

Table of Contents

State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 23-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 27, 2024

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) 23-0010

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number (TN) 23-0010. This amendment proposes to cover adult vaccine administration in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations, in compliance with guidance on mandatory vaccine coverage and administration for adults in alignment with ACIP.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that West Virginia's Medicaid SPA 23-0010 was approved on February 26, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and the approved SPA pages to be incorporated into the West Virginia State Plan.

If you have any questions, please contact Nicole Guess at 443-695-1481 or via email at Nicole.Guess@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sarah Young
Riley Romeo
Nora Dillard

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 0

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

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(13)(B) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment for 3.1-A and 3.1-B, page 4e (New)

Attachment 4.19-B, page 10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 10

9. SUBJECT OF AMENDMENT

This State Plan Amendment (SPA) proposes to cover adult vaccine administration in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations, in compliance with guidance on mandatory vaccine coverage and administration for adults in alignment with ACIP.

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

Cynthia Beane, MSW, LCSW Digitally signed by: Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.beane@wv.gov
G = US O = Department of Human Services OU = Medical Services
Date: 2023.12.11 06:25:39 -0500

12. TYPED NAME

Cynthia Beane

13. TITLE

Commissioner, WV Bureau for Medical Services

14. DATE SUBMITTED

12/11/2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

12/11/2023

17. DATE APPROVED

02/26/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Preventative services must be prescribed, furnished, recommended, or provided by practitioners acting within the scope of their practice as defined by West Virginia law.

Vaccines

All immunizations will be provided for children up to age 21. Immunizations will be provided to adults as recommended by the Advisory Committee on Immunization Practices (ACIP). West Virginia attests to coverage of vaccines and vaccine administration described in section 1905 (a)(13)(B) of the Social Security Act and assures that as changes are made to ACIP recommendations, coverage and billing codes will be updated to comply with those revisions.

Vaccines may be administered by the following provider types:

- Licensed Physicians
- Licensed Physician Assistants
- Licensed Nurse Practitioners
- Licensed Family Nurse Practitioners
- Licensed Pharmacists
- Licensed Pharmacy Interns under the supervision of a Pharmacist
- Pharmacy Technicians under the supervision of a Pharmacist

TN No.: 23-0010	Approval Date: 02/26/2024	Effective Date: 10/01/2023
Supersedes: New		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B

Page 10

12. b. Dentures

Payment for dentures is included in item 10.

1. Prosthetic Devices

Payment is based on the upper limit established for the service by Medicare.

2. Eyeglasses

Payment will not exceed an upper limit established considering cost information from national sources; i.e., Optometry Today and Review of Optometry; a survey of practitioners in the State; and the upper limits established by Medicare adjusted to reflect complexity of material.

An upper limit is established for each lens code. The upper limit for frame is wholesale cost up to \$40.00 multiplied by a factor of 2.5. Payment for low vision aids may not exceed invoice cost plus 30 percent.

Reimbursement may not exceed the provider's customary charge for the service for the general public.

13. c. Preventive Services

Vaccine Administration

For vaccine administration, providers listed in 13c of Attachment 3.1-A will be reimbursed from the fee schedule, located at <https://dhhr.wv.gov/bms/fees/pages/default.aspx>, according to existing approved payment methodology for each provider type.

Disease State Management

1. The state developed fee schedule rates are the same for both public and private providers of these 1905(a) services. The fee schedule and any annual/ periodic adjustments to the fee schedule are published.

d. Rehabilitative Services

Behavioral Health Services

1. Reimbursement to those agencies licensed as behavioral

(continued next page)

TN No.: <u>23-0010</u>	Approval Date: 02/26/2024	Effective Date: 10/01/2023
Supersedes: 17-001		