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State/Territory Name: WV

State Plan Amendment (SPA) #: 22-0011

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 16, 2022

Cynthia Beane, MSW, LCSW
Bureau for Medical Services
350 Capitol Street Room 251
Charleston, West Virginia 25301

RE: TN 22-0011

Dear Ms. Beane,

We have reviewed the proposed West Virginia State Plan Amendment (SPA) to Attachment 4.19-B, WV 22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 28, 2022. This plan amendment is West Virginia's targeted case management rate increase.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.Michael@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER
2 2 — 0 0 1 1

2. STATE
WV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
04/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 17,338
b. FFY 2023 \$ 47,982

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B page 13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19B page 13

9. SUBJECT OF AMENDMENT

Targetted Case Management Rate Increases

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

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

12. TYPED NAME
Cynthia Beane

13. TITLE
Commissioner, Bureau for Medical Services

14. DATE SUBMITTED
06/28/2022

15. RETURN TO
Bureau for Medical Services
350 Capitol Street Room 251
Charleston, West Virginia 25301

FOR CMS USE ONLY

16. DATE RECEIVED
6/28/22

17. DATE APPROVED
September 16, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/22

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

D. Cap on Overall Hospice Reimbursement

The overall aggregate payments made to a hospice during a cap period from November 1 each year through October 31 of the next year will be limited based on services rendered during the cap year on behalf of all Medicaid recipients receiving services during the cap year. Any payments in excess of the cap must be refunded by the hospice.

19. Case Management

Reimbursement for case management services provided under the plan will be based on actual cost; i.e., established hourly rates for units of service provided. Payment for case management services will not duplicate payment made to public agencies or private entities under other programs authorized for the same purpose. Medicaid will be the payor of last resort.

Payment rates for targeted case management services provided to individuals in the chronic mental illness or substance use disorder target group will be increased by five (5) percent effective for dates of service on or after April 1, 2022.

Payment for Birth to Three Early Intervention Services will be through an agreement with the state Title V agency. Payments shall be based on total cost of service provision. The Title V agency must maintain, in auditable form, all records of cost of services for which claims of reimbursement are made to the Medicaid agency. Payments to state agencies shall not exceed actual documented costs. An interim rate based on projected cost may be used as necessary with a settlement cost at the end of the fiscal year.

20. c. Expanded Prenatal Services

Reimbursement for expanded prenatal care services, as defined in Supplement 2 to ATTACHMENT 3.1-A and 3.1-B, 20.c., will be based on units of services. Each defined activity will be weighted and assigned a time value which will convert to dollars for reimbursement purposes.

Payment for expanded prenatal services will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Medicaid will be the payor of last resort.

(v) Respirator Care Services

Payment is made for ventilator equipment and supplies, the respiratory therapist, or other professional trained in respiratory therapy, at the lowest customary charge from qualified providers serving the geographical area of the recipient's residence.

TN No.: 22-0011	Approval Date: September 16, 2022	Effective Date: 04/01/2022
Supersedes: 01-13		