

# **WEST VIRGINIA LEGISLATURE**

## **2016 REGULAR SESSION**

**Introduced**

### **House Bill 2930**

**FISCAL  
NOTE**

**2015 Carryover**

(BY DELEGATE WESTFALL)

[Introduced January 13, 2016; referred to the  
Committee on Health and Human Resources then Finance.]

1 A BILL to amend and reenact the Code of West Virginia, 1931, as amended, by adding thereto a  
 2 new article, designated §9-4F-1, §9-4F-2, §9-4F-3 and §9-4F-4, all relating to the creation  
 3 of managed care programs for the aged, blind, disabled and long term services and  
 4 support for Medicaid populations.

*Be it enacted by the Legislature of West Virginia:*

1 That the Code of West Virginia, 1931, as amended, be amended and reenacted by adding  
 2 thereto a new article, designated §9-4F-1, §9-4F-2, §9-4F-3 and §9-4F-4, all to read as follows:

**ARTICLE 4F. AGED, BLIND, DISABLED AND LONG TERM SERVICES AND  
 SUPPORT MANAGED CARE ACT.**

**§9-4F-1. Legislative Purpose.**

1 It is the purpose of the Legislature in enacting this section to implement coordinated,  
 2 capitated long-term care programs for those Medicaid beneficiaries who are: (1) Aged, blind or  
 3 disabled or; ( 2) chronically ill or have disabilities including those who need health and long-term  
 4 care services and supports, such as home care or adult day care. These programs will reduce  
 5 the cost to the state of administering Medicaid, insert certainty into Medicaid budgeting, and allow  
 6 eligible Medicaid beneficiaries to have an organized system of care as well as the ability to stay  
 7 in their homes and communities as long as possible, and delay the transition to institutional care.  
 8 These plans coordinate, arrange and pay for Medicaid physical and behavioral health and Long  
 9 Term Services and provide choice and flexibility in obtaining needed services from one organized  
 10 system at a lower cost than under Medicaid fee-for-service.

**§9-4F-2. Definitions.**

1 (a) "Eligible Medicaid beneficiaries" means the following:  
 2 (1) Frail elders (over the age of sixty) who are receiving 1915(c) Medicaid waiver services;  
 3 (2) Adults with physical disabilities (ages eighteen through sixty-four) who are receiving

4 Medicaid home and community based waiver services;

5 (3) Children (ages three through seventeen) with physical disabilities who are receiving

6 Medicaid home and community based waiver services;

7 (4) Individuals who are dually eligible under the Medicaid program and the Medicare

8 program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C.

9 §1395, as amended;

10 (5) Medicaid consumers with a nursing facility level of care, or at risk for needing a nursing  
11 facility level of care; and

12 (6) Individuals classified as aged, blind and disabled, under the provisions of 42 U.S.C.  
13 §1382, et seq.

14 (b) Eligible services include acute care, including medical, pharmacy, dental, and  
15 behavioral health services, and the following long-term care services and supports:

16 (1) Nursing facility care;

17 (2) Services provided in assisted living facilities;

18 (3) Hospice;

19 (4) Adult day care;

20 (5) Medical equipment and supplies;

21 (6) Personal care;

22 (7) Home accessibility adaptation;

23 (8) Behavior management;

24 (9) Case management;

25 (10) Therapies, which will include:

26 (A) Occupational therapy;

27 (B) Speech therapy;

- 28           (C) Respiratory therapy; and
- 29           (D) Physical therapy;
- 30           (11) Intermittent and skilled nursing;
- 31           (12) Medication administration;
- 32           (13) Medication management;
- 33           (14) Nutritional assessment and risk reduction;
- 34           (15) Caregiver training;
- 35           (16) Respite care;
- 36           (17) Transportation; and
- 37           (18) Personal emergency response system.
- 38           (c) "Aged, blind and disabled" means that population defined in 42 U.S.C. §1382, et seq.

**§9-4F-3. Long Term Services and Support Program.**

- 1           (a) The secretary shall establish a capitated Medicaid long-term services and supports
- 2 coordinated care program. The secretary shall make payments for long-term care, including
- 3 home and community-based services, using a managed care model.
- 4           (b) The secretary shall submit, if necessary, applications to the United States Department
- 5 of Health and Human Services for waivers of federal Medicaid requirements that would otherwise
- 6 be violated in the implementation of the program, and shall consolidate existing home and
- 7 community based waivers where appropriate. The secretary shall ensure that all participants
- 8 are members of a managed care organization which maintains a contract with the West Virginia
- 9 Department of Health and Human Resources pursuant to section one, article twenty-five-a,
- 10 chapter thirty-three of this code. The program shall be statewide, fully integrated, and risk based;
- 11 shall integrate Medicaid-reimbursed primary, acute, and long-term care services; and shall align
- 12 incentives to ensure the appropriate care is delivered in the most appropriate place and time.

- 13 (c) In designing the program, the secretary shall ensure that the program:
- 14 (1) Reduces fragmentation and offers a seamless approach to meeting participants'
- 15 needs;
- 16 (2) Delivers needed support and services in the most integrated, appropriate, and cost-
- 17 effective way possible;
- 18 (3) Offers a continuum of acute and long-term care services, which includes an array of
- 19 home and community-based options including community-based residential alternatives;
- 20 (4) Includes a comprehensive quality approach across the entire continuum of long- term
- 21 care services; and
- 22 (5) Consults stakeholders in the program development process.

**§9-4F-4. Aged, Blind and Disabled Managed Care Program.**

- 1 (a) The secretary shall establish a capitated Medicaid aged, blind and disabled care
- 2 program. The secretary shall make payments for the aged, blind and disabled Medicaid
- 3 population, using a managed care model.
- 4 (b) The secretary shall submit, if necessary, applications to the United States Department
- 5 of Health and Human Services for waivers of federal Medicaid requirements that would otherwise
- 6 be violated in the implementation of the program, and shall consolidate any additional waivers
- 7 where appropriate. The secretary shall ensure that all participants are members of a managed
- 8 care organization which maintains a contract with the West Virginia Department of Health and
- 9 Human Resources pursuant to section one, article twenty-five-a, chapter thirty-three of this code.
- 10 The program shall be statewide, fully integrated, and risk based; shall integrate Medicaid-
- 11 reimbursed primary, acute, and long-term care services; and shall align incentives to ensure the
- 12 appropriate care is delivered in the most appropriate place and time.
- 13 (c) In designing the program, the secretary shall ensure that the program:

- 14           (1) Reduces fragmentation and offers a seamless approach to meeting participants'
- 15 needs;
- 16           (2) Delivers needed supports and services in the most integrated, appropriate, and cost-
- 17 effective way possible;
- 18           (3) Offers a continuum of acute and long-term care services, which includes an array of
- 19 home and community-based options including community-based residential alternatives;
- 20           (4) Includes a comprehensive quality approach across the entire continuum of long- term
- 21 care services; and
- 22           (5) Consults stakeholders in the program development process.

NOTE: The purpose of this bill is to create managed care programs for the aged, blind, disabled and long- term services and support Medicaid populations.

This article is new; therefore, it has been completely underscored.