

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**

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June 3, 2022

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

RE: West Virginia's Home and Community-Based Services Children with Serious Emotional Disorder Waiver, WV. 1646.R00.10 Amendment

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend West Virginia's Medicaid Home and Community Based Services (HCBS) Children with Serious Emotional Disorder Waiver. The CMS Control Number for the amendment is WV.1646.R00.10. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state is adding targeted behavioral health services designed to improve and support the continuum of care for Children with SED. In addition, over the course of the COVID-19 pandemic the State made temporary waiver changes through an Appendix K waiver amendment that the State would like to incorporate permanently. These include the Medicaid eligibility expansion 42 CFR §435.217 option, the removal of the "In-Home" requirement for the Family Therapy service and allowing providers to be able to render services under the supervision of someone obtaining their license in an effort to expand the available workforce. The effective date of the amendment is July 1, 2022.

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](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](mailto:charles.steinmetz@cms.hhs.gov) or (215) 861-4169.

Sincerely,

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

Enclosure

cc: Randall K. Hill, WV HSBS  
Wendy Hill Petras, CMCS  
Dominique Mathurin, CMCS  
Daphne Hicks, CMCS  
Paul Teti, CMCS  
Mary McKeon, DMCO