



Medicaid and CHIP Operations Group

June 17, 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 Aged and Disabled Waiver (CMS Control Number WV. 0134.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 Aged and Disabled long-term care alternative that provides services which enable an individual to remain at or return home. The CMS Control Number for the amendment is WV. 0134.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 July 1, 2025.

This waiver will offer the following supports for waiver participants: Case Management, Personal Attendant Services, Adult Medical Day Care, Community Transition Services, Environmental Accessibility Adaptations Home, Environmental Accessibility Adaptations Vehicle, Non-Medical Transportation, Personal Emergency Response System, Pest Eradication Services, Pre-Transition Case Management, and Skilled Nursing. 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	8750	24743.21	7665.00	57396.00	8406.00
Year 2	8750	24743.21	7867.00	59440.00	9078.00
Year 3	8750	24743.21	8074.00	61556.00	9804.00
Year 4	8750	24743.21	8287.00	63747.00	10588.00
Year 5	8750	24743.21	8505.00	66017.00	11435.00

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