

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
701 5th Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104



Medicaid and CHIP Operations Group

May 18, 2020

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 Intellectual/Developmental Disability Waiver (CMS Control Number WV.0133.R07.00)

Dear Commissioner Beane:

We are approving your request to renew West Virginia Home and Community-Based Services for Intellectual/Developmental Disability. The CMS Control Number for the renewal is WV.0133.R07.00 and should be referenced on all future correspondence relating to this waiver renewal.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act in order to waive comparability of services. The waiver has been approved for a five year period with an effective date of July 1, 2020.

This waiver will offer the following supports for waiver participants: Facility-Based Day Habilitation, Home-Based Agency Person-Centered Support, In-Home Respite, Prevocational Services, Service Coordination, Supported Employment, Dietary Therapy, Occupational Therapy, Physical Therapy, Speech Therapy, Participant-Directed Goods and Services, Behavior Support Professional, Crisis Intervention, Crisis Site Person-Centered Support, Electronic Monitoring, Environmental Accessibility Adaptations, Family Person-Centered Support, Job Development, Licensed Group Home Person-Centered Support, Out-of-Home Respite, Skilled Nursing by a Licensed Practical Nurse, Skilled Nursing by a Registered Nurse, Transportation, and Unlicensed Residential Person-Centered Support.

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
Year 1	5,964	39,725.80	6,886.93	124,533.30	5,501.79
Year 2	5,964	68,566.88	6,737.45	126,109.00	5,461.68
Year 3	5,964	68,566.88	6,688.32	127,684.20	5,382.33
Year 4	5,964	68,566.88	6,591.16	129,279.00	5,343.09
Year 5	5,964	68,566.88	6,543.11	130,893.80	5,304.14

This approval is subject to your agreement to serve no more individuals than those indicated in “C Factor Estimates” shown in the table above. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The state may renew the waiver at the end of the five-year period by providing evidence and documentation of satisfactory performance and oversight.

It is important to note that CMS’ approval of this waiver 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.

We appreciate your cooperation during the waiver renewal process. If there are 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, MA, LSW