

Table of Contents

State/Territory Name: **West Virginia**

State Plan Amendment (SPA) #: **22-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



September 14, 2022

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

Re: West Virginia State Plan Amendment (SPA) 22-0016

Dear Commissioner Beane:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to West Virginia's Medicaid state plan, as submitted under transmittal number (TN) 22-0016. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0016 is approved effective May 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Dan Belnap at 215-861-4273 or by email at Dan.Belnap@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.09.14
08:20:54 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 6</u>	2. STATE <u>WV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>05/01/2022</u>
--	---

5. FEDERAL STATUTE/REGULATION CITATION <u>Title 19 of the Social Security Act</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>
--	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Page 1</u> <u>Section 7 – General Provisions</u> <u>7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>N/A</u>
---	---

9. SUBJECT OF AMENDMENT
This SPA rescinds the temporary increase approved within Sections E.2 and E.2.b.i of State Plan Amendment WV-20-0004.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL <u>Cynthia Beane, MSW, LCSW</u> <small>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: 2022.06.28 07:16:12 -0500</small>	15. RETURN TO Bureau for Medical Services 350 Capitol Street Room 251 Charleston, West Virginia 25301
12. TYPED NAME <u>Cynthia Beane</u>	
13. TITLE <u>Commissioner, Bureau for Medical Services</u>	
14. DATE SUBMITTED <u>06/28/2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>June 28, 2022</u>	17. DATE APPROVED <u>September 14, 2022</u>
---	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>May 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M. Deboy -S</u> <small>Digitally signed by Alissa M. Deboy -S Date: 2022.09.14 08:21:44 -0400</small>
20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services</u>

22. REMARKS

Section 7 – General Provisions

7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency

Effective for dates of service on or after May 1, 2022, the State rescinds the temporary increase approved within Sections E.2 and E.2.b.i of State Plan Amendment WV-20-0004. The rescission includes the additional \$20 per-patient-per-day for nonpublic nursing home facilities as well as the provisions for managing the additional payments within the nursing home rate setting system.

TN: 22-0016

Approval Date: 09/14/2022

Effective Date: 05/01/2022

Supersedes

TN: New