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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: WV-24-0007

This file contains the following documents in the order listed:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

September 16, 2024

Stacey L. Shamblin
Deputy Commissioner, WVCHIP
West Virginia Department of Human Services
350 Capitol Street, Room 251
Charleston, WV 25301

Dear Director Shamblin:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number WV-24-0007, submitted on June 28, 2024, has been approved. This SPA has an effective date of January 1, 2024.

Through this SPA, West Virginia deactivates the Kids First Health Services Initiative (HSI) in the CHIP state plan, due to inactivity. Under this HSI, West Virginia reimburses well-child exams for uninsured children entering Kindergarten. West Virginia has not reimbursed any well-child exams under this HSI program in several years, and the state has not received any requests to fund a well-child exam on behalf of an uninsured child entering Kindergarten. In the future if the state wishes to restart the Kids First HSI, West Virginia agrees to submit a reactivation SPA.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410)786-8145
E-mail: Ticia.Jones@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN’S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: West Virginia
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) /Signed by Cynthia Persily/ June 13, 2024 (Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: <u>Stacey Shamblin</u>	Position/Title: <u>Deputy Commissioner, CHIP, BMS</u>
Name: <u>Cynthia Beane</u>	Position/Title: <u>Commissioner, BMS</u>
Name: <u>Cynthia Persily</u>	Position/Title: <u>Cabinet Secretary, DHHR</u>

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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|---|---|
| <p>#19 Effective: January 1, 2021
 Implemented: January 1, 2021
 Approved: August 5, 2021</p> | <p>WV-20-0006 Managed Care
 To transition program to managed care</p> |
| <p>#20 Effective: April 1, 2022
 Implemented: April 1, 2022
 Approved:</p> | <p>WV-22-0017 Expanded Post-Partum Coverage
 To expand post-partum coverage to 12 months consistent with the state Medicaid program.</p> |
| <p>#20 Effective: March 11, 2021
 Implemented: March 11, 2021
 Approved:</p> | <p>WV-22-0018 American Rescue Plan
 To demonstrate WVCHIP compliance with the American Rescue Plan Act provisions that require states to cover treatment, testing, and vaccinations for COVID-19 without cost sharing</p> |
| <p>#21 Effective: July 1, 2023
 Implemented: July 1, 2023
 Approved:</p> | <p>WV-24-0003 CHIP BMS Integration
 To adopt Medicaid child & pregnant women’s medical , dental & behavioral health benefits packages and align program operations across Medicaid and CHIP.</p> |
| <p>#22 <u>Effective: January 1, 2024</u>
 <u>Implemented: January 1, 2024</u>
 <u>Approved:</u></p> | <p><u>WV-24-0007 To deactivate the Kids’ First Health Service Initiative due to inactivity</u></p> |

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
 - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.

- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE: WV	FFY Budget
Federal Fiscal Year	
State's enhanced FMAP rate	
Benefit Costs	
Insurance payments	
Managed care	
<u>per member/per month rate</u>	
Fee for Service	
Total Benefit Costs	
(Offsetting beneficiary cost sharing payments)	

STATE: WV	FFY Budget
Net Benefit Costs	
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	
General administration	
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	
Other	
Total Administration Costs	
10% Administrative Cap	
Cost of Proposed SPA Changes	
Federal Share	
State Share	
Total Costs of Approved CHIP Plan	

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: State general appropriations

Kids First HSI – Not currently funded.