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**State Name:** West Virginia

**State Plan Amendment (SPA) #:** 19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages
- 4) Companion Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street  
Suite 9400  
Philadelphia, Pennsylvania 19107-3134



**Regional Operations Group**

SWIFT # 072320194045

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

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) 19-002, Physical Therapy and Occupational Therapy.

We are pleased to inform you that this SPA is approved with an effective date of July 1, 2019. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan page. Please note that accompanying this approval of SPA 19-002 is a companion letter regarding the need for West Virginia to update the physical therapy and occupational therapy reimbursement methodologies in Attachment 4.19B of the State Plan.

If you have any further questions about this SPA, please contact Dan Belnap of my staff at 215-861-4273 or [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

Sincerely,

/S/

Francis T. McCullough  
Director  
Division of Medicaid Field Operations Group East (Philadelphia)

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 1 9 - 0 0 2	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2019	
5. TYPE OF PLAN MATERIAL (Check One) <input 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: 42 U.S.C. §1396a(a)(13)(1997)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1-A and 3.1-B, Page 3b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Supplement 2 to Attachment 3.1-A and 3.1-B, Page 3b	
10. SUBJECT OF AMENDMENT: Physical and Occupational Therapy			
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: /s/ Cynthia Beane		16. RETURN TO:  Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 23-Jul-19			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED July 23, 2019		18. DATE APPROVED September 25, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: Francis T. McCullough		22. TITLE Director, Regional Operations Group East	
23. REMARKS:			

**AMOUNT, DURATION AND SCOPE OF ASSISTANCE**

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11. a. Physical Therapy

Physical Therapy means services prescribed by a physician or other licensed practitioner of the healing arts and within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. A “qualified physical therapist” is an individual who meets qualifications specified in regulations at 42 CFR 440.110 and is licensed pursuant to West Virginia State law. A qualified physical therapist is an “other practitioner of the healing arts” such that they are permitted to prescribe physical therapy. No referral or prior authorization is required for up to 20 visits, combined, of physical therapy and occupational therapy.

b. Occupational Therapy

Occupational Therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified occupational therapist. It includes any necessary supplies and equipment. An “occupational therapist” is an individual who meets qualifications specified in regulations at 42 CFR 440.110 and is licensed pursuant to West Virginia State law. A qualified occupational therapist is an “other practitioner of the healing arts” such that they are permitted to prescribe occupational therapy. No referral or prior authorization is required for up to 20 visits, combined, of physical therapy and occupational therapy.

TN No:	19-002	Approval Date:	9/25/19	Effective Date:	7/1/19
Supersedes:	09-002				

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street  
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## **Regional Operations Group**

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Cynthia E. Beane, MSW, LCSW, Commissioner  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301-3712

Dear Ms. Beane:

This letter is being sent as a companion to our approval of West Virginia's State Plan Amendment (SPA) 19-0002, making changes to prescribing provider authority and referral requirements for up to 20 annual treatments of physical therapy and occupational therapy.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 Code of Federal Regulations (CFR) §430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the state program. While the SPA is approvable, CMS' analysis determined that additional changes related to West Virginia's physical therapy and occupational therapy reimbursement methodologies in Attachment 4.19B are needed.

Since November 1, 1994, physical therapy and occupational therapy have been reimbursed according to the following methodology:

“An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.”

The reimbursement language for physical therapy and occupational therapy is not considered to be comprehensive. From the reimbursement methodology in the state plan, the conversion factors are not calculable. Additionally, the source and the time period of the utilization and payment level data are not provided.

Please update the reimbursement methodology for physical therapy and occupational therapy. The Centers for Medicare and Medicaid Services policy requires that the state plan amendment

include: 1) a comprehensively written reimbursement methodology allowing a reader to calculate the rate; 2) a link to the published fee schedule with the respective effective date; or 3) the actual fee schedule inserted into the state plan reimbursement language with the effective date. Options 2 and 3 require state plan amendments anytime a rate change across a service category is recognized.

Please respond to this letter within 90 days with a corrective action plan and timeline for completing the required changes. We are happy to provide any technical assistance that you need.

If you have any questions regarding this letter, please contact Gary Knight at 304-347-5723. We look forward to working with you on these issues.

Sincerely,

/S/

Francis T. McCullough  
Director  
Division of Medicaid Field Operations Group East (Philadelphia)