

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 14, 2021

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

RE: West Virginia Home and Community-Based Services Traumatic Brain Injury Waiver (CMS Control Number WV.0876.R02.03)

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend the West Virginia Home and Community-Based Services Traumatic Brain Injury Waiver. The CMS Control Number for the amendment is WV.0876.R02.03. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state added Electronic Visit Verification (EVV) and Conflict Free Case Management requirements as well as increased criteria for a case manager's credentials including a 4-year degree in a Human Service field with certification from the on-line case management training developed by Bureau for Medical Services. The amendment also added (1) requirements for monthly Face to Face home visits of the member by the Case Manager to assure health and safety, (2) added supervision into the personal attendant service definition, (3) added a Personal Emergency Response System (PERS) unit (usually in the form of a pendant), and (4) added a modifier to the TBIW Personal Attendant Personal Options service to identify employees that live in the member's home. Finally, this amendment also expanded the Medical eligibility criteria to allow "Continuous Oxygen" to count as a deficient when administering the Pre-Admission Screening, and Changed Case Management to monthly fee instead of 15-minute units. The amendment was approved on January 12, 2021 with an effective date of April 1, 2021.

The waiver continues to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved. This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of this waiver amendment solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (206) 615-2356, or your staff may contact Chuck Steinmetz at charles.steinmetz@cms.hhs.gov or (215) 861-4169.

Sincerely,

David L. Meacham, Director
Division of HCBS Operations and Oversight

cc:

Patricia Nisbet, WV HSBS
Randall K. Hill, WV HSBS
Wendy Hill Petras, CMCS
Dominique Mathurin, CMCS
Daphne Hicks, CMCS
Paul Teti, CMCS