports, Community Engagement, Community Coaching, Therapeutic Consultation, Private Duty and Skilled Nursing, Group Day Support, Group Supported Employment, Workplace Assistance, Community Guide, and Benefits Planning. DMAS may implement these changes prior to completion of any required regulatory process.
Other Items of Interest	
DMAS	Submit a SPA to authorize coverage of clinically appropriate audio-only services, provider-to-provider consultations, store-and-forward, and virtual check-ins with patients.
Health Insurance	Provides $22.3 million NGF and 27 positions FY25 and $25.1 million NGF and 29 positions in FY26 to transition the federally-supported health benefit exchange to a state-based health exchange platform. The start-up and implementation costs of the state-based exchange to be supported through a working capital advance. Non-GF revenue to operate the exchange is from a fee that health insurers pay on plans sold via the exchange.
DMAS	By January 1, 2025, implement a process FQHCs to notify DMAS of any changes in the scope of services offered. Notifications of changes in the scope of services shall be submitted no later than October 1, 2024 for timely filing allowed by applicable federal law. Thereafter, notification must be received within 12 months of the increase or decrease in the scope of services by the FQHC. DMAS may reimburse FQHCs for unreimbursed costs, as allowed by the applicable federal law, prior to an initial request for a change in scope under the new process.
Public Safety and Homeland Security	Provides initial appropriation for the Opioid Abatement Authority (*OAA*); $66.1 million NGF FY25 and $76.1 million NGF FY26 for the initial base appropriation. Additional language directs the OAA to provide an accounting of all monies deposited and appropriated from the Commonwealth Opioid Abatement and Remediation (COAR) Fund and sets out its projected administrative budget. Clarifies that OAA is an Independent Agency of the Commonwealth and not subject to the Secretary of Health and Human Resources.
Public Safety and Homeland Security	Establish Cannabis Control Authority as an independent agency. Transfers the Authority from the Office of Public Safety and Homeland Security to the Independent Agencies section of the Appropriations Act. Base appropriation for the Authority is $4.0 million GF and $2.2 million NGF each year.
Studies	
SHHR	SHHR will create an inventory of call centers operated or contracted by agencies, including contracted Medicaid MCOs, in the Health and Human Resources Secretariat, to include call center purpose; annual contract amount and agency fund sources used

Report due September 1, 2024	to pay the contract; contract terms and expiration dates; identification of any duplication across call centers; and recommendations for potential consolidation.
SHHR **Report due** December 1, 2024	SHHR shall prepare a report detailing how funds appropriated during the 2023 and 2024 Sessions of the General Assembly are expanding and modernizing Virginia's comprehensive crisis services system.
Virginia Supreme Court **Report due** November 1, 2024	The Office of the Executive Secretary of the Supreme Court (*OES*) shall contract with the National Center for State Courts (*NCSC*) and collaborate with DBHDS to study existing statewide jail diversion programs and initiatives for individuals with a serious mental illness (*SMI*) in Virginia and other states, and the feasibility of implementing an expedited diversion to court-ordered treatment (*EDCOT*) process to divert individuals with an SMI to court-supervised MH treatment. OES and DBHDS shall provide ample opportunities for meaningful collaboration and cooperation with stakeholders impacted by the potential implementation of an EDCOT process and changes to diversion programs in Virginia.
Developmental Disabilities (*DD*)	
DMAS	Adds 3,440 Developmental Disability Waiver (*DD*) slots and increase DD Waiver rates by 3% in FY25 and an additional 3% FY26 (*172 Community Living Waiver slots and 1,548 Family and Individual Support Waiver slots each year*).
DMAS	Increases rates for Medicaid Personal Care Services by adding $17.6 million GF and $20.6 million NGF FY25 and $38.5 million GF and $45.1 million NGF FY26 to increase reimbursement rates 2% each year for Medicaid personal care, respite, and companionship services provided to agency-directed and consumer-directed Waivered members.
DMAS	Increases rates for Consumer-Directed service facilitation by adding $5.0 million GF and $5.9 million NGF each year to increase rates for Medicaid consumer-directed service facilitation training and visits.
DMAS	Increases rates for Therapeutic Group Homes by providing $866,840 FY25 and $867,906 FY26 from the GF and $1.0 million each year in federal matching funds to increase the per diem rates paid to Medicaid reimbursed therapeutic group homes by 50% (*home serve children requiring early and periodic screening, diagnosis, and treatment (EPSDT) services*).
DBHDS	Includes an additional $2.6 million GF each year for early intervention services for infants and toddlers, addressing higher service costs and eligibility.
DMAS	Seek appropriate Waivers/SPAs to allow telehealth delivery options under the DD Waivers for Benefits Planning, Community Coaching, Community Engagement, Community Guide, Group Day Services, Group and Individual Supported Employment, Independent Living Supports, Individual and family/caregiver training, In-home Support Services, Peer Mentoring, Service Facilitation, Therapeutic Consultation, and Workplace Assistance services. Authority is limited to those regulatory changes needed to define service delivery and claims processing requirements for those virtual support services currently authorized by the Appropriation Act or Code of Virginia. Changes must be budget neutral. DMAS may amend the DD Waivers through CMS and to promulgate emergency regulations to implement these changes within 280 days or less from the enactment of this Act.
DBHDS	Includes $1.0 million GF each year in additional support to the State Rental Assistance Program which provides rental subsidies for individuals with intellectual or developmental disabilities.