

## **Table of Contents**

**State/Territory Name: West Virginia**

**State Plan Amendment (SPA) #: 21-0001**

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 28, 2021

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) 21-0001

Dear Commissioner Beane:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0001. This amendment was submitted in order to clarify the existing clinic services benefit and to add a \$1,000 per calendar year dental benefit for adults.

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 §440.90 and §440.100. This letter is to inform you that West Virginia's Medicaid SPA Transmittal Number 21-0001 is approved effective January 1, 2021.

If you have any questions, please contact Dan Belnap at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov) or at 215-861-4273.

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Sarah Young  
Riley Romeo  
Kim O'Brien

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 1

2. STATE

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Sections 1905(a)(9) and 1905(a)(10) of the Social Security Act  
42 CFR 440.90 and 42 CFR 440.100

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 3,553,306  
b. FFY 2022 \$ 3,410,503

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 3.1-A and 3.1-B, Items 9 and 10, pages ~~3aa.1 – 3aa.3~~ **3aa, 3aa.1, 3aa.2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Supplement 2 to Attachment 3.1-A and 3.1-B, Items 9 and 10, page 3aa

10. SUBJECT OF AMENDMENT

Clinic Services and Adult Dental Services

11. 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

12. 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: 2021.03.05 14:56:31 -0500

16. RETURN TO

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

13. TYPED NAME

Cynthia Beane

14. TITLE

Commissioner, Bureau for Medical Services

15. DATE SUBMITTED

March 8, 2021

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

March 8, 2021

18. DATE APPROVED

May 28, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

Pen and ink change made with state's permission to box 8 to correct page numbers, box 11 Governor's Review, and box 15 to add submission date (db)

9. **Clinic Services**

Clinic Services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to members on an outpatient basis.

**a. School-based Health Services (SBHS)**

The SBHS program includes medically necessary covered health care services identified pursuant to an Individualized Education Program (IEP) Plan provided by or through the West Virginia Department of Education (DOE) or a Local Education Agency (LEA) to eligible special education members from age three through age 21.

All SBHS must be prescribed and provided by qualified providers that meet State requirements to provide these medically necessary services. Limits are the same when a service is provided under the SBHS program as under the Medicaid State Plan. Limits can be exceeded based on medical necessity.

Additional services may be provided in the school setting through a Federal Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Prior authorization and other requirements for school-based services in an FQHC or RHC are covered under Attachment 3.1-A, page 1; Attachment 3.1-B, page 2; and Supplement 2 to Attachments 3.1-A and 3.1-B, page 1.

**b. Behavioral Health Clinics**

The West Virginia Medicaid Program offers a comprehensive scope of medically necessary behavioral health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal regulations.

Behavioral Health Clinic Services are preventative, diagnostic, therapeutic, or palliative; provided on an outpatient basis, under the direction of a physician, physician assistant (PA), or advance practice registered nurse (APRN); and available to members to address mental illness and/or intellectual disabilities. Services must be provided by a facility that is not part of a hospital but is operated to provide medical care on an outpatient basis.

Licensed Behavioral Health Center (LBHC) services are available to all Medicaid members with a known or suspected behavioral health disorder. Each member's level of services will be determined when prior authorization for LBHC services is requested through the appropriate Utilization Management Contractor (UMC) authorized to perform administrative review.

**c. Local Health Departments (LHDs)**

LHDs provide public health clinic services, including:

- Immunizations
- Laboratory or radiological services
- Testing and treatment for communicable disease

At a minimum, the LHD must have a physician, PA, or APRN onsite when providing Medicaid services other than services covered under standing orders. If the LHD employs a PA, the PA must be enrolled and be supervised by a physician who is enrolled in WV Medicaid and affiliated with the LHD. Immunizations may be administered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) as authorized by documented standing orders signed by the LHD's Medical Director. Specific vaccines and toxoids, as recommended by the American Academy of Pediatrics (AAP), are covered through the Vaccines for Children (VFC) Program to Medicaid children up to their 19th birthday. The administration and provision of immune globulin, vaccine, or toxoids to adults 19 years of age and older is covered

TN No.: 21-0001	Approval Date: 05/28/2021	Effective Date:
Supersedes: 12-006		01/01/2021

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: West Virginia**

**Supplement 2 to Attachment 3.1A and 3.1B**

**Page 3aa.1**

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in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention (CDC).

CLIA-waived tests may be performed by an RN or LPN, as authorized by documented standing orders signed by the LHD's Medical Director, and will be reimbursable to the LHD. Specimen collection may be performed by an RN or LPN, as authorized by documented standing orders signed by the LHD's Medical Director. This includes specimen collection for HIV-related (Human Immunodeficiency Virus) and sexually transmitted disease (STD) testing.

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**Supplement 2 to Attachment 3.1A and 3.1B**

**Page 3aa.2**

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10. **Dental Services**

Prior Authorization may be required for restorative/replacement procedures. Dental service limits provided under EPSDT can be exceeded based on medical necessity. Certain emergency dental services are covered for adults, Adults age 21 and older are covered for diagnostic, preventative, and restorative dental services, excluding cosmetic services for up to \$1,000 each calendar year. Members must pay for services over the \$1,000 yearly limit. Services provided to West Virginia Medicaid members can only be billed up to the West Virginia Medicaid fee schedule, whether those services are billed to West Virginia Medicaid and/or the member. Any amount that is the member's responsibility must be explained to the member prior to beginning services.

TN No.: 21-0001	Approval Date: 05/28/2021	Effective Date:
Supersedes: new		01/01/2021