

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

House Bill 4594

By Delegates Summers, Tully, Hite, Rohrbach, and
Fehrenbacher

[Introduced January 10, 2024; Referred
to the Committee on Health and Human Resources]

1 A BILL to amend and reenact §9-5-27 of the Code of West Virginia, 1931, as amended, relating to
2 extending 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 a
4 foster child and a child placed in foster care under Title IV-E of the Social Security Act who is living
5 in the state by January 1, 2020. 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: *Provided*, That this subsection does not apply to the Aged and Disabled
14 Waiver, the Intellectual/Developmental Disabilities Waiver, and the Traumatic Brain Injury Waiver.

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

19 (f) In designing the program, the secretary shall ensure that the program:

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

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

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

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

28 ~~(5) Consult stakeholders in the program development process, and the managed care
29 organization that is awarded the contract shall create a voluntary advisory group of foster,
30 adoptive, and kinship parents, which shall meet every quarter for the first year following the
31 effective date of the changes made to this section during the 2019 Regular Session of the
32 Legislature and then every six months thereafter, to discuss issues they are encountering with the
33 managed care organization and recommend solutions. The managed care organization shall
34 report on the recommendations of the advisory group and address how and why procedures have
35 or have not changed based on those recommendations. This report shall be submitted to the
36 secretary and the Legislative Oversight Commission on Health and Human Resources
37 Accountability as set forth in §16-29E-1 et seq. of this code, and the public in a timely fashion and
38 shall be available on the managed care organization's webpage.~~

39 ~~(g) The department shall evaluate the transition to managed care and shall collect and
40 annually report on the following items: the number of claims submitted, the number of claims
41 approved, the number of claims denied, the number of claims appealed, the resolution of appealed
42 claims, the average time of an appeal, the average length of stay in a child residential care center,
43 and health outcomes. The initial report will be filed by July 1, 2021, with the Legislative Oversight
44 Commission on Health and Human Resources Accountability and the Foster Care Ombudsman
45 with a final report submitted July 1, 2023.~~

46 ~~(h) The transition of foster care to managed care shall terminate on June 30, 2024, unless
47 cancelled by the secretary at an earlier date.~~

48 (†) (g) (1) The Office of the Inspector General shall employ an independent foster care
49 ombudsman, with experience as a former foster parent or experience in the area of child welfare;

50 (2) The duties of the ombudsman shall include, but are not limited to, the following:

51 (A) Advocating for the rights of foster children and foster parents;

52 (B) Participating in any procedure to investigate, and resolve complaints filed on behalf of a
53 foster child or foster parent, relating to action, inaction or decisions of providers of managed care
54 services, or the representatives of such providers, of public agencies, or of social service
55 agencies, which may adversely affect the health, safety, welfare and rights of the foster child or
56 foster parent;

57 (C) Monitoring the development and implementation of federal, state and local legislation,
58 regulations and policies with respect to foster care services; and

59 (D) Establishing and maintaining a statewide uniform reporting system to collect and
60 analyze data relating to complaints for the purpose of identifying and resolving significant
61 problems faced by foster children and foster parents as a class. The data shall be submitted to the
62 Bureau of Children and Families, within the Department of Health and Human Resources and the
63 Legislative Oversight Commission on Health and Human Resources Accountability on a quarterly
64 basis; Social Services.

65 (3) The ombudsman shall participate in ongoing training programs related to his or her
66 duties or responsibilities.

67 (†) (h) An employee of the department who, as a function of that employment, has engaged
68 in the development of any contract developed pursuant to the requirements of this section may not
69 for a period of two years thereafter be employed by any agency or company that has benefitted or
70 stands to benefit directly from a contract between the department and that agency or company.

71 (†) (i) Any managed care company selected as the managed care contractor pursuant to
72 the provisions of this article shall have at least 80 percent of the total full-time equivalent positions

- 73 allocated to manage care of foster children in West Virginia according to the contract must have a
74 primary work place in the state of West Virginia.

NOTE: The purpose of this bill is to extend the foster care managed care contract.

This bill was recommended for passage during the 2024 legislative session by the Legislative Oversight Commission of Health and Human Resources Accountability.

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