

# WEST VIRGINIA LEGISLATURE

## 2018 REGULAR SESSION

**Introduced**

### **House Bill 4241**

**FISCAL  
NOTE**

BY DELEGATES WESTFALL, WHITE, CRISS, ROHRBACH,  
ELLINGTON, SUMMERS, HANSHAW, AND FRICH

[Introduced January 22, 2018; Referred  
to the Committee on Health and Human Resources  
then Finance.]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, 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 January 1, 2019. The program shall be statewide, fully integrated, and risk  
6 based; shall integrate Medicaid-reimbursed eligible services; and shall align incentives to ensure  
7 the 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.

NOTE: The purpose of this bill is to require DHHR to transition children placed in foster care into managed care.

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