

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 030320144011

**April 11, 2017**

Cynthia Beane, MSW, LCSW  
Acting Commissioner  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3706

Dear Acting Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) 14-005, Pulmonary Rehabilitation. We are pleased to inform you that this SPA is approved with an effective date of January 1, 2014.

Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Dan Belnap of my staff at 215-861-4273.

Sincerely,

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Ryan Sims, Bureau for Medical Services

|  |  |   |                            |
|--|--|---|----------------------------|
| <p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b></p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>       |  | 1. TRANSMITTAL NUMBER:<br>1 4 - 0 0 5   | 2. STATE:<br>West Virginia |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                            |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2014   |                            |
| 5. TYPE OF PLAN MATERIAL (Check One)   |  |   |                            |
| <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT |  |   |                            |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |   |                            |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 USC 1396d(a)(13)(C)  |  | 7. FEDERAL BUDGET IMPACT:   |                            |
|  |  | a. FFY <u>0</u> \$ <u>0</u>   |                            |
|  |  | b. FFY <u>0</u> \$ <u>0</u>   |                            |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>and 5j (db)<br>Supplement 2 to Attachment 3.1-A & 3.1-B Pages 5i; Attachment 4.19-B Page 11                 |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).<br><br>Attachment 4.19-B Page 11               |                            |
| 10. SUBJECT OF AMENDMENT:<br><br>This State Plan Amendment will provide Pulmonary Rehabilitation services for all Medicaid members.                              |  |   |                            |
| 11. GOVERNOR'S REVIEW (Check One):   |  |   |                            |
| <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:  |  |   |                            |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  |  |   |                            |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |  |   |                            |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>                                   |  | 16. RETURN TO:<br><br>Bureau for Medical Services<br>350 Capitol Street Room 251<br>Charleston West Virginia 25301          |                            |
| 13. TYPED NAME:<br>Cynthia Beane, MSW, LCSW  |  |   |                            |
| 14. TITLE:<br>Acting Commissioner  |  |   |                            |
| 15. DATE SUBMITTED:<br>1/20/2017   |  |   |                            |
| FOR REGIONAL OFFICE USE ONLY   |  |   |                            |
| 17. DATE RECEIVED<br>February 28, 2014   |  | 18. DATE APPROVED<br>April 11, 2017   |                            |
| PLAN APPROVED - ONE COPY ATTACHED  |  |   |                            |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>January 1, 2014  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |                            |
| 21. TYPED NAME:<br>Francis McCullough  |  | 22. TITLE:<br>Associate Regional Administrator  |                            |
| 23. REMARKS:<br><br>Pen and ink change to add missing page to #8: Supplement 2 to Attachment 3.1-A and 3.1-B Page 5j (db)  |  |   |                            |

State: West VirginiaSupplement 2 to  
ATTACHMENTS 3.1-A and 3.1-B  
Page 5i

**PULMONARY REHABILITATION:** Pulmonary Rehabilitation is a supervising physician recommended individually tailored multidisciplinary approach to the rehabilitation of beneficiaries, based on an assessment and plan of care, designed to promote reduction of physical disability and restore beneficiaries to the best possible functional level and active, productive lives. Pulmonary rehabilitation services are supervised by the supervising physician and other physicians. The service is distinct rehabilitative service provided pursuant to 42 C.F.R. §440.130(d).

### Service Descriptions

- A team assessment and plan of care, which is primarily prepared and supplemented by the supervising physician, other physicians, physicians' assistants, nurse practitioners and/or nurses, and also includes input from a combination of respiratory therapists, licensed dietitians exercise physiologists and/or mental health professionals. The plan of care includes identifying what services are needed, which professionals should provide the services, how often the beneficiary will need the services, and the results expected from the treatment. The plan of care is updated by the every 6 weeks. The supervising physician and physician assistants, nurse practitioners and/or nurses working under the supervising physician have the primary responsibility of updating the plan of care.
- Exercise physiology services, performed by an exercise physiologist, based on a physical activity plan tailored to the beneficiary's needs, which includes strengthening and conditioning which may include stair climbing, inspiratory muscle training, treadmill walking, cycle training; is designed to improve the beneficiary's lung strength to enable the beneficiary to better enable them to carry out daily activities.
- Respiratory therapy, performed by a respiratory therapist, to include breathing retraining, which involves learning how to take longer, deeper less frequent breaths, and bronchial hygiene, which is a set of methods used to clear mucus and secretions from the airways.
- Beneficiary training and education, performed by nurses, nurse practitioners and/or physician assistants, which consists of disease specific education to the beneficiary based on their medical conditions.
- Nutrition counseling, performed by a licensed dietician, which is a therapeutic approach to treating medical conditions and their associated symptoms with the use of a specifically tailored diet. This would involve specific counseling on dieting to address issues such as cholesterol levels, dietary sodium levels, weight control and reduction and diabetes control.
- Mental health counseling, involving counseling to beneficiaries to address depression or other mental health conditions associated with pulmonary disease. These services are provided by mental health professionals.

### Provider Qualifications

- Providers of pulmonary rehabilitation services must have the following licensure, training, certification, education and experience, as applicable. It is the responsibility of the provider to meet qualifications for the functions they provide.
- Physicians:

|            |        |  |  |                |         |
|------------|--------|--|--|----------------|---------|
| TN. No.    | 14-005 |  |  | Effective Date | 1/1/14  |
| Supersedes | New    |  |  |                |         |
| TN. No.    |        |  |  | Approval Date  | 4/11/17 |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to  
ATTACHMENTS 3.1-A and 3.1-B  
Page 5j

- Supervising physician: State licensed Medical Doctor (MD) or State Licensed Doctor of Osteopathy (DO) who is nationally board certified in pulmonary disease through the American Board of Internal Medicine;
- Other physicians: State licensed Medical Doctor (MD) or State Licensed Doctor of Osteopathy (DO)
- State licensed Physician’s Assistant (PA) working under supervision of a supervising physician or other physicians as defined above.
- State licensed Advance Practice Registered Nurse (APRN) working under supervision of a supervising physician or other physicians as defined above.
- Nurses:
  - State licensed Registered Nurse (RN) working under a supervising physician or other physicians as defined above.
  - State licensed Practical Nurse (LPN) working under a supervising physician or other physician as defined above.
- Mental health professionals:
  - State licensed Psychologist
  - State licensed Clinical Social Worker (LCSW);
  - State licensed Independent Clinical Social Worker (LICSW),
  - State licensed Professional Counselor (LPC)
  - State licensed Graduate Social Worker (GSW).
- Dietician: State licensed dietician
- Exercise physiologist: A minimum of a four (4) year degree in exercise physiology, kinesiology, exercise science or a similar field from an accredited college or university; at least 500 clinical hours; a national certification such a ECP under the American Society of Exercise Physiologists, a CEP under the American College of Sports Medicine, or another national certification with similar credentialing requirements.

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|------------|--------|--|--|----------------|---------|
| TN. No.    | 14-005 |  |  | Effective Date | 1/1/14  |
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| TN. No.    |        |  |  | Approval Date  | 4/11/17 |

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#### 4.19 Payments for Medical and Remedial Care and Services

health agencies only is based on payment rates for each service by units of time with limitations established for occurrences. The payment upper limit is established by arraying charges of providers for the services to establish a reasonable and customary and prevailing charge.

Reimbursement for Assertive Community Treatment (ACT) is based on an assessment of the fees of those service codes included in the ACT array of services together with a review of the staff level and hours of the professionals included in the ACT team. A per diem or a monthly rate will be based on the historical data of the frequency of those service codes included in ACT and the number of staff and average wages of the professional team.

Cardiac Rehabilitative Services: Cardiac Rehabilitative Services as defined per Attachment 3.1A and 3.1B page 5g and 5h are reimbursed effective 1/1/14 based on the physician fee schedule as outlined per Attachment 4.19-B, page 3aa. Other practitioners providing these services as described in Attachment 3.1A and 3.1B page 5g and 5h shall be reimbursed at the lesser of the practitioners' usual and customary fee or the West Virginia Medicaid fee schedule, if applicable, at [www.dhhr.wv.gov/bms](http://www.dhhr.wv.gov/bms).

Pulmonary Rehabilitation: Pulmonary Rehabilitation as defined per Attachment 3.1 A and 3.1-B page 5i and 5j are reimbursed effective 1/1/14 based on the physician fee schedule as outlined per Attachment 4.19-B, page 3aa.