

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

Senate Bill 247

FISCAL
NOTE

BY SENATORS WELD, SYPOLT, GRADY, SMITH,
STOLLINGS, MARONEY, BALDWIN, ROMANO, LINDSAY,
WOELFEL, TAKUBO, AND PLYMALE

[Introduced January 12, 2022; referred
to the Committee on Health and Human Resources;
and then to the Committee on Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §9-5-29, relating to certified community behavioral health clinics; providing that
3 the state Medicaid agency shall develop, seek approval of, and implement a Medicaid
4 state plan amendment as necessary and appropriate to effectuate a system of Certified
5 Community Behavioral Health Clinics (CCBHCs); providing that the state Medicaid
6 agency, in partnership with the Department of Health and Human Resources' Bureau for
7 Behavioral Health, shall establish a state certification system for CCBHCs; and providing
8 that all nonprofit comprehensive community mental health centers and comprehensive
9 intellectual disability facilities shall be eligible to apply for certification as a CCBHC.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-29. Certified Community Behavioral Health Clinics.

1 (a) The Bureau for Medical Services shall develop, seek approval of, and implement a
2 Medicaid state plan amendment as necessary and appropriate to effectuate a system of certified
3 community behavioral health clinics ("CCBHCs"). The agency is authorized to propose rules for
4 legislative approval, pursuant to §29A-3-1 et seq. of this code, to establish criteria for certification
5 consistent with the provisions of this section and to specify procedures to administer the
6 certification system.

7 (b) The Bureau for Medical Services, in partnership with the Department of Health and
8 Human Resources' Bureau for Behavioral Health, shall establish a state certification system for
9 CCBHCs in accordance with the following requirements:

10 (1) To the fullest extent practicable, the CCBHC system shall be consistent with the
11 demonstration program established by Section 223 of the Protecting Access to Medicare Act of
12 2014 ("PAMA") (P.L. 113-93, 42 U.S.C. 1396a note), as amended.

13 (2) Standards and methodologies for a prospective payment system shall be established
14 to reimburse each CCBHC under the state Medicaid program on a predetermined, fixed amount

15 per day for covered services rendered to each Medicaid beneficiary.

16 (3) A quality incentive payment system shall be established for those CCBHCs which
17 achieve specific thresholds on performance metrics identified by the Bureau for Medical Services.

18 Such quality incentive payments shall be in addition to the bundled prospective daily rate.

19 (4) The prospective payment rate for each CCBHC shall be adjusted tri-annually by the
20 Medicare Economic Index as defined in Section 223 of PAMA. In addition, the prospective
21 payment rate shall allow for modifications based upon a change in scope for an individual CCBHC.
22 Rate adjustments can be upon request by the provider.

23 (5) Criteria shall be established to certify a facility as a CCBHC which, at a minimum, shall
24 require each CCBHC to offer directly, or indirectly through formal referral relationships with other
25 providers, the following services:

26 (i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis
27 intervention services, and crisis stabilization;

28 (ii) Screening, assessment, and diagnosis, including risk assessment;

29 (iii) Patient-centered treatment planning or similar processes, including risk assessment
30 and crisis planning;

31 (iv) Outpatient clinic primary care screening and monitoring of key health indicators and
32 health risk;

33 (v) Targeted case management;

34 (vi) Psychiatric rehabilitation services;

35 (vii) Peer support and counselor services;

36 (viii) Family support services; and

37 (ix) Community-based mental health services, including mental health services for
38 members of the armed forces and veterans.

39 (c) All nonprofit comprehensive community mental health centers and comprehensive
40 intellectual disability facilities, as established by §27-2A-1 of this code, shall be eligible to apply

41 for certification as a CCBHC.

42 (d) The Bureau for Medical Services, in partnership with the Department of Health and
43 Human Resources' Bureau for Behavioral Health, shall establish such other procedures and
44 standards as may be necessary for an eligible facility to apply for certification, become certified,
45 and remain certified as a CCBHC.

46 (e) The participation of any eligible facility in the CCBHC system shall be strictly voluntary.
47 Nothing in this section shall require a facility that is eligible for certification as a CCBHC to apply
48 for such certification.

NOTE: The purpose of this bill is to provide that the Bureau for Medical Services shall develop, seek approval of, and implement a Medicaid state plan amendment as necessary and appropriate to effectuate a system of certified community behavioral health clinics (CCBHCs); provide that the Bureau for Medical Services in partnership with the Department of Health and Human Resources' Bureau for Behavioral Health, shall establish a state certification system for CCBHCs; provide that all nonprofit comprehensive community mental health centers and comprehensive intellectual disability facilities shall be eligible to apply for certification as a CCBHC.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.