

**H. B. 2930**

(By Delegate Westfall)

[Introduced February 24, 2015; referred to the  
Committee on Health and Human Resources then Finance.]

**FISCAL  
NOTE**

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

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

That the Code of West Virginia, 1931, as amended, be amended and reenacted by adding 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.**

It is the purpose of the Legislature in enacting this section to implement coordinated, capitated long-term care programs for those Medicaid beneficiaries who are: (1) Aged, blind or disabled or; ( 2) chronically ill or have disabilities including those who need health and long-term

1 care services and supports, such as home care or adult day care. These programs will reduce the cost  
2 to the state of administering Medicaid, insert certainty into Medicaid budgeting, and allow eligible  
3 Medicaid beneficiaries to have an organized system of care as well as the ability to stay in their  
4 homes and communities as long as possible, and delay the transition to institutional care. These  
5 plans coordinate, arrange and pay for Medicaid physical and behavioral health and Long Term  
6 Services and provide choice and flexibility in obtaining needed services from one organized system  
7 at a lower cost than under Medicaid fee-for-service.

8 **§9-4F-2. Definitions.**

9 (a) "Eligible Medicaid beneficiaries" means the following:

10 (1) Frail elders (over the age of sixty) who are receiving 1915(c) Medicaid waiver services;

11 (2) Adults with physical disabilities (ages eighteen through sixty-four) who are receiving  
12 Medicaid home and community based waiver services;

13 (3) Children (ages three through seventeen) with physical disabilities who are receiving  
14 Medicaid home and community based waiver services;

15 (4) Individuals who are dually eligible under the Medicaid program and the Medicare  
16 program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C.  
17 §1395, as amended;

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

20 (6) Individuals classified as aged, blind and disabled, under the provisions of 42 U.S.C.  
21 §1382, et seq.

22 (b) Eligible services include acute care, including medical, pharmacy, dental, and behavioral

1 health services, and the following long-term care services and supports:

- 2 (1) Nursing facility care;
- 3 (2) Services provided in assisted living facilities;
- 4 (3) Hospice;
- 5 (4) Adult day care;
- 6 (5) Medical equipment and supplies;
- 7 (6) Personal care;
- 8 (7) Home accessibility adaptation;
- 9 (8) Behavior management;
- 10 (9) Case management;
- 11 (10) Therapies, which will include:
  - 12 (A) Occupational therapy;
  - 13 (B) Speech therapy;
  - 14 (C) Respiratory therapy; and
  - 15 (D) Physical therapy;
- 16 (11) Intermittent and skilled nursing;
- 17 (12) Medication administration;
- 18 (13) Medication management;
- 19 (14) Nutritional assessment and risk reduction;
- 20 (15) Caregiver training;
- 21 (16) Respite care;
- 22 (17) Transportation; and

1 (18) Personal emergency response system.

2 (c) "Aged, blind and disabled" means that population defined in 42 U.S.C. §1382, et seq.

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

4 (a) The secretary shall establish a capitated Medicaid long-term services and supports  
5 coordinated care program. The secretary shall make payments for long-term care, including home  
6 and community-based services, using a managed care model.

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

16 (c) In designing the program, the secretary shall ensure that the program:

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

18 (2) Delivers needed support and services in the most integrated, appropriate, and cost-  
19 effective way possible;

20 (3) Offers a continuum of acute and long-term care services, which includes an array of home  
21 and community-based options including community-based residential alternatives;

22 (4) Includes a comprehensive quality approach across the entire continuum of long- term care

1 services; and

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

3 **§9-4F-4. Aged, Blind and Disabled Managed Care Program.**

4 (a) The secretary shall establish a capitated Medicaid aged, blind and disabled care program.

5 The secretary shall make payments for the aged, blind and disabled Medicaid population, using a  
6 managed care model.

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

16 (c) In designing the program, the secretary shall ensure that the program:

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

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

20 (3) Offers a continuum of acute and long-term care services, which includes an array of home  
21 and community-based options including community-based residential alternatives;

22 (4) Includes a comprehensive quality approach across the entire continuum of long- term care

1 services; and

2 (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.