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State/Territory Name: WV

State Plan Amendment (SPA) #: 22-0009

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 22-0009

Dear Ms. Beane,

We have reviewed the proposed West Virginia State Plan Amendment (SPA) to Attachment 4.19-B, WV-22-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 28, 2022. This plan amendment is West Virginia's personal care 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 0 9

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** \$ **1,019,170**

b. FFY **2023** \$ **2,820,430**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B page 15

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19B page 15

9. SUBJECT OF AMENDMENT

Personal Care Rate Increase

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

Digitally signed by Cynthia Beane, MDW, LCSW
DN: cn=Cynthia Beane, o=MSW, LCSD, email=cynthia.beane@wv.gov, c=US, o=Medical
Institutes of WV DHHR
Date: 2022.06.28 07:43:58 -0500

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

PERSONAL CARE 4.19 Payment for Medical and Remedial Care and Services

Methods and Standards for Establishing Payment Rates

26. Personal Care Services

Personal Care Services

Personal Care services will be reimbursed using a statewide fee-for-service rate scheduled based on units of services authorized in the approved plan of care. Payment for Personal Care services under the State Plan will not duplicate payments made to public agencies or private entities under other program authorities for the same purpose. Medicaid will be the payer of last resort. Effective for dates of service on or after April 1, 2022, the personal care services rates will be increased by five (5) percent. Unless specifically noted otherwise in the plan, the state-developed fee schedule rate is the same for both governmental and private providers. Providers will be reimbursed at the lesser of the provider's usual and customary billed charge or the Bureau for Medical Services (Bureau) fee schedule. The BMS fee schedule is published at: <https://dhhr.wv.gov/bms/fees/pages/default.aspx>.

Personal care services are limited on a per unit, per month, basis (15 minutes per unit) with all services subject to prior authorization. Individuals can receive up to a maximum of 840 units (210 hours) each month.

Rate Methodology:

Rates for Personal Care services are developed using a market-factor rate-setting model. The model reflects individual service definition, operational service delivery, administrative, capital and technology considerations. The following factors are used in determining the rates:

- Wage- Wage data is obtained from the Bureau of Labor Statistics (BLS). The wage is based on two elements consisting of occupation/wage categories reported by BLS and identified by Medicaid staff as comparable to services delivered under the personal care program as well as results of a formal provider survey.
- Inflation- The base wage is adjusted by an inflationary factor determined by the percent change in the Consumer Price Index (CPI-U, U.S. City: All Items 1982-84 = 100) from base period 2009 to current rate period.
- Payroll Taxes- The payroll taxes factor represents the percentage of the employer's contribution to Medicare, Social Security, workers' compensation and unemployment insurance.
- Employee Benefits- The employee benefits factor represents the percentage of employer's contribution to employee health insurance and retirement benefits. The employee benefit factor varies by employee type. This factor is discounted to reflect the Medicaid agency's share of cost based on the Medicaid payer mix.
- Allowance for Administrative Costs- The allowance for administrative costs factor represents the percentage of service costs that results from non-billable administrative activities performed by direct care staff and services provider by employer administrative support and executive staff. This factor is discounted to the Medicaid payer mix as determined by provider survey conducted in 2010 and 2011.
- Allowance for Transportation Costs- The allowance for transportation costs factor represents an allowance for average travel time by the provider as indicated by the provider survey.
- Allowance for Capital and Technology- The allowance for capital and technology factor represents weighting of various income and balance sheet account information and provider survey data to calculate a capital and technology cost per dollar of employee wages. This factor is discounted to reflect the Medicaid agency's share of cost based on the Medicaid payer mix.
- Room and Board- Room and Board shall not be a component used in developing the rate methodology.

TN No.: 22-0009	Approval Date: September 16, 2022	Effective Date: 04/01/2022
Supersedes: 12-006		