











## Who is covered in West Virginia's Medicaid Program?

### ELIGIBILITY GROUPS

**FFS**<sup>1-3</sup>

**MCOS**<sup>4,5</sup>

Current and Former Foster Care Children			Children (0-18 years)
Aged, Blind, Disabled Adults			Parents and Other Caretaker Relatives
Dual Eligibles			Pregnant Women
Incarcerated**			Disabled Children
Undocumented Immigrants***			Qualified Non-Citizens*
Intellectual and Developmental Disabilities			Newly Eligible Adults
			American Indians/Alaskan Natives

\*Qualified non-citizens are subject to a 5-year waiting requirement, except for children up to 19 years of age and pregnant women.

\*\*Inpatient hospital services only.

\*\*\* Emergency Medicaid services only.

## How has West Virginia's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVER<sup>8</sup>

West Virginia's Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorder will permit the state to increase the availability of substance use disorder (SUD) prevention and treatment services for all Medicaid enrollees and create a continuum of care that will improve care for enrollees with chronic conditions. The waiver will also provide SUD services to beneficiaries receiving Medicaid through the fee-for-service delivery system, including individuals receiving long-term care services and supports, home and community-based waiver services, dual eligibles, and foster care children.

**APPROVAL:**  
10/6/2017

**EFFECTIVE:**  
1/1/2018

**EXPIRATION:**  
12/31/2022



## Do Medicaid health plans provide coverage?<sup>6,7</sup>



YES



NO

- Aetna Better Health of West Virginia (formerly Coventry Cares of West Virginia)
- Health Plan
- UniCare
- West Virginia Family Health Plan



WV

# WEST VIRGINIA MEDICAID FACTS

## How is West Virginia meeting the needs of Medicaid enrollees?

### Mental Health and Substance Abuse Disorder

Mental health services are covered for Medicaid enrollees determined to be medically necessary. Covered services include screening by physician or licensed psychologist and care coordination.<sup>10</sup>

Services considered part of care coordination include, but are not limited to, the following:<sup>10</sup>

- Assertive community treatment
- Professional individual therapy
- Professional group therapy
- Targeted case management
- Basic living skills
- Intensive service programs
- Supportive counseling
- Emergency shelter care
- Residential care for children and youth
- Crisis stabilization and detoxification services
- Professional therapy and medication management provided in the context of the coordinated care services
- Comprehensive community support services

Day treatment services include activities occurring in a therapeutic environment designed to increase the enrollees' skills in specific areas. Areas of intervention may include, but are not limited to, the following:<sup>10</sup>

- Self-care skills
- Emergency skills
- Mobility skills
- Nutritional skills
- Social skills
- Communication and speech instruction
- Carryover of physical and/or occupational therapy
- Interpersonal skills instruction
- Functional community skills (such as recognizing emergency and other public signs, money management skills, travel training, etc.)
- Volunteering in community service settings
- Citizenship, rights and responsibilities, self-advocacy, etc.
- Other services necessary for a member to participate in the community settings of his/her choice

Comprehensive community support is a long-term, preventive, and rehabilitative service designed to serve enrollees with severe and persistent mental illness whose quality of life and level of functioning would be negatively affected without structured, ongoing skill maintenance and/or enhancement activities. Services include:<sup>10</sup>

- Health education such as first aid, pedestrian and passenger safety, home safety
- Meal preparation such as nutrition, menu planning, cooking
- Personal hygiene such as grooming, oral and general body care
- Utilization of community resources such as church groups, clubs, volunteer work, etc.
- Interpersonal skills
- Problem-solving skills
- Communication skills such as - assertiveness, correspondence, initiating conversation, etc.
- Stress reduction such as relaxation techniques, biofeedback, etc.
- Interpersonal relationships with peers, caregivers, family, etc.
- Interaction with strangers
- Social skill development and coping skills
- Social competence such as social skill training, presenting opportunities for social interaction

Crisis intervention services include individual intervention and/or family intervention<sup>10</sup>

Covered drug therapies: naloxone, naltrexone, and disulfiram<sup>11</sup>

### Value-Based Healthcare Initiatives

West Virginia offers two health homes for qualified Medicaid enrollees. The behavioral bipolar health home program is for Medicaid members who are diagnosed with bipolar disorder and have or are at risk of having Hepatitis B or C.<sup>12</sup> The diabetes health home is available to members who have diabetes, pre-diabetes, or obesity.<sup>13</sup> Health home providers offer the following services to members:<sup>13</sup>

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care and follow-up
- Family and patient support services
- Referral to community and social support services



### Family Planning

West Virginia covers family planning and sterilization services for both male and female enrollees and may be provided as part of a practitioner's routine care.<sup>14</sup>



### Women's Health<sup>15</sup>

Gynecological examination services are covered once per calendar year:

- Routine pap smear
- Breast examination

Maternity services include antepartum, delivery, and postpartum care.

Emergency contraception coverage includes progestin (e.g., Plan B One-Step and Next Choice) and ulipristal acetate (e.g., Ella).



West Virginia Medicaid covers pregnancy termination when the clinician determines, with the woman, that termination is medically advisable.

West Virginia Medicaid covers hysterectomies performed for medical reasons regardless of the enrollee's age.

### Oral Health<sup>16</sup>

Children up to 21 years of age are eligible for coverage of the following oral health services:

- Diagnostic tests and examinations
- Preventive care
- Restorative
- Periodontic
- Prosthodontics
- Maxillofacial prosthetics
- Oral and maxillofacial surgery
- Orthodontics



Adults 21 years of age and older are limited to emergent procedures to treat fractures, reduce pain, or eliminate infection.





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# Timeline

## Federal

## West Virginia

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1966

West Virginia adopts the Medicaid program.<sup>17</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



1992

West Virginia introduces managed care with a primary care case management program (PCCM).<sup>18</sup>

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1996

The state introduces the risk-based capitated, managed Mountain Health Trust (MHT) program.<sup>18</sup>

MHT expands coverage to nearly all counties in the state.<sup>18</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Mountain Health Choices (MHC), a managed care organization (MCO), begins covering low-income adults and children without disabilities for benefits not otherwise covered by Medicaid. The program offers an enhanced package such as nutritional education and cardiac rehabilitation, certain screenings, and attending health improvement classes. MHC enrollees not in the enhanced package only receive primary, acute, and specialty care benefits.<sup>18</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2006

2007

MHT becomes a mandatory program for poverty-level pregnant women and children with special needs, and voluntary for low-income adults and children. The program covered acute, primary, and specialty services; behavioral health, long-term care, children's dental care, and nonemergency medical transportation services are carved out.<sup>18</sup>

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2011

2012

MCOs begin covering pharmacy services and also enroll individuals with disabilities (excluding dual-eligibles, those in residential settings, and those enrolled in the HCBS waiver programs) into managed care.<sup>18</sup>

ACA implementation begins.

2014

2013

2014

West Virginia authorizes Medicaid expansion to cover eligible adults up to 138% of the FPL.<sup>18</sup>  
CMS approves the West Virginia Family Health Mountain Health Trust 1915(b) Waiver Amendment to allow an additional MCO, West Virginia Family Health (WV FH), to participate in the MHT program.<sup>18</sup>

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2017

Pharmacy benefits for West Virginia Medicaid members enrolled in a Managed Care Organization transitioned back to the traditional Medicaid fee-for-service program.<sup>19</sup>

