Table of Contents

State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 7, 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) 22-0003

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to establish a targeted case management benefit for Medicaid eligible pregnant and post-partum individuals who are in the Drug Free Moms and Babies (DFMB) program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 441.18. This letter is to inform you that West Virginia Medicaid SPA 22-0003 was approved on September 6, 2022, with an effective date of June 9, 2022.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,

Digitally signed by James G. Scott -S
Date: 2022.09.07 13:09:21 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Sarah Young
Riley Romeo
Cynthia Parsons

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22-0003

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
06/09/2022

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 0
b. FFY 2023 $ 553,441

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment for A,D, and E of Supplement 1 to Attachments 3.1-A and 3.1-B pages 11, 12, 13, 14

Attachment 4.19-B pages 27 ~~and 28~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
N/A

9. SUBJECT OF AMENDMENT

Drug Free Moms and Babies

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 C = US O = Medical Services OU = WV DHHR
Date: 2022.03.28 15:11:38 -05'00'

12. TYPED NAME
Cynthia Beane

13. TITLE
Commissioner, Bureau for Medical Services

14. DATE SUBMITTED
03/28/2022

15. RETURN TO
Bureau for Medical Services
350 Capitol Street Room 251
Charleston, West Virginia 25301

FOR CMS USE ONLY

16. DATE RECEIVED
March 23, 2022

17. DATE APPROVED
09/06/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 9, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2022.09.07 13:23:00 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Box 7: State authorized pen and ink change on 08/31/2022

State Plan under Title XIX of the Social Security Act
State/Territory: _WV__

TARGETED CASE MANAGEMENT SERVICES
[Pregnant or Postpartum Women with Substance Use Disorder]

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Medicaid eligible pregnant and postpartum women with or at risk of a substance use disorder.

_**X**_ Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 15 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):
_**X**_ Entire State
___ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
_**X**__ Services are provided in accordance with §1902(a)(10)(B) of the Act.
____ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include:

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

At a minimum, assessments will be conducted annually to determine whether a member's needs or preferences have changed.

Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

State Plan under Title XIX of the Social Security Act
State/Territory: _WV__

TARGETED CASE MANAGEMENT SERVICES
[Pregnant or Postpartum Women with Substance Use Disorder]

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least once monthly monitoring, to determine whether the following conditions are met:
    - services are being furnished in accordance with the individual's care plan;
    - services in the care plan are adequate; and
    - changes in the needs or status of the individual are reflected in the care plan.
- Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring and follow-up activities will be conducted with the member, the member's legal representative, or with other related service providers at least once every 30 days.

_X_ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The care coordinator must meet one the following provider qualifications:

- A non-physician practitioner (NPP) e.g., registered nurse (RN), advanced practice registered nurse (APRN), physician assistant (PA) or equivalent; OR
- A Licensed Psychologist or Supervised Psychologist; OR
- A Licensed Independent Clinical Social Worker (LICSW) or Licensed Professional Counselor (LPC); OR
- A Licensed Certified Social Worker (LCSW) or Licensed Graduate Social Worker (LGSW), when affiliated with an enrolled West Virginia Medicaid provider, OR
- An individual with a four-year degree (BA or BS) in a human service field with at least two years of experience in care coordination that has completed all State required care coordination training.

The claiming entity must be an enrolled Drug Free Moms and Babies (DFMB) DFMB site and providers must complete an approval and readiness review that is processed with the West Virginia designated authority and the Bureau for Medical Services (BMS) to be an enrolled site.

State Plan under Title XIX of the Social Security Act
State/Territory: _WV__

TARGETED CASE MANAGEMENT SERVICES
[Pregnant or Postpartum Women with Substance Use Disorder]

DFMB providers must promote effective operation of the various programs and agencies in a manner consistent with applicable State laws, regulations, and procedures. There must be clear policy guidelines for decision making, program operations, and provision for monitoring these activities.

DFMB providers must maintain:

- Provisions for orientation, continuing education, and ongoing communication with MCO case manager.
- Policies and procedures to protect the rights of members.
- A comprehensive set of personnel policies and procedures.
- Job descriptions and qualifications, including licensure, for all staff employed either directly or by contract with the provider or with an agency contracting with the provider or program.
- Provisions for ensuring staff or contractors possess the skills and knowledge needed to perform job functions, and provisions for performing regular staff evaluations.
- Written definitions and procedures for use of all volunteers.
- A working knowledge of community providers.
- Current information regarding the types of resources and services offered by other community based, local, and state human services agencies

The DFMB site and is directly responsible for ensuring its employees meet the requirements as specified to ensure appropriate treatment for substance use disorders and mental health take place for Targeted Case Management.

Freedom of choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
_X_ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to

State Plan under Title XIX of the Social Security Act
State/Territory: _WV__

TARGETED CASE MANAGEMENT SERVICES
[Pregnant or Postpartum Women with Substance Use Disorder]

authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving case management as follows:

(i) The name of the individual;
(ii) The dates of the case management services;
(iii) The name of the provider agency (if relevant) and the person providing the case management service;
(iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
(v) Whether the individual has declined services in the care plan;
(vi) The need for, and occurrences of, coordination with other case managers;
(vii) A timeline for obtaining needed services;
(viii) A timeline for reevaluation of the plan.

Limitations:
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

4.19 Payments for Medical and Remedial Care and Services

REIMBURSEMENT FOR DRUG FREE MOMS AND BABIES (DFMB) CARE COORDINATION SERVICES TO WEST VIRGINIA DFMB SITES

A. Reimbursement Methodology for DFMB Services

1. **Rate Development has been built on the following:**
    a. Payment is made to the DFMB site on a per-member-per-month (PMPM) basis.
    b. At least one of the services included in the bundled payment must be provided within the service payment unit (calendar month) in order for providers to bill the bundled rate.
    c. The PMPM rate is designed to reimburse care coordination activities related to DFMB services, with other discrete Medicaid State Plan services not included in the bundle rate to be considered separately billable.
    d. Any provider delivering services through the DFMB care coordination rate will be paid through the bundled payment rate and the provider cannot bill separately for services covered under the bundled payment.
    e. Medicaid providers delivering separate services outside of the bundled payment may bill for those separate services in accordance with the Medicaid billing procedures.
    f. The DFMB care coordination PMPM rate is not paid in a residential setting, and it does not include costs related to room and board or other unallowable facility costs.

2. **The DFMB case management PMPM rate is intended to cover key care coordination activities including:**
    a. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical services, educational services, social services, or other services,
    b. Development (and a periodic revision) of a specific care plan that is based on the information collected through the assessment,
    c. Referral and related activities to help the eligible individual obtain needed services, and
    d. Monitoring and follow-up activities.

3. **The bundled payment methodology complies with the provision in Section 1902(a)(32) of the Social Security Act.** The rate methodology represents a "bottom-up" approach that incorporates costs for all the time, expertise, and materials needed to deliver the service. The State will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the type, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

4. The payment rate is the same for governmental and private providers and is available at: **https://dhhr.wv.gov/bms/FEES/Documents/DFMB%20PM%20%281%29.pdf**