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HOUSE BILL NO. 2394

Offered January 13, 2025

Prefiled January 8, 2025

A BILL to amend the Code of Virginia by adding a section numbered 32.1-330.001, relating to Department of Medical Assistance Services; Medicaid; long-term services and supports; presumptive eligibility; sunset.

Patron—Sickles

Referred to Committee on Health and Human Services

Be it enacted by the General Assembly of Virginia:**1. That the Code of Virginia is amended by adding a section numbered 32.1-330.001 as follows:****§ 32.1-330.001. Presumptive eligibility for Medicaid and long-term services and supports.***A. For the purposes of this section:*

"Federal financial participation" means securing federal approval for standard Medicaid cost sharing for eligible long-term services and supports provided during a correctly determined presumptive eligibility period.

"Long-term services and supports" includes both community and institutional long-term services and supports.

"PACE" means the same as that term is defined in 32.1-330.3.

B. The Department shall, conditional on the receipt of all necessary approvals and the securing of federal financial participation pursuant to subsection H, provide presumptive eligibility for Medicaid, including, where appropriate, eligibility for long-term services and supports, for an individual who is:

1. Seeking home and community-based services or PACE enrollment;

2. Awaiting an eligibility determination for Medicaid, long-term services and support, or services provided through PACE; and

3. Likely to be financially and clinically eligible for Medicaid and, where necessary, long-term services and supports or services provided through PACE, as determined by the Department.

C. Conditional on the securing of federal financial participation pursuant to subsection H, the Department shall provide Medicaid coverage for eligible home and community-based services or services provided through PACE to an individual who is granted presumptive eligibility pursuant to this section. Coverage provided under this subsection shall begin upon the receipt of an individual's request for services, pursuant to subsection D, and shall be terminated if the individual is determined clinically or financially ineligible for home and community-based services or services provided through PACE under Medicaid during the eligibility determination process.

D. An individual seeking presumptive eligibility for home and community-based services or services provided through PACE under Medicaid shall submit a request to the Department in a manner and form as determined by the Director of Medical Assistance Services.

E. An individual granted presumptive eligibility pursuant to this section shall be required to submit a completed application for Medicaid and any applicable Medicaid waiver program offering home and community-based services or services provided through PACE no later than the last day of the month following the month in which presumptive eligibility is granted.

F. Conditional on the securing of federal financial participation pursuant to subsection H, a home and community-based services provider or PACE provider shall be reimbursed for all Medicaid-eligible services rendered to an individual who has been granted presumptive eligibility pursuant to this section, regardless of whether the individual granted presumptive eligibility is determined clinically or financially ineligible for home and community-based services or services provided through PACE under Medicaid during the eligibility determination process.

G. The Department shall provide each individual granted presumptive eligibility pursuant to this section a written notice explaining the terms and conditions of presumptive eligibility and the home and community-based services or services provided through PACE that the individual will be eligible to receive.

H. The Board shall apply for such state plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for state Medicaid expenditures under the federal Medicaid program. The provision of presumptive eligibility pursuant to this section shall be contingent on securing all necessary federal approvals and federal financial participation as may be necessary to implement the provisions of this section.

I. In establishing the program required pursuant to subsection A, the Department shall assess the success of other states in providing for presumptive eligibility for home and community-based services and related services for Medicaid recipients; consider methods for minimizing costs due to determinations of clinical or

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59 *financial ineligibility; and engage with relevant stakeholders to determine how to best tailor the benefit to the*
60 *needs of the Medicaid population.*
61 **2. That if the Department of Medical Assistance Services does not receive the necessary approval or**
62 **federal financial participation from the Centers for Medicare and Medicaid Services to implement this**
63 **act, then the provisions of this act shall expire on July 1, 2026.**