

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 6</u>	2. STATE <u>WV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
05/01/2022

5. FEDERAL STATUTE/REGULATION CITATION  
Title 19 of the Social Security Act

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Page 1  
Section 7 – General Provisions  
7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT

This SPA rescinds the temporary increase approved within Sections E.2 and E.2.b.i of State Plan Amendment WV-20-0004.

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: 2022.06.28 07:16:12 -0500

12. TYPED NAME  
Cynthia Beane

13. TITLE  
Commissioner, Bureau for Medical Services

14. DATE SUBMITTED  
06/28/2022

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 28, 2022

17. DATE APPROVED  
September 14, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
May 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. Deboy -S  
Digitally signed by Alissa M. Deboy -S  
Date: 2022.09.14 08:21:44 -0400

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

22. REMARKS

**Section 7 – General Provisions**

**7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency**

Effective for dates of service on or after May 1, 2022, the State rescinds the temporary increase approved within Sections E.2 and E.2.b.i of State Plan Amendment WV-20-0004. The rescission includes the additional \$20 per-patient-per-day for nonpublic nursing home facilities as well as the provisions for managing the additional payments within the nursing home rate setting system.

TN: 22-0016

Approval Date: 09/14/2022

Effective Date: 05/01/2022

Supersedes

TN: New