




STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

TO: Aged and Disabled Waiver (ADW) Agencies
Intellectual/Developmental Disability Waiver (IDDW) Agencies
Traumatic Brain Injury Waiver (TBIW) Agencies
Children with Severe Emotional Disorders Waiver (CSEDW) Agencies
Personal Care (PC) Agencies
Private Duty Nursing (PDN) Agencies
Behavioral Health Agencies

FROM: Cynthia Beane, MSW, LCSW 
Commissioner, Bureau for Medical Services

DATE: April 12, 2024

RE: Review of American Rescue Plan Act (ARPA) Funds Expended for Rate
Increases for Direct-Care Services

You may recall that you participated in a program in which you were provided ARPA funds for rate increases for direct-care services. A condition of receiving these funds was that a minimum of 85% of these rate increases were to be passed on to direct-care workers in the form of wage increases, bonuses, and/or increased benefits. Agencies have until March 31, 2025 to expend these ARPA rate increases.

The 85% pass-through must have benefited workers that provide/bill for the services that received the rate increases but could also include workers that provide other Medicaid and state-funded HCBS direct-care services. Workers in ICF/IID homes and other facility-based programs were not eligible to be included in the 85% pass-through.

To qualify for the ARPA funds, you were required to sign the following “Acknowledgment and Attestation”:

My signature below acknowledges that I have read and understand the information and requirements addressed in this memo, including that 85% of the referenced payment increases will be passed on to direct-care workers in the form of



compensation increases and other incentives. Further, my signature attests that the agency will comply with the terms and conditions of receiving said funds and will report any discrepancies to the West Virginia Bureau for Medical Services.

The West Virginia Department of Human Services, Bureau for Medical Services is going to begin performing reviews of the ARPA funds paid out to each provider and how each provider spent the funds. This review will cover the dates of allowable spending.

The timeline for these reviews and details for submitting supporting documentation will be shared with providers on or after May 15, 2024. Details regarding the final reconciliation process will also be provided at that time.

