

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

AN ACT relating to the Medicaid program; providing direction to the department of health for the reform and redesign of the program; requiring reports; repealing a cap on the number of participants in the home and community based waiver program; providing an appropriation; exempting contracts from procurement requirements as specified; and providing for an effective date.

*Be It Enacted by the Legislature of the State of Wyoming:*

**Section 1.**

(a) The department of health shall proceed with a reform and redesign of the Wyoming Medicaid program to include the following elements that were identified by the department in its final report on the Medicaid options study performed pursuant to 2012 Wyoming Laws, Chapter 103:

(i) Concerning all health care and waiver services, the department shall, to the extent practical, implement:

(A) Use of incentives to encourage recipients to engage in designated activities or behaviors to achieve and maintain a healthy lifestyle;

(B) Use of incentives to encourage health care providers to meet identified, measurable performance outcomes in the provision of health care;

(C) Decreased use of emergency rooms for nonemergency care by such methods as a nurse triage hotline, targeted education and increased monitoring for excessive utilization and inappropriate drug seeking behavior;

ORIGINAL SENATE  
FILE NO. 0060

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

(D) An evaluation of enhanced use of managed care using tiers of services and more intense management for high cost clients. The department shall explore the use of managed care for all or a designated part of the Medicaid population, with the goal of delivering care of the same or better quality as currently delivered but at reduced cost. The managed care plan shall include identification of goals, outcome measurements and evaluation tools. The department may initiate the process of federal approval for necessary state plan amendments;

(E) Inclusion of supplementary services at the time a prospective client applies for Medicaid benefits, such as referrals to other benefit programs and job training resources;

(F) Expansion of prenatal services to all women whose children are likely to be eligible for Medicaid;

(G) Expansion of available behavioral health services, with particular attention to persons with serious and persistent mental illness or serious psychological distress;

(H) Increased fraud prevention and reduction activities;

(J) Use of a capitated payment model instead of a fee-for-service payment model for some health care providers, including predetermined bundled payments for specific health events or time periods;

(K) Use of health homes to coordinate patient care;

ORIGINAL SENATE  
FILE NO. 0060

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

(M) Screening, brief intervention and referral for treatment for pregnancy and maternity care;

(N) Enhanced healthcare management for foster care children.

(ii) Concerning long term care services, the department shall, to the extent practical, implement:

(A) Development of an assessment tool to replace the "Assessment of Medical Necessity for Long Term Care" required by W.S. 42-6-102;

(B) Redesign of nursing facility reimbursements to reflect patient acuity, percentage of Medicaid occupancy and regional economic factors;

(C) Elimination of the caps on the number of clients admitted to the long term care and assisted living facility waiver programs. The objective shall be to optimize the services provided to current clients and to extend appropriate services to persons currently on waiting lists for waiver services within the current budget.

(iii) Concerning developmental disability and acquired brain injury services, the department shall, to the extent practical, implement:

(A) Creation of two (2) separate waiver programs, including one (1) for supportive services and one (1) for comprehensive services. The objective shall be to optimize the services provided to current clients and to extend appropriate services to persons currently on waiting lists for waiver services within the current budget;

ORIGINAL SENATE  
FILE NO. 0060

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

(B) Creation of individual budget amounts for each person served on the waivers to reflect assessed individual needs in consultation with the clients' guardians, and as appropriate, current case managers and providers;

(C) Replacement where possible of higher cost residential and day habilitation services with lower cost, more integrated services;

(D) The department shall develop a plan to determine the needs of individual clients, placement options and continuum of care that recognizes change of need and change of circumstances over time;

(E) Provide for a case management system for the waiver programs that is free of conflicts of interest.

(b) The department shall hold at least two (2) informational meetings to provide opportunities for clients, guardians and service providers affected by the program changes proposed in paragraph (a)(iii) of this section to provide testimony. The department shall provide notice to those clients, guardians and service providers at least two (2) weeks prior to each meeting.

(c) The department of health shall make a preliminary report by October 1, 2013 and a final report by October 1, 2014 to the joint labor, health and social services interim committee regarding the status of the reform and redesign of the Medicaid program pursuant to subsection (a) of this section. The report shall separately identify those items that have been implemented or are scheduled for implementation and those items that are contingent on a state Medicaid plan amendment or approval of a waiver by

ORIGINAL SENATE  
FILE NO. 0060

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

the centers for Medicare and Medicaid services. To the extent practicable, the report shall include an estimate of the costs or savings associated with each reform and redesign item.

**Section 2.** W.S. 42-6-106(a) is repealed.

**Section 3.**

(a) There is appropriated one hundred twenty thousand dollars (\$120,000.00) from the general fund to the department of health. This appropriation shall be for the period beginning with the effective date of this act and ending June 30, 2014. This appropriation shall only be expended for the purpose of studying and developing an implementation plan for Medicaid reform pursuant to this act. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2014. This appropriation shall not be included in the department's 2015-2016 standard biennial budget request.

(b) The department of health shall have the authority to contract with experts and consultants as may be useful in conducting any study provided for in this act. In contracting for services with experts and consultants for purposes of conducting any study, the department shall be exempt from the procurement requirements set out in W.S. 9-2-1016 and any other state laws, rules or policies governing the procurement of services by a state agency other than the requirement for approval of those contracts by the attorney general. This exemption shall expire on June 30, 2014 or upon completion of the study, whichever occurs first.

ORIGINAL SENATE  
FILE NO. 0060

ENROLLED ACT NO. 82, SENATE

SIXTY-SECOND LEGISLATURE OF THE STATE OF WYOMING  
2013 GENERAL SESSION

**Section 4.** This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

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Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Governor

TIME APPROVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

I hereby certify that this act originated in the Senate.

\_\_\_\_\_  
Chief Clerk