WEST virginia legislature

2022 regular session

Introduced

Senate Bill 419

By Senators Weld, Woelfel, Lindsay, Romano, Stollings, and Plymale

[Introduced January 18, 2022; referred  
to the Committee on Health and Human Resources]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §9-5-29, relating to the establishment of a pilot project in Cabell, Ohio, and Wood Counties by the Department of Health and Human Resources; evaluating the impact that post-discharge planning and the provision of wraparound services has on the outcomes of substance use disorder in three years post-substance use disorder residential treatment; setting forth service area for pilot project; setting terms of performance-based contract; and requiring reporting.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-29. Pilot Project.

(a) For purposes of this section:

(1) “Department” means the Department of Health and Human Resources.

(2) “Evidence-based” means a program or practice that is cost-effective and includes at least two randomized or statistically controlled evaluations that have demonstrated improved outcomes for its intended populations.

(3) “Performance-based contracting” means structuring all aspects of the service contract around the purpose of the work to be performed and the desired results with the contract requirements set forth in clear, specific, and objective terms with measurable outcomes and linking payment for services to contractor performance.

(4) “Promising practice” means a practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice.

(5) “Research-based” means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices.

(b) No later than November 1, 2022, the department shall begin a pilot program in Cabell, Ohio, and Wood Counties for patients that are receiving substance use services in a substance use disorder residential treatment facility.

(c) The department shall enter into a performance-based contract with a substance use disorder residential treatment facility providing substance use disorder treatment services to patients with substance use disorder in the counties of Cabell, Ohio, and Wood counties.

(d) The performance-based contracts shall be developed and implemented in a manner than complies with the applicable provisions of this code and are exempt from §5A-3-1 of this code.

(e) The resulting contracts shall include, but are not limited to, the following:

(1) The use of programs that are evidence-based, research-based, and supported by promising practices, in providing services the patient population, including fidelity and quality assurance provisions.

(2) The treatment facility shall develop a robust post-treatment planning program, including, but not limited to, connecting the patient population to community-based supports, otherwise known as wraparound services, to include, but not be limited to, designation of a patient navigator to assist each discharged patient with the following: linkage to medical, substance use, and psychological treatment services, assistance with job placement, weekly communication regarding status for up to one year, and assistance with housing and transportation.

(3) The department shall obtain data from the substance use disorder residential treatment facility, including data on performance and service outcomes, including but not limited to:

(A) Whether patient is drug free, 30-days post discharge, six-months post discharge, one-year post-discharge, two years post-discharge, and three years post-discharge;

(B) Whether patient is employed, 30-days post discharge, six-months post discharge, one-year post-discharge, two years post-discharge, and three years post-discharge;

(C) Whether patient has housing, 30-days post discharge, six-months post discharge, and one-year post-discharge;

(D) Whether substance use disorder residential treatment facility has arranged medical, substance use, psychological services, or other community-based supports for the patient and whether the patient attended, 30-days post discharge, six-months post discharge, one-year post-discharge, two years post-discharge, and three years post-discharge;

(E) Whether the patient has transportation 30 days post-discharge; and

(F) Whether patient has relapsed and needed any additional substance use disorder treatment, 30-days post discharge, six-months post discharge, one-year post-discharge, two years post-discharge, and three years post discharge; and

(G) Incentives earned.

(f) Performance-based payment methodologies shall be used in contracting with the treatment facilities in the pilot program. Performance measures shall relate to successful engagement by the patient in services included in their post-treatment planning and resulting improvement in their substance use disorder. For the first year of implementation of performance-based contracting, the department may transfer risk for the provision of services to the treatment facility only to the limited extent necessary to implement a performance-based payment methodology, such as phased payment for services. However, the department may develop a shared saving methodology through which the treatment facility shall receive a defined share of any savings that result from improved performance.

(g) The department shall actively monitor the treatment facilities’ compliance with the terms of the contracts executed under this section.

(h) The pilot program shall terminate in three years at which time based upon the outcome of the pilot program it may be extended in the counties served or on a statewide basis.

(i) The department shall report the performance of the treatment facility pilot program to the Legislative Oversight Commission on Health and Human Resources Accountability by December 31, 2022, annually thereafter throughout the term of the pilot program.

NOTE: The purpose of this bill is to require the Department of Health and Human Resources to begin a pilot program to evaluate the impact that post-discharge planning and the provision of wraparound services has on the outcomes of substance use disorder in three years post substance use disorder residential treatment. The pilot program can exist for three years. The bill requires the department to enter into a performance-based contract in Cabell, Ohio, and Wood counties with a substance use disorder residential treatment facility.

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