

# **WEST VIRGINIA LEGISLATURE**

## **2026 REGULAR SESSION**

**Introduced**

### **House Bill 4964**

**FISCAL  
NOTE**

By Delegate Burkhammer

[Introduced January 29, 2026; referred to the  
Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section,  
2 designated §49-2-1007, relating to community-based child welfare systems; providing  
3 legislative findings and purpose; and establishing a community-based child welfare system  
4 program; and requiring evaluation and reporting.

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

## **ARTICLE 2. STATE RESPONSIBILITIES FOR CHILDREN.**

### **§49-2-1007. Community-based child welfare phased implementation.**

#### (a) Legislative Findings and Purpose. –

The Legislature finds that:

3 (1) Child Protective Services within the Bureau for Social Services performs a critical  
4 governmental function in receiving reports of abuse and neglect, conducting investigations, and  
5 determining immediate child safety.

6 (2) National evidence demonstrates that community-based child welfare systems improve  
7 child safety, permanency, and well-being by engaging local providers, reducing time in care, and  
8 maintaining children's connections to families and communities.

9 (3) A phased and geographically limited approach allows the State to evaluate outcomes,  
10 fiscal accountability, and operational readiness before broader implementation.

#### (b) Initial Implementation Regions. –

The Community-Based Child Welfare phased implementation shall commence in:

13 (1) Berkeley County and Jefferson County; and

14 (2) Bureau for Social Services Region IV.

15 Expansion beyond these regions require legislative authorization.

#### (c) Roles and Responsibilities. –

17 (1) Bureau for Social Services – Child Protective Services (CPS)

18 The Bureau for Social Services shall retain exclusive authority for:

19 (A) Intake of abuse and neglect referrals;

(B) Child Protective Services investigations;

(C) Safety assessments and determinations;

(D) Emergency custody decisions during investigation; and

(E) Court responsibility during investigation and emergency removal.

(2) Case transfer – Upon completion of the Child Protective Services investigation and a determination that a case requires ongoing court supervision or services, the department shall transfer responsibility for case management, service coordination, and court-related functions to a contracted community-based provider.

No case shall be transferred to a provider prior to the completion of the CPS investigation, and no case shall remain with the department solely by reason of removal or placement status once the case has been opened for ongoing services.

Nothing in this section shall be construed to delegate or privatize CPS investigative authority.

(d) Contracted Community-Based Providers. –

(1) Provider Participation:

The department may contract with one or more qualified private providers, including the designation of a lead or managing agency where appropriate, to deliver Community-Based Child Welfare services within each implementation region. The department may alternatively contract directly with multiple qualified private providers within a region without designating a lead or managing entity, as determined by the department to best meet regional needs.

(2) Provider Qualifications:

Contracted providers shall:

(A) Be nonprofit organizations in good standing;

(B) Hold relevant national accreditation or demonstrate equivalent capacity;

(C) Demonstrate financial solvency and operational readiness; and

(D) Maintain sufficient staffing and local presence to serve assigned cases.

(e) Case Assignment and Service Delivery. –

The department shall establish a case assignment methodology that:

(1) Allows multiple providers to operate concurrently within a region;

(2) Promotes capacity balancing, and continuity of care; and

(3) Avoids exclusive service territories or monopolization.

Providers shall deliver services directly or through subcontractors approved by the department.

(f) Contract Structure and Financing. –

(1) Case-Rate Payment Model: Contracts shall utilize a negotiated case-rate structure, covering the full continuum of care from case opening through permanency and aftercare.

Rates shall reflect the provider's assumption of:

(A) Case management responsibilities;

(B) Court-related obligations post-case opening; and

(C) Service coordination and placement oversight.

Rates shall be actuarially sound, fiscally responsible, and mutually agreed upon, and shall be reviewed periodically to ensure alignment with service utilization and outcomes.

(2) Risk-Based Contracting: Contracts shall include shared-risk provisions whereby:

(A) Providers may retain savings achieved through improved outcomes; and

(B) Providers assume responsibility for costs exceeding the case rate, subject to defined risk corridors.

(g) Workforce and Practice Standards. –

Contracts shall define required functions and outcomes, rather than prescriptive staffing models, and shall:

(1) Establish caseload expectations consistent with best practices;

(2) Require training aligned with department standards; and

(3) Promote workforce stability and professional judgment.

72 (h) Oversight and Accountability. –

73 The department shall retain oversight authority for:

74 (1) Contract compliance;

75 (2) Performance measurement;

76 (3) Fiscal accountability; and

77 (4) Data reporting and audits.

78 (5) A contracted community-based provider, and its officers, employees, and agents shall  
79 not be liable for civil damages arising from acts or omissions undertaken in good faith and within  
80 the scope of responsibilities delegated pursuant to this section and the applicable contract with the  
81 department, except in cases of gross negligence, willful misconduct, or acts outside the scope of  
82 such delegated responsibilities.

83 The department shall not assume day-to-day operational or court case management  
84 functions once a case has been transferred to a provider.

85 (i) Evaluation and Reporting. –

86 Within 24 months of implementation, the department shall submit a report to the Joint  
87 Committee on Government and Finance which shall contain evaluations on:

88 (1) Child safety, permanency, and well-being outcomes;

89 (2) Fiscal performance and cost trends;

90 (3) Provider performance and system capacity; and

91 (4) Recommendations for continuation or expansion.

NOTE: The purpose of this bill is to create a community-based child welfare system program.

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