

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 2 0 - 0 0 4	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 03-01-2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396a(a)(13)(1997) Title XIX of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2019 \$ Unknown	
		b. FFY 2020 \$ Unknown	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7 - General Provisions 7.4 Medicaid Disaster Relief for COVID-19 National Emergency		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).	
10. SUBJECT OF AMENDMENT: Medicaid Disaster Relief for COVID-19 National Emergency			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ Cynthia Beane		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 26-May-20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED May 27, 2020		18. DATE APPROVED August 13, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Alissa Mooney DeBoy		22. TITLE Director, Disabled and Elderly Health Programs Group, on behalf of Acting Director, Center for Medicaid & CHIP Services	
23. REMARKS:			

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

- 1) The additional rate increase effective 3/1/20 for ambulance and dental codes will end 6/30/20**
- 2) ICF Services are increased by \$10 per day effective from 3/1/2020 through 6/30/20.**
- 3) 20 percent for Behavioral Health and PRTF Services as of 3/1/2020 through 6/30/20.**

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

TN: 20-0004
Supersedes TN: New

Approval Date: August 13, 2020
Effective Date: March 1, 2020

State/Territory: West Virginia

- c. N/A Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

- 1. X The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.
The State elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

State/Territory: West Virginia

4. The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).
5. The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

Individuals caring for a family member due to illness or quarantined due to illness or otherwise unable to return home and residing in the State.

6. The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

State/Territory: West Virginia

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- ____ The agency uses a simplified paper application.
 - ____ The agency uses a simplified online application.
 - ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. X The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the State suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

Excluding non-COVID-19 pharmacy benefits, the State is suspending all cost sharing for individuals covered by Medicaid for the duration of the pandemic. The State will continue to charge cost sharing for drugs unrelated to the treatment of COVID-19.

Individuals covered in the eligibility group authorized through section 1902(ss) group will not be subject to any cost sharing.

2. X The agency suspends enrollment fees, premiums and similar charges for:
- X All beneficiaries
 - ____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

State/Territory: West Virginia

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the State will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. The agency makes the following adjustments to benefits currently covered in the State Plan:

The State allows physicians and other licensed practitioners, in accordance with State law, to order Medicaid Home Health services as authorized in the COVID-19 Public Health Emergency Medicare interim final rule (CMS-1744-IFC).

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

State/Territory: West Virginia

Telehealth:

- 5. The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Please describe.
FQHC and RHC Core Provider Services provided via telehealth for the duration of the federal PHE period are considered encounters. Non-core Provider services are paid as FFS at the rate in the Medicaid State Plan.

The modification of a face-to-face encounter requirement for reimbursement for FQHCs and RHCs relative to covered services via telehealth provided by clinic providers.

Drug Benefit:

- 6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.
Allow early refill and up to 90 day supply of non-controlled maintenance medications.

- 7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
- 8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

- 9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules

Effective date (enter date of change): _____

State/Territory: West Virginia

Location (list published location):

b. Other:

Describe methodology here.

2. The agency increases payment rates for the following services:

Please list all that apply.

Nursing home services
Intermediate Care Facility (ICF) services
Behavioral health services
Psychiatric Residential Treatment Facility (PRTF) services
Ambulance Services*
Dental Services*

*** The increases for ambulance and dental codes are in addition to the existing rates in effect as of 3/1/2020 and the increases that were already in process and implemented effective April 1, 2020. Ambulance was increased to 90 percent of the new Medicare rates effective April 1, 2020. Dentists received a 15 percent increase effective April 1, 2020. The additional rate increase effective 3/1/20 for ambulance and dental codes will end 6/30/20.**

a. Payment increases are targeted based on the following criteria:

Please describe criteria.

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

Nursing Home Services are increased by \$20 per-patient-per-day for non-public facilities effective 3/1/20 through the end of the national emergency period. The \$20 per-patient-per-day increase will be used to offset COVID related costs in a separate cost settlement process. The State will allow provider lost revenue amounts – not reimbursed to the Nursing Homes through the CARES Act Provider Relief payments – to be included in the separate COVID cost settlement process to reconcile the \$20 per-patient-per-day payments.

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ICF Services are increased by \$10 per day effective from 3/1/2020 through 6/30/20.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: **20 percent for Behavioral Health and PRTF Services; 10 percent for Ambulance services; and 15 percent for Dental Services. These increases are effective as of 3/1/2020 through 6/30/20.**

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

- 3. For the duration of the emergency, the State authorizes payments for telehealth services that:
 - a. Are not otherwise paid under the Medicaid State Plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current State Plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.
(E.3.c) Allow for reimbursement for telephone visits at the same rate as telehealth video visits.

(E.3.a) Effective April 1, 2020, all dental providers will be reimbursed at the FFS rate for teledentistry screening (D9995). This service will be provided to help identify and triage dental emergency services during the pandemic. Published fee schedules:
<https://dhr.wv.gov/bms/fees/Pages/default.aspx>

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- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

4. Other payment changes:

Please describe.

Payment for additional Bed-hold Days:

Reimbursement for greater than six therapeutic, non-medical bed hold days per year will be permitted to allow nursing home settings to retain settings when members have the option to stay with their families during the pandemic period. The 6 day bed-hold limit is currently in the State Plan in Attachment 4.19 -D-1, VII. The 6-day bed-hold limit can be exceeded with prior authorization.

BMS also requests the modification of State Plan Attachment 4.19-D, which establishes the provision for reimbursement of Intermediate Care Facilities. Members using ICF services often participate in day programs, which reduces the need for staffing in facilities while clients are in these programs. ICF rates account for this reduced staff time. ICF day programs are being suspended to prevent the spread of COVID-19, resulting in clients needing to stay within their facilities and increasing the cost for facilities to have adequate staff. The assumed participation time in the day programs are not built into ICF rates. The State seeks to modify the current ICF rate-setting methodology to provide an add-on to facility rates to compensate for the increased cost of staff time not accounted for in the current facility's daily rates during the duration of the emergency.

Long-term Acute Care Hospital Services not reimbursed under the state plan:

A Medicaid Per Diem Cost amount will be calculated (including routine and ancillary costs) from Worksheets D1 and S3 from the Medicare Cost Report.

The Medicare Per Diem cost will be adjusted for a cost coverage percentage (81.58 percent) = Adjusted Per Diem.

Medicaid will reimburse providers the Adjusted Per Diem.

Days Awaiting Placement:

Inappropriate level of care days in inpatient hospitals (also called days awaiting placement) for members will be reimbursed at a rate of \$238 per day when the member cannot be discharged to home or to another care setting, including but not limited to nursing home settings, due to a need for isolation or continued medical care; the rate reflects the level of

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care received and is lower than other inpatient hospital services in a manner consistent with 1861(v)(1)(G) of the Social Security Act.

Section F – Post-Eligibility Treatment of Income

- 1. ___ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual’s total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____
- 2. ___ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

[Empty box for Section G content]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this

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Effective Date: March 1, 2020

State/Territory: West Virginia

information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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Approval Date: August 13, 2020
Effective Date: March 1, 2020

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2 0 - 0 0 6	2. STATE: West Virginia
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE 03-01-2020	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396a(a)(13)(1997) Title XIX of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019 2020</u> \$ 30,000 b. FFY <u>2021</u> \$ 30,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7 - General Provisions 7.4 Medicaid Disaster Relief for COVID-19 National Emergency		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).	
10. Subject of Amendment: Medicaid Disaster Relief for COVID-19 National Emergency - State reimbursement to enrolled non-Critical Access hospitals for the use of Medicare Certified Swing beds effective as of 9/21/20 through the duration of the public health emergency period. State reimbursement to enrolled Critical Access hospitals for the use of Medicare Certified Swing beds effective as of 10/19/20 through the duration of the public health emergency period.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: Cynthia Beane, MSW, LCSW <small>Digitally signed by Cynthia Beane, MSW, LCSW DN: cn = Cynthia Beane, MSW, LCSW email = cynthia.b@dhhs.wv.gov, c = US, o = WV DHHR DU - Bureau for Medical Services Serial: 2020.12.08.15:01:00</small>		16 RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 8 Dec 20 November 12, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED November 12, 2020		18. DATE APPROVED December 17, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Alissa Mooney DeBoy, On Behalf of Anne Marie Costello		22. TITLE Acting Director, Center for Medicaid and CHIP Services	
23. REMARKS: Pen and ink change made to box 7 to correct FFY and to box 15 to reflect accurate submission date of November 12, 2020 (db)			

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

State reimbursement to enrolled hospitals for the use of Medicare Certified Swing Beds is effective as of 9/21/2020 through the duration of the public health emergency period.

State reimbursement to enrolled Critical Access Hospitals for the use of Medicare Certified Swing Beds is effective as of 10/19/2020 through the duration of the public health emergency period.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

TN: 20-0006
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This SPA is in addition to the Disaster Relief SPA approved August 13, 2020, and does not supersede anything approved in that SPA.

State/Territory: West Virginia

- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. N/A Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

- 1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

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Less restrictive resource methodologies:

- 4. ____ The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).
- 5. ____ The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

- 6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

- 1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

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This SPA is in addition to the Disaster Relief SPA approved August 13, 2020, and does not supersede anything approved in that SPA.

State/Territory: West Virginia

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the State suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and

TN: 20-0006
Supersedes TN: New

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Effective Date: March 1, 2020

This SPA is in addition to the Disaster Relief SPA approved August 13, 2020, and does not supersede anything approved in that SPA.

State/Territory: West Virginia

services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

- 2. The agency suspends enrollment fees, premiums and similar charges for:
 - a. All beneficiaries
 - b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

- 3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the State will use to determine undue hardship.

Section D – Benefits

Benefits:

- 1. The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

The State will begin reimbursing enrolled hospitals and Critical Access Hospitals for the use of Medicare Certified Swing Beds in order to facilitate acute care hospital discharges and permit new admissions due to COVID-19 related increased need during the public health emergency declaration.

The level of care for a Medicaid patient transferred to a Medicare Certified swing bed must be Nursing Home level. Medicare billing instructions should also be used which classifies by bill type.

- 2. The agency makes the following adjustments to benefits currently covered in the State Plan:

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State/Territory: West Virginia

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- 3. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
- 4. X Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. X The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

- 5. The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Please describe.

Drug Benefit:

- 6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

- 7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
- 8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

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Effective Date: March 1, 2020

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State/Territory: West Virginia

Please describe the manner in which professional dispensing fees are adjusted.

- 9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules –
 - Effective date (enter date of change): _____
 - Location (list published location): _____
 - b. Other:

Effective date: 9/21/2020
 Enrolled hospitals will be reimbursed for the use of Medicare Certified Swing Beds at a rate of \$238.00 per diem.

Effective date: 10/19/2020
 Critical Access Hospitals will be reimbursed at their current Medicare approved swing bed rate.

Increases to State Plan payment methodologies:

- 2. The agency increases payment rates for the following services:

Please list all that apply.
Inpatient Hospital Services

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Effective Date: March 1, 2020

This SPA is in addition to the Disaster Relief SPA approved August 13, 2020, and does not supersede anything approved in that SPA.

State/Territory: West Virginia

- a. Payment increases are targeted based on the following criteria:

Please describe criteria.
In order to align with Medicare’s COVID-19 related increase in inpatient hospital reimbursement, the State will increase the weighting factor of the assigned Diagnosis-Related Group (DRG) by 20 percent for an individual diagnosed with COVID-19 discharged during the COVID-19 Public Health Emergency (PHE) period.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

- 3. For the duration of the emergency, the State authorizes payments for telehealth services that:

- a. Are not otherwise paid under the Medicaid State Plan;

- b. Differ from payments for the same services when provided face to face;

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State/Territory: West Virginia

- c. Differ from current State Plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

- 4. Other payment changes:

Please describe.

In order to preserve access to services, the State will allow an occupancy rate of equal to or greater than 70 percent for nursing facilities for determinations of allowable costs per patient day for the remaining duration of the public health emergency. This change would impact Attachment 4.19-D-1, pages 4, 11 and 12 by allowing calculation of the maximum reimbursement rate to be based upon 70 percent minimum occupancy.

In order to preserve access to services, the State will allow an assigned occupancy rate of 70 percent for reimbursement to residential child care facilities for the remaining duration of the public health emergency. This change would impact Attachment 4.19-B, pages 3 and 3a by allowing calculation of the maximum reimbursement rate to be based upon 70 percent minimum occupancy.

Section F – Post-Eligibility Treatment of Income

- 1. The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual’s total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____

- 2. The State elects a new variance to the basic personal needs allowance. (Note: Election of

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this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 20-0006
Supersedes TN: New

Approval Date: December 17, 2020
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This SPA is in addition to the Disaster Relief SPA approved August 13, 2020, and does not supersede anything approved in that SPA.

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 6

2. STATE

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act; Section 1135 of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 89,285,189
b. FFY 2023 \$ 7,001,026

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7 - General Provisions
7.4 Medicaid Disaster Relief for COVID-19 National
Emergency

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

N/A

10. SUBJECT OF AMENDMENT

The proposed SPA seeking to increase Personal Care Service rates by 50%. The SPA also seeks to increase Private Duty Nursing service rates and behavioral health service rates by 70%. The State intends to use American Rescue Plan Act of 2021, Section 9817 funds for these rate increases as part of the additional support opportunity for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 Emergency.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Cynthia Beane, MSW, LCSW
Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.beane@wv.gov C = US O = Medical Services OU = WV DHHR
Date: 2022.02.15 15:56:10 -0500

16. RETURN TO

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

02/16/2022

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

February 16, 2022

18. DATE APPROVED

May 6, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Alissa Mooney DeBoy, On behalf of Anne Marie Costello

22. TITLE

Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

The rate increases in this SPA for Personal Care Services are effective from 4/1/2021 - 3/31/2022.

The rate increases in this SPA for Private Duty Nursing and Behavioral Health Services are effective from 7/1/2021 - 3/31/2022.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

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Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

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State/Territory: West Virginia

- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. n/a Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

[Empty rectangular box]

Section A – Eligibility

- 1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

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- 2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

[Empty rectangular box]

Income standard: _____

- 3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

[Empty rectangular box]

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Approval Date: 5/6/2022
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This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

TN: 22-0006
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Effective Date: 04/01/2021

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State/Territory: West Virginia

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- 3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

[Empty rectangular box]

- 4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
- 5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
- 6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

- 1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

[Empty rectangular box]

- 2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

[Empty rectangular box]

- 3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

[Empty rectangular box]

Section D – Benefits

Benefits:

- 1. ____ The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

[Empty rectangular box]

- 2. __ The agency makes the following adjustments to benefits currently covered in the State Plan:

[Empty rectangular box]

- 3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

- 4. ____ Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

[Empty rectangular box]

Telehealth:

- 5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

Drug Benefit:

- 6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

- 7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

- 8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

- 9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules
 - b. Other:

Increases to State Plan payment methodologies:

- 2. The agency increases payment rates for the following services:

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

- 1. **Personal Care Services**
 - 2. **Private Duty Nursing**
 - 3. **Behavioral Health Services**
- The State intends to use American Rescue Plan Act of 2021, Section 9817 funds for these rate increases as part of the additional support opportunity for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 Emergency.**
- 4. **Vaccination Administration**

a. Payment increases are targeted based on the following criteria:

4. Vaccination Administration Services: The payment increase is for the administration of in-home COVID-19 vaccinations to Medicaid members who are homebound or otherwise hard-to-reach.

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage:

Through a modification to published fee schedules –

Effective date (enter date of change):

The rate increases in this SPA for Personal Care Services are effective 4/1/2021.

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

The rate increases in this SPA for Private Duty Nursing and Behavioral Health Services are effective 7/1/2021.

Location (list published location):

- a) <https://dhhr.wv.gov/bms/FEES/Pages/default.aspx>
- b) <https://dhhr.wv.gov/bms/Programs/Pages/default.aspx>

Up to the Medicare payments for equivalent services.

Effective the same date this SPA is effective, the state will include an additional payment amount for administration of in-home COVID-19 vaccinations to Medicaid members who have difficulty leaving their homes or are otherwise hard-to-reach. The additional payment will increase by the prevailing Medicare payment rate for COVID-19 Vaccination Administration at home (\$35.00 at the time of SPA submission). The additional amount will be in addition to the reimbursement from the prevailing Medicare rate (\$40.00 at the time of this SPA submission) per vaccine administered.

The additional amount will not be paid if the provider is delivering another service in the same home on the same date. In those situations, reimbursement for administering the COVID-19 vaccine will be at the standard amount (the prevailing Medicare rate). A member’s home, for this rate, does not include institutional settings such as nursing facilities, inpatient or outpatient hospitals, intermediate care facilities, clinics, or personal care homes.

By the following factors:

1. Personal Care Services

Service Group	Service Code	Current Rate	Rate Increase	% of Increase	Effective Dates for Rate Increase
Direct-Care Services	T1019	\$4.50	\$6.75	50%	4/1/2021 to 3/31/2022

2. Private Duty Nursing

TN: 22-0006
Supersedes TN: New

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Effective Date: 04/01/2021

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State/Territory: West Virginia

Service Group	Service Code	Current Rate	Rate Increase	% of Increase	Effective Dates for Rate Increase
Private Duty Nursing	T1000	\$11.02	\$18.73	70%	7/1/2021 to 3/31/2022

3. Behavioral Health Services

Service Group	Service Code	Current Rate	Rate Increase	% of Increase	Effective Dates for Rate Increase
Licensed Behavioral Health Center (LBHC)	H0004	\$16.92	\$28.76	70%	7/1/2021 to 3/31/2022
LBHC	H0004HO	\$30.84	\$52.43	70%	7/1/2021 to 3/31/2022
LBHC	H0004HOHQ	\$6.60	\$11.22	70%	7/1/2021 to 3/31/2022
LBHC	H0004HQ	\$4.80	\$8.16	70%	7/1/2021 to 3/31/2022
Mental Health Assessment by Non Physician	H0031	\$144.00	\$244.80	70%	7/1/2021 to 3/31/2022
Service Planning and Consultation Services	H0032	\$19.98	\$33.97	70%	7/1/2021 to 3/31/2022
Service Planning and Consultation Services	H0032AH	\$36.00	\$61.20	70%	7/1/2021 to 3/31/2022
Crisis Services	H0036	\$16.08	\$27.34	70%	7/1/2021 to 3/31/2022
Peer Support - Individual	H0038	\$14.35	\$24.40	70%	7/1/2021 to 3/31/2022
Assertive Community Treatment (ACT)	H0040	\$73.90	\$125.63	70%	7/1/2021 to 3/31/2022
Comprehensive Medication Services	H2010	\$18.20	\$30.94	70%	7/1/2021 to 3/31/2022

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia

Crisis Services	H2011	\$19.90	\$33.83	70%	7/1/2021 to 3/31/2022
Skills Training and Development	H2014HNU1	\$9.95	\$16.92	70%	7/1/2021 to 3/31/2022
Skills Training and Development 1:2-4 by Professional	H2014HNU4	\$19.90	\$33.83	70%	7/1/2021 to 3/31/2022
Skills Training and Development 1:2-4 by Professional	H2014U1	\$5.00	\$8.50	70%	7/1/2021 to 3/31/2022
LBHC	H2014U4	\$10.00	\$17.00	70%	7/1/2021 to 3/31/2022
Skills Training and Development 1:1 by Paraprofessional	H2014U4	\$10.00	\$17.00	70%	7/1/2021 to 3/31/2022
Community Focused Treatment	H2015U1	\$2.70	\$4.59	70%	7/1/2021 to 3/31/2022
Community Focused Treatment	H2015U2	\$3.18	\$5.41	70%	7/1/2021 to 3/31/2022
Behavior Management Services	H2019	\$9.90	\$16.83	70%	7/1/2021 to 3/31/2022
Behavior Management Services	H2019HO	\$25.70	\$43.69	70%	7/1/2021 to 3/31/2022
Targeted Case Management	T1017	\$14.35	\$24.40	70%	7/1/2021 to 3/31/2022

Payment for services delivered via telehealth:

5. _____ For the duration of the emergency, the State authorizes payments for telehealth services that:
- _____ Are not otherwise paid under the Medicaid State Plan;
 - _____ Differ from payments for the same services when provided face to face;
 - _____ Differ from current State Plan provisions governing reimbursement for

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

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State/Territory: West Virginia

telehealth;

- d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

- 6. ____ Other payment changes:

Section F – Post-Eligibility Treatment of Income

- 1. ____ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ____ The individual’s total income
 - b. ____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____
- 2. ____ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

State/Territory: West Virginia**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 22-0006
Supersedes TN: New

Approval Date: 5/6/2022
Effective Date: 04/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), August 27, 2021 (WV 21-0010), and October 13, 2021 (WV 21-0011).

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 0 7

2. STATE

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 U.S.C. §1396a(a) (13)(1997)
Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 16,450,000

b. FFY 2021 \$ 16,450,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7- General Provisions
7.4 Medicaid Disaster Relief for COVID-19 National
Emergency

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

N/A

10. SUBJECT OF AMENDMENT

Medicaid Disaster Relief for COVID-19 National Emergency

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Cynthia Beane, MSW, Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email =
cynthia.e.beane@wv.gov C = US O = Medical
Services OU = WV DHHR
Date: 2021.04.02 12:24:34 -05'00'

LCSW

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

March 2, 2021

16. RETURN TO

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

03/02/2021

18. DATE APPROVED

04/08/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

**Alissa Mooney DeBoy, On behalf of
Anne Marie Costello**

22. TITLE

**Acting Director
Center for Medicaid & CHIP Services**

23. REMARKS

State/Territory: West Virginia

Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

The rate increases in this SPA are effective from 7/1/2020-12/31/2020.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

- c. N/A Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
- a. ____ All beneficiaries

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

- b. ____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

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State/Territory: West Virginia

Please describe.

Telehealth:

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. _____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. _____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. _____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. _____ Newly added benefits described in Section D are paid using the following methodology:

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

- a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

- b. Other:

Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.

Durable Medical Equipment (DME)

Dental Services

Ambulance Services

Physical Therapy, Occupational Therapy and Speech Therapy (PT, OT and ST)

Intermediate Care Facilities

Personal Care Services

- a. Payment increases are targeted based on the following criteria:

Please describe criteria.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

ICF Services are increased by \$3 per day effective from 7/1/2020 through 12/31/20.

- ii. An increase to rates as described below.

Rates are increased:

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

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State/Territory: West Virginia

Uniformly by the following percentage: **DME and PT, OT, and ST services reimbursement rates are increased 5 percent from 7/1/2020 through 12/31/2020. Dental and Ambulance services reimbursement rates are increased 15 percent from 7/1/2020 through 12/31/2020.**

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Personal Care Services are increased by \$0.25 per unit for the T1019 code.

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. Are not otherwise paid under the Medicaid state plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

Other:

4. Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual's total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____
2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the

TN: 21-0007
Supersedes TN: New

Approval Date: 04/08/2021
Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

State/Territory: West Virginia

information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 21-0007

Supersedes TN: New

Approval Date: 04/08/2021

Effective Date: 7/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004) and December 17, 2020 (WV 20-0006).

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 1

2. STATE

West Virginia3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 20215. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act; Section 1135 of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0.00
b. FFY 2022 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7 - General Provisions
7.4 Medicaid Disaster Relief for COVID-19 National
Emergency9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

N/A

10. SUBJECT OF AMENDMENT

The purpose of this amendment is to remove the requirement for prior authorizations for service destinations and nonemergency services for ambulances during the COVID-19 emergency. This will ensure that ambulance services and service destinations are not restricted during the public health emergency period.

11. GOVERNOR'S REVIEW (*Check One*)

-
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
-
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
-
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

Cynthia Beane, MSW, LCSW
Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.
beane@wv.gov C = US O = Medical Services OU = WV DHHR
Date: 2021.08.30.12:13:20 -0500

16. RETURN TO

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

8/30/21

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

8/30/2021

18. DATE APPROVED

10/13/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

8/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Alissa Mooney DeBoy, On behalf of Anne Marie Costello

22. TITLE

Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

<i>Describe shorter period here.</i>

N/A

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans),

TN: 21-0011
Supersedes TN: New

Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. n/a Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Section A – Eligibility

- 1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

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Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

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Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

- 3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

- 4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
- 5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
- 6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

- 1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

- 2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

TN: 21-0011
Supersedes TN: New

Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

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3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

--

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

--

2. The agency makes the following adjustments to benefits currently covered in the State Plan:

<p>The Agency is suspending the requirements for ambulance providers in Attachment 3.1-D, page 2, 3a and 3b of the State Plan so emergency ambulance service destinations are not restricted to the nearest appropriate medical facility.</p> <p>a. Emergency ambulance services to the nearest appropriate medical facility are provided without preauthorization when the emergency treatment is specified and rendered.</p> <p>b. Nonemergency ambulance services to a hospital, clinic, physician's office, or other health facility to secure medically necessary Medicaid covered services for a "stretcher bound" Medicaid recipient. "Stretcher bound" denotes the inability to get up from bed without assistance, the inability to ambulate, and the inability to sit in a chair or wheelchair.</p>

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4. Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
- a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. Individuals receiving services under ABPs will not receive these newly added

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State/Territory: West Virginia

and/or adjusted benefits, or will only receive the following subset:

Telehealth:

- 5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Drug Benefit:

- 6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

- 7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

- 8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

- 9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

TN: 21-0011
Supersedes TN: New

Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

Section E – Payments

Optional benefits described in Section D:

- 1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules
 - b. Other:

Increases to State Plan payment methodologies:

- 2. The agency increases payment rates for the following services:

- a. Payment increases are targeted based on the following criteria:

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

TN: 21-0011
Supersedes TN: New

Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

Location (list published location): _____

____ Up to the Medicare payments for equivalent services.

____ By the following factors:

Payment for services delivered via telehealth:

3. ____ For the duration of the emergency, the State authorizes payments for telehealth services that:

- a. ____ Are not otherwise paid under the Medicaid State Plan;
- b. ____ Differ from payments for the same services when provided face to face;
- c. ____ Differ from current State Plan provisions governing reimbursement for telehealth;

- d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

4. ____ Other payment changes:

Section F – Post-Eligibility Treatment of Income

1. ____ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

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Supersedes TN: New

Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

State/Territory: West Virginia

- a. _____ The individual’s total income
 - b. _____ 300 percent of the SSI federal benefit rate
 - c. _____ Other reasonable amount: _____
2. _____ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 21-0011
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Approval Date: 10/13/2021
Effective Date: 08/01/2021

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), May 7, 2021 (WV-21-0005), and August 27, 2021 (WV 21-0010).

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 0

2. STATE

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act; Section 1135 of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0.00

b. FFY 2022 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7 - General Provisions
7.4 Medicaid Disaster Relief for COVID-19 National
Emergency

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

N/A

10. SUBJECT OF AMENDMENT

Designates Local Health Departments as qualified entities for purposes of making presumptive eligibility determinations during the COVID-19 national emergency.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Cynthia Beane, MSW, LCSW
Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.beane@wv.gov C =
US O = Medical Services OU = WV DHHR
Date: 2021.07.22 08:44:22 -05'00'

16. RETURN TO

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

07/28/2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

07/28/2021

18. DATE APPROVED

08/27/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

6/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Alissa Mooney DeBoy, On behalf of Anne Marie Costello

22. TITLE

Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

<i>Describe shorter period here.</i>

N/A

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans),

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. n/a Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Section A – Eligibility

- 1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

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Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

- 3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Local Health Departments (LHDs) located in West Virginia as qualified entities to make presumptive eligibility determinations for the following 1902 (a) MAGI mandatory groups: 42 CFR 435.118: Infants and Children under Age 19, 42 CFR 435.116: Pregnant Women, 42 CFR 435.110: Parents and other Caretaker Relatives, 42 CFR 435.150: Former Foster Care Children, and 42 CFR 435.119: Adult Group.

Applicants are allowed only one PE determination per 12-month period starting with the effective date of the initial PE period or, if pregnant, one per pregnancy.

- 4. The agency adopts a total of months (not to exceed 12 months) continuous eligibility for children under age enter age (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
- 5. The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
- 6. The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. The agency uses a simplified paper application.
 - b. The agency uses a simplified online application.
 - c. The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

- 1. The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

- 2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

- 3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Section D – Benefits

Benefits:

- 1. ____ The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

- 2. ____ The agency makes the following adjustments to benefits currently covered in the State Plan:

- 3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

- 4. ____ Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

TN: 21-0010
Supersedes TN: New

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Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

Telehealth:

- 5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Drug Benefit:

- 6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

- 7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
- 8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

- 9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. ____ Newly added benefits described in Section D are paid using the following methodology:
 - a. ____ Published fee schedules

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Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

b. Other:

Increases to State Plan payment methodologies:

2. The agency increases payment rates for the following services:

a. Payment increases are targeted based on the following criteria:

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), April 8, 2021 (WV 21-0007), and May 7, 2021 (WV-21-0005).

State/Territory: West Virginia

Payment for services delivered via telehealth:

3. ____ For the duration of the emergency, the State authorizes payments for telehealth services that:
- a. ____ Are not otherwise paid under the Medicaid State Plan;
 - b. ____ Differ from payments for the same services when provided face to face;
 - c. ____ Differ from current State Plan provisions governing reimbursement for telehealth;
-
- d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

4. ____ Other payment changes:

Section F – Post-Eligibility Treatment of Income

1. ____ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ____ The individual's total income
 - b. ____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____
2. ____ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

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State/Territory: West Virginia

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

[Empty rectangular box]

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

[Empty rectangular box]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 21-0010
Supersedes TN: New

Approval Date: 08/27/2021
Effective Date: 06/1/2020

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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 0 5

2. STATE

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act; Section 1135 of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY ²⁰²¹ \$ 4,800,000

b. FFY ²⁰²² \$ 9,800,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7 - General Provisions
7.4 Medicaid Disaster Relief for COVID-19 National
Emergency

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

N/A

10. SUBJECT OF AMENDMENT

Coverage of the administration of COVID-19 vaccines upon Emergency Use Authorization or approval from the Food and Drug Administration.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

Cynthia Beane, MSW, LCSW
Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.beane@wv.gov C = US O = Medical Services OU = WV DHHR

16. RETURN TO

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

03/02/2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

03/02/2021

18. DATE APPROVED

05/07/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

12/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME **Alissa Mooney DeBoy, On behalf of
Anne Marie Costello**

22. TITLE **Acting Director
Center for Medicaid & CHIP Services**

23. REMARKS

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of Titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

<i>Describe shorter period here.</i>

n/a

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

TN: 21-0005Supersedes TN: NewApproval Date: 05/07/2021Effective Date: 12/01/2020

This SPA is in addition to, and does not supersede, the Disaster Relief SPAs approved August 13, 2020 (WV 20-0004), December 17, 2020 (WV 20-0006), and April 8, 2021 (WV 21-0007).

State/Territory: West Virginia

- c. n/a Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Section A – Eligibility

- 1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

TN: 21-0005
Supersedes TN: New

Approval Date: 05/07/2021
Effective Date: 12/01/2020

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State/Territory: West Virginia

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435

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State/Territory: West Virginia

Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
 - a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

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State/Territory: West Virginia

[Empty rectangular box]

Section D – Benefits

Benefits:

- 1. The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

[Empty rectangular box]

- 2. The agency makes the following adjustments to benefits currently covered in the State Plan:

Under the Other Licensed Practitioner (OLP) benefit:

Pharmacist: An enrolled Licensed Pharmacist may furnish services in accordance with their professional scope of practice in accordance with state law.

Pharmacy intern: An enrolled pharmacy intern may furnish services in accordance with their professional scope of practice in accordance with state law.

Pharmacy technician: An enrolled pharmacy technician may furnish services in accordance with their professional scope of practice in accordance with state law.

Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.

- 3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
- 4. Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

[Empty rectangular box]

TN: 21-0005
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State/Territory: West Virginia

Telehealth:

- 5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Drug Benefit:

- 6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

- 7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

- 8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

- 9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. ____ Newly added benefits described in Section D are paid using the following methodology:

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State/Territory: West Virginia

a. Published fee schedules

b. Other:

Increases to State Plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.

Vaccine Administration

a. Payment increases are targeted based on the following criteria:

Please describe criteria.

Administration for COVID-19 vaccines

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

TN: 21-0005
Supersedes TN: New

Approval Date: 05/07/2021
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State/Territory: West Virginia

___ By the following factors:

The State will reimburse vaccine administration of COVID-19 vaccines based on the Medicare prevailing rate, excluding geographical adjustments.

Payment for services delivered via telehealth:

- 3. ___ For the duration of the emergency, the State authorizes payments for telehealth services that:
 - a. ___ Are not otherwise paid under the Medicaid State Plan;
 - b. ___ Differ from payments for the same services when provided face to face;
 - c. ___ Differ from current State Plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. ___ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. ___ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. ___ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

- 4. ___ Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

- 1. ___ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

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State/Territory: West Virginia

- a. _____ The individual’s total income
 - b. _____ 300 percent of the SSI federal benefit rate
 - c. _____ Other reasonable amount: _____
2. _____ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

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