

Medicaid and CHIP Operations Group

June 18, 2025

Cynthia Beane, MSW, LCS, Commissioner Bureau for Medical Services 350 Capitol Street, Room 251 Charleston, West Virginia 25301-3706

RE: West Virginia Home and Community-Based Services Intellectual/Developmental Disability Waiver (CMS Control Number WV. 0133.R08) amendment.

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to renew West Virginia Home and Community-Based Services for Intellectual/Developmental Disability the program serves children and adults with disabilities. The CMS Control Number for the renewal is WV. 0133.R08 and should be referenced on all future correspondence relating to this waiver renewal.

For this HCBS waiver, the state is requesting a waiver of 1902(a)(10)(B) of the Social Security Act to waive comparability of services. The effective date of the renewal is date of July 1, 2025.

This waiver will offer the following supports for waiver participants: Case Management, Facility-Based Day Habilitation, Home-Based Agency Person-Centered Support, In-Home Respite, Prevocational Services, Supported Employment, Participant-Directed Goods and Services, Behavior Support Professional, Crisis Intervention, Crisis Site Person-Centered Support, Dietary Therapy, Electronic Monitoring, Environmental Accessibility Adaptations, Family Person-Centered Support, Job Development, Licensed Group Home Person-Centered Support, Non-Medical Transportation, Occupational Therapy, Out-of-Home Respite, Physical Therapy, Skilled Nursing by a Licensed Practical Nurse, Skilled Nursing by a Registered Nurse, Skilled Nursing Medication Administration, Speech Therapy, 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	C Factor	D Factor	D' Factor	G Factor	G' Factor
Year	Estimates	Estimates	Estimates	Estimates	Estimates
Year 1	6165	91332.17	6886.93	124533.30	5501.79

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Year 2	6165	91332.17	6737.45	126109.00	5461.68
Year 3	6165	91332.17	6688.32	127684.20	9804.00
Year 4	6165	91332.17	6591.16	129279.00	5343.09
Year 5	6165	91332.17	6543.11	130893.80	5304.14

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

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the American Rescue Plan (ARP). Approval of this action does not constitute approval of the state's spending plan.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Chuck Steinmetz at charles.steinmetz@cms.hhs.gov or (215) 861-4169.

Sincerely,

George P. Failla, Jr., Director Division of HCBS Operations and Oversight

cc: Tammi Hassen, CMS Nikki Guess, CMS Dominique Mathurin, CMS Wendy Hill Petras, CMS Paul Teti, CMS