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State/Territory Name:

West Virginia

State Plan Amendment (SPA) #: 22-0016

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
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 <u>Dan.Belnap@cms.hhs.gov</u> if you have any questions about this approval.

Sincerely,

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	ORB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	$\underline{\underline{z}} \underline{\underline{z}} = \underline{\underline{0}} \underline{\underline{0}} \underline{\underline{1}} \underline{\underline{6}} \underline{\underline{0}} \underline{\underline{0}} \underline{\underline{1}}$
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 05/01/2022
5. FEDERAL STATUTE/REGULATION CITATION Title 19 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0 b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 1 Section 7 – General Provisions 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> N/A
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.	
	ons E.z and E.z.b.i of State Fian Amenument 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	O OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL Cynthia Beane, MSW, LCSW Digitally signed by: Cynthia Beane, MSW, LCSW Cynthia Bea	15. RETURN TO Bureau for Medical Services 350 Capitol Street Room 251
12. TYPED NAME Cynthia Beane	Charleston, West Virginia 25301
13. TITLE Commissioner, Bureau for Medical Services	
14. DATE SUBMITTED 06/28/2022	
16. DATE RECEIVED June 28, 2022	17. DATE APPROVED September 14, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director
Alissa Mooney DeBoy	On Behalt of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services
22. REMARKS	
FORM CMS-179 (09/24) Instruction	ns on Back

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: <u>22-0016</u>

Approval Date: _____09/14/2022

Effective Date: 05/01/2022

Supersedes TN: <u>New</u>