

APPROVED AND SIGNED BY THE GOVERNOR

Date 3-23-82

WEST VIRGINIA LEGISLATURE

REGULAR SESSION, 1982

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ENROLLED

Com. Sub. for
HOUSE BILL No. 1921

(By Mr. Tompkins + Mr. Tucker)

— ● —

Passed March 12, 1982

In Effect Ninety Days From Passage

ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 1921

(By MR. TOMPKINS and MR. TUCKER)

[Passed March 12, 1982; in effect ninety days from passage.]

AN ACT to amend chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article five-d, relating to coordinating delivery of public and private continuum of care services within this state; setting forth the legislative intent; definitions; creating state policy board for continuum of care for elderly, disabled and terminally ill including representatives from public and private providers and consumers; providing for meetings and election of officers; allowing the commissioner of the state department of welfare, and the directors of the state departments of health, commission on aging, division of vocational rehabilitation and the insurance commissioner to designate employees to carry out work of board; delineating the board's purposes; directing the board to establish and promote a comprehensive program for terminally ill; directing the board to evaluate the program and report to Legislature; authorizing application and acceptance of funds for implementation of the program; promulgation of rules and regulations; requiring insurance carriers to make available supplemental insurance to cover the whole continuum of care; and providing for pilot project for single point of entry and care management for continuum of care for elderly.

Be it enacted by the Legislature of West Virginia:

That chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as mended, be amended by adding thereto a new article, designated article five-d, to read as follows:

ARTICLE 5D. COORDINATION OF CONTINUUM OF CARE SERVICES FOR ELDERLY, IMPAIRED AND TERMINALLY ILL.

§16-5D-1. Legislative intent.

1 The Legislature hereby declares it to be the policy of this
2 state to establish, encourage and promote the availability and
3 delivery of continuum of care services within the state and its
4 communities to the elderly, disabled, terminally ill and their
5 families.

6 It is the further intention of the Legislature that within
7 the system of continuum of care particular attention be given
8 to establishing, encouraging and promoting a system of care
9 that provides alternatives and personal freedom for the termi-
10 nally ill and their families. The Legislature further intends that
11 the terminally ill and their families have access to, and receive,
12 a comprehensive and coordinated program of home and in-
13 patient care which treats the patient and family as a unit, pro-
14 viding palliative and supportive care to meet the special needs
15 arising out of the physical, psychological, spiritual, social and
16 economic stresses experienced during the final stages of illness
17 and the period of bereavement.

18 The Legislature recognizes the present problems involved in
19 the delivery of such continuum of care services to the elderly,
20 disabled, terminally ill and their families and intends to pro-
21 vide for coordinated effort, among the West Virginia depart-
22 ment of health, West Virginia department of welfare, the
23 West Virginia commission on aging and the West Virginia
24 division of vocational rehabilitation as well as other public and
25 private and other providers of such continuum of care ser-
26 vices, in order to achieve for the integration of the delivery of
27 those services at both the state and local levels so as to ensure
28 maximum availability of such services in all communities of
29 this state.

§16-5D-2. Definitions.

1 As used in this article:

2 (1) "Case management" means assessing individually a
3 client or beneficiary's situation and identifying the services
4 necessary to meet those needs, including, but not limited to,
5 procurement of services such as counseling, providing informa-
6 tion to link the person needing help to available community
7 and institutional services and coordinating an assessment of a
8 client's service and medical or other needs, developing a ser-
9 vice plan with the cooperation of the client and family, which
10 includes objectives to meet the client's service needs, specified
11 services to meet those objectives and identifies available ser-
12 vices; arranging for implementation of the service plan, in-
13 cluding service delivery arrangements with the client, and pro-
14 viding for appointments and transportation thereto; develop-
15 ing a process for monitoring the service or component of ser-
16 vice a client receives; evaluating the impact of services and
17 their components on the client; developing a feedback mecha-
18 nism to the provider, to the community and to the board which
19 identifies the need for the development of new services and
20 the expansion or elimination of existing services, including
21 documentation in the service plan of gaps or barriers between
22 client service needs and effective available providers; and as-
23 suring continuity of care for the client and the monitoring of
24 changes in the client's service needs, to ensure that services
25 are provided in an appropriate manner and to identify and cor-
26 rect problems within the service system that prevent the client
27 from receiving needed services.

28 (2) "Hospice" means a coordinated program of home and
29 inpatient care provided directly or through an agreement under
30 the direction of an identifiable hospice administration which
31 provides palliative and supportive medical and other health
32 services to terminally ill patients and their families. Hospice
33 utilizes a medically directed interdisciplinary team. A hospice
34 program of care provides care to meet the physical, psycholo-
35 gical, social, spiritual and other special needs which are ex-
36 perience during the final stages of illness, and during dying
37 and bereavement.

38 (3) "Interdisciplinary team" means the patient and the pa-
39 tient's family, the attending physician and the following hospice
40 personnel: Physician, nurse, social worker, clergy and trained
41 volunteer. Providers of special services, such as mental health,
42 pharmaceutical and any other appropriate allied health ser-
43 vices may also be included on the team as the needs of the
44 patient dictate.

45 (4) "Palliative care" means treatment directed at controll-
46 ing pain, relieving other symptoms, and focusing on the special
47 needs of the patient and family as they experience the stress of
48 the dying process, rather than treatment designed for investi-
49 gation and intervention for the purpose of cure or prolongation
50 of life.

51 (5) "Provider" means any public or private agency or indi-
52 vidual which offers continuum of care services to the elderly,
53 disabled or terminally ill.

54 (6) "Continuum of care" means a system of services such
55 as nursing, medical and other health and social services avail-
56 able to an individual in an appropriate setting over an extend-
57 ed period of time as a result of such individuals changing
58 health status.

59 (7) "Disabled" means a person who has temporary or per-
60 manent impairments which cause him to need or who is likely,
61 in the foreseeable future, to need services within the continuum
62 of care.

§16-5D-3. Creation and composition continuum of care board.

1 There is hereby created a state continuum of care board
2 for the elderly, disabled and terminally ill, hereinafter re-
3 ferred to as the board. The board shall consist of the com-
4 missioner of the West Virginia department of welfare, the
5 director of the West Virginia department of health, the direc-
6 tor of the West Virginia commission on aging, the insurance
7 commissioner of West Virginia and the director of the West
8 Virginia division of vocational rehabilitation or their respec-
9 tive designees.

10 In addition, such commissioners and directors shall at their
11 discretion appoint not less than four, nor more than six addi-

12 tional members to the board. In appointing such additional
 13 members, the commissioners and directors shall appoint in
 14 equal numbers individuals representing private providers of
 15 continuum of care services and individuals representing con-
 16 sumers of continuum of care services. Of the individuals re-
 17 presenting providers, at least one shall be a registered profes-
 18 sional nurse and at least one shall be a physician licensed to
 19 practice medicine in this state who regularly treats long-term
 20 care patients. Of the individuals representing consumers, at
 21 least one shall be an immediate relative of a continuum of care
 22 patient at the time of his or her appointment. Such additional
 23 members shall serve at the will and pleasure of the commis-
 24 sioners and directors on the board.

**§16-5D-4. Quorum; officers; meetings; designation of employees
 to carry out work of board.**

1 A majority of the board shall constitute a quorum for trans-
 2 action of business. The board shall elect a chairman and such
 3 other officers as it shall deem necessary. Board meetings shall
 4 be held upon call of the chairman or a majority of its members.

5 The commissioner of the department of welfare, director
 6 of the department of health, the director of the commission on
 7 aging, the insurance commissioner and the director of the di-
 8 vision of vocational rehabilitation shall have authority to desig-
 9 nate employees within their respective departments as in their
 10 judgment may be necessary to carry out the work of the board,
 11 assisted by such representatives of private providers as the
 12 board may determine necessary or advisable.

§16-5D-5. Purposes of board.

1 (a) The board shall:

2 (1) Establish standards for coordination of delivery of ser-
 3 vices to the elderly, disabled and terminally ill by public and
 4 private providers of both the state and local levels; and

5 (2) Establish standards and procedures for case manage-
 6 ment at the local level expressly recognizing the aid of the
 7 independent community based providers, to ensure availability,
 8 coordination and delivery of services to the intended bene-
 9 ficiaries thereof;

10 (b) In addition, the board shall take action to carry out the
11 following purposes:

12 (1) To ensure the implementation of the established stand-
13 ards and to regularly evaluate such implementation;

14 (2) To ensure that public funds are used to direct care to
15 those determined to be most in need of services;

16 (3) To ensure that each prospective beneficiary receive a
17 comprehensive and individual assessment of services needed;

18 (4) To ensure that each prospective beneficiary be made
19 aware of the spectrum of services available, including, but not
20 be limited to, the least restrictive environment;

21 (5) To ensure that a comprehensive plan of care be de-
22 veloped for each beneficiary of the providers;

23 (6) To ensure the creation, and to promote the availability
24 of an alternative form of care for the terminally ill known as
25 "hospice care" providing a comprehensive and coordinated
26 program of home and inpatient care for terminally ill;

27 (7) To constantly monitor the formulation and implemen-
28 tation of the delivery of services to the elderly, disabled and
29 terminally ill;

30 (8) To document the community based long-term care
31 services currently available to elderly, disabled and term-
32 inally ill;

33 (9) To identify the number of elderly, disabled and termi-
34 nally ill in this state who are currently at risk of institutional-
35 ization;

36 (10) To identify informal supports provided by the families
37 and friends of elderly, disabled and terminally ill persons and
38 suggest methods for maintaining and expanding those supports;

39 (11) To design and effectuate a system of comprehensive,
40 coordinated care using a full range of health and social services
41 without gaps or duplication according to the needs of each
42 beneficiary through individual assessment and case manage-
43 ment; and

44 (12) To educate the general public with regard to con-
45 tinuum of care in an effort to attract volunteers.

§16-5D-6. Availability of hospice care program.

1 The board shall, consistent with the continuum of care
2 concept and within the limits of federal and private funding
3 therefor, establish, promote and make available within this
4 state of a comprehensive hospice care program for the treat-
5 ment of physical, emotional and mental symptoms of terminal
6 illness. Such program shall encourage and provide funds for the
7 formation of community based hospice programs which in-
8 clude interdisciplinary teams for coordinating home care and
9 inpatient services. Where possible, the community based hos-
10 pice programs shall utilize the existing resources of physicians,
11 nurses, social workers, clergy, physical therapists and facilities
12 to create the interdisciplinary approach consistent with the
13 hospice care concept.

§16-5D-7. Program evaluation; consultation.

1 The board shall conduct an evaluation of the hospice care
2 program and report its findings and recommendations to the
3 governor and Legislature no later than the first day of July,
4 one thousand nine hundred eighty-four. Such evaluation shall
5 include, but not be limited to, an assessment of the following:

6 (1) The quality and cost effectiveness of use of layperson
7 volunteers for hospice care, hospice care compared to tradi-
8 tional care for the terminally ill and institutional compared to
9 in-home hospice care;

10 (2) The current and projected demand for hospice care
11 and need for construction of hospice facilities or the use of
12 existing facilities;

13 (3) The current statutory provisions which regulate the
14 manufacture, distribution and dispensing of controlled sub-
15 stances; and

16 (4) The need to provide alternative means of financially
17 assisting terminally ill patients who are not able to afford
18 such services.

§16-5D-8. Application for federal aid and other grant assistance; acceptance of funds.

1 The board shall, to the maximum extent possible, apply for
2 any available federal health care funding and grant programs
3 and any other assistance provided by any private or national
4 health care agency or organization, and make such funds avail-
5 able to qualified private community based hospice programs,
6 provided such programs meet the standards established by the
7 board under the provisions of this article. The board may ac-
8 cept gifts, grants and bequests of funds from individuals,
9 foundations, corporations and other organizations for use in
10 implementing the provisions of this article.

§16-5D-9. Rules and regulations.

1 The board, in collaboration with governmental and inde-
2 pendent community based delivery level personnel, shall prom-
3 ulgate rules and regulations pursuant to the provisions of chap-
4 ter twenty-nine-a of this code to effectuate the purposes of
5 this article.

§16-5D-10. Insurance.

1 Not later than the first day of July, one thousand nine
2 hundred eighty-three, every insurance carrier who shall offer
3 for sale in this state any policy of health or accident and sick-
4 ness insurance, shall make available for purchase at a reason-
5 able rate supplemental insurance coverage for continuum of
6 care services.

§16-5D-11. Pilot project for single point of entry and case management.

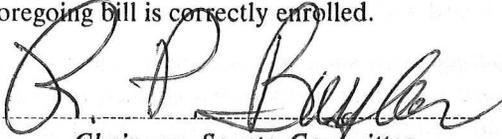
1 Within the limits of available funds and by use of existing
2 staff and agencies, both public and private, the board shall
3 establish in a county of its choice within this state a program
4 within the continuum of care system for the elderly which in-
5 corporates a single focal point for entry into the system and
6 case management.

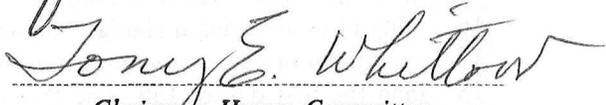
7 Within the county so chosen, the board shall enter into an
8 agreement with a public or private provider charging such
9 provider with the responsibility of formulating, directing and

10 administering such program consistent within the guidelines
11 established by the board and the purposes of this article.

12 The provider charged with such responsibilities shall report
13 regularly to the board regarding the progress of such program,
14 and the board shall continually monitor same. Additionally,
15 the board shall submit a comprehensive report on the feasi-
16 bility of establishing a similar statewide program for the entire
17 continuum of care to the governor and the Legislature no later
18 than the first day of July, one thousand nine hundred eighty-
19 four.

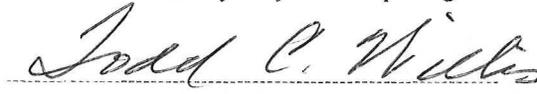
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.


Chairman Senate Committee


Chairman House Committee

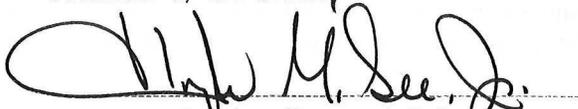
Originating in the House.

Takes effect ninety days from passage.


Clerk of the Senate


Clerk of the House of Delegates


President of the Senate


Speaker House of Delegates

The within is approved this the 29
day of March, 1982.


Governor

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SECY. OF STATE