

WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Committee Substitute

for

House Bill 4241

BY DELEGATES WESTFALL, WHITE, CRISS, ROHRBACH,

ELLINGTON, SUMMERS, HANSHAW, AND FRICH

[Originating in the Committee on Finance;

February 19, 2018.]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §9-5-27, relating to transitioning foster children into managed care.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-27. Transitioning Foster Care into Managed Care.

1 (a) "Eligible services" means acute care, including medical, pharmacy, dental, and
2 behavioral health services.

3 (b) The secretary shall transition to a capitated Medicaid program for a child classified as
4 a foster child and a child placed in foster care under Title IV-E of the Social Security Act who is
5 living in the state by July 1, 2019. The program shall be statewide, fully integrated, and risk based;
6 shall integrate Medicaid-reimbursed eligible services; and shall align incentives to ensure the
7 appropriate care is delivered in the most appropriate place and time.

8 (c) The Secretary shall make payments for the eligible services, including home and
9 community-based services, using a managed care model.

10 (d) The Secretary shall submit, if necessary, applications to the United States Department
11 of Health and Human Services for waivers of federal Medicaid requirements that would otherwise
12 be violated in the implementation of the program, and shall consolidate any additional waivers
13 where appropriate.

14 (e) If a selected managed care organization ceases to contract with the Department of
15 Health and Human Services to provide Medicaid managed care services, it must provide all
16 patient records, including medical records, to the next selected managed care organization to
17 ensure the Eligible Medicaid Beneficiaries do not experience an interruption in care.

18 (f) In designing the program, the Secretary shall ensure that the program:

19 (1) Reduces fragmentation and offers a seamless approach to meeting participants'
20 needs;

21 (2) Delivers needed supports and services in the most integrated, appropriate, and cost-
22 effective way possible;

23 (3) Offers a continuum of acute care services, which includes an array of home and
24 community-based options;

25 (4) Includes a comprehensive quality approach across the entire continuum of care
26 services; and

27 (5) Consults stakeholders in the program development process.