DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations

MAY 20 2010

Ms. Nancy V. Atkins
Commissioner
Bureau for Medical Services
Department of Health and Human Resources
150 Capitol Street, Suite 251
Charleston, West Virginia 25301-3706

Dear Ms. Atkins:

We are writing to inform you of the approval of West Virginia's Medicaid State Plan Amendment (SPA) 09-07. This SPA brings the State into compliance with the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 to provide Early Periodic Screening and Diagnostic Treatment Services (EPSDT) to individuals under 21 and to remove the limitations on transportation services under the benchmark program. It also removes service limitations and adds prior authorization requirements to services for children in both the Basic and Enhanced Plans. Prior authorization requirements were also added to most of the services for adults in the Basic and Enhanced Plans. Chemical dependency, mental health services and inpatient psychiatric services were added to the Basic Plan for adults. This approval is based on the understanding that regardless of whether children are in the Basic or Enhanced Plan, if a service is medically necessary, this service must be provided to the child consistent with EPSDT requirements. This includes services required to correct or ameliorate a physical or mental condition, which is part of the medical necessity definition in the law. This amendment is effective July 1, 2009.

In light of this approval, the State must amend its provider manuals to reflect the provisions in this SPA. As previously communicated to you, we will work with you to develop another SPA to comply with the final benchmark regulations issued on April 30, 2010, and effective July 1, 2010. Since section 1931 parents may no longer be mandatorily enrolled into your benchmark program effective July 1, we will work with you to modify the State's 1915(b) waiver to accommodate the enrollment of those beneficiaries into managed care. On a related note, in the context of our recent program review of your Mountain Health Choice Benchmark Program, we will also follow-up with you to share our findings which may require additional changes including procedures to ensure that beneficiaries and providers are fully informed of the benefits that are covered for children; and that the prior authorization process operates consistent with your intent to assure that beneficiaries have access to all medically necessary services. As we have discussed, I know we share the goal of providing excellent care to these beneficiaries.

Enclosed is a copy of the approved SPA and the signed CMS-179 form. If you have any questions, please contact Donna Fischer of my staff at (215) 861-4221.

Sincerely,

Ted Gallagher
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 9 - 0 7

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
1-Jul-09

5. TYPE OF PLAN MATERIAL (Check One)

[ ] NEW STATE PLAN [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN [X] AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
CHIPRA 2009 (Pub.L.111-3)
42 USC 1396u-7

7. FEDERAL BUDGET IMPACT:
a. FFY 3/07 to current $ 33,220
b. FFY 2010 $ 1,660

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 3.1-c, page 6
Section 3.1-c, attachment 2, page 2
Section 3.1-c attachment 2, page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).
Section 3.1-c, page 6
Section 3.1-c, attachment 2, page 2
Section 3.1-c attachment 2, page 3

10. SUBJECT OF AMENDMENT:

Plan amendment to conform with CHIPRA 2009 changes to EPSDT age 19-21 and delete limits on non-emergency medical transportation (NEMT)

11. GOVERNOR'S REVIEW (Check One):

[ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
[x] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
[ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
[ ] OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Marsha K. Morris

14. TITLE:
Commissioner

15. DATE SUBMITTED:
9-1-09

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
FEBRUARY 19, 2010

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
JULY 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
TED GALLAGHER

22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS

West Virginia will offer BASIC and an ENHANCED plan to members. The BASIC plan provides all state and federal mandatory services. The ENHANCED plan offers additional medical services to members. In order to access the Enhanced Plan, Medicaid members must voluntarily sign the Medicaid Member Agreement (see attachment 3) and a Health Improvement Plan. The member will sign the agreement at the Medical Home.

The following responsibilities will be tracked:

1. Screenings as directed by their health care provider.
2. Adherence to health improvement plan as directed by their health care provider.
3. Medication compliance.

Successful compliance with these responsibilities will be monitored in partnership with the HMO/medical home.

Newly eligible individuals for the benchmark benefit will be initially enrolled in the BASIC plan. However, they will be provided a packet and the opportunity to choose a benefit plan, BASIC or ENHANCED. Upon their anniversary date individuals may choose a plan and if those in the Enhanced Plan do not choose to remain in the Enhanced Plan, they will be moved to the BASIC Plan.

___Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative services.

___Premiums for private health care insurance coverage.

_X Medical transportation.

___Enabling services (such as transportation, translation and outreach services).

___Any other health care services or items specified by the Secretary and not included under this section.

2. Additional benefits for voluntary opt-in populations:

___Home and community-based health care services.

___Nursing care services, including home visits for private duty nursing.

Attach a copy of the benchmark-equivalent plan(s) including benefits and any applicable limitations

3. X The State assures full EPSDT services as defined under 1905(r) will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

X Through Benchmark only

[ ] As an Additional benefit under section 1937 of the Act .

4. Additional Medically Necessary Services pursuant to EPSDT under section 1905

a. _X / The State assures that additional benefits will be provided for individuals under 21 who are covered under the State plan under section 1902(a)(10)(A) to ensure early and periodic screening, diagnostic and treatment services are provided when medically necessary. Additional benefits must be sufficient so that, in combination with the benchmark or benchmark-equivalent benefits package, these individuals receive the full EPSDT benefit, as medically necessary. Attach a description of the manner in which additional services will be provided to ensure early and period screening, diagnostic and treatment services are provided when medically necessary (as determined by the State).

See Attachment No 4.

b. X The State has elected to also provide additional benefits.

The State will provide medically necessary services under Section SSA 1905(a) of the Social Security Act.

5. X The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries See WV State Plan, Attachment 3.1-D, page 1.

West Virginia Medicaid Redesign Benefit Packages

CHILDREN

Basic Plan	Enhanced Plan
*Inpatient Services • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services	*Inpatient Services • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services
Outpatient Services • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services	Outpatient Services • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services • Weight Management
Physician/NP/MW Services/RHC/FQHC • Primary Care Office Visits • Physician Office Visits *Specialty Care *Podiatry • Diabetes Educetion/Nutritional Counseling • Well Child Visits	Physician/NP/MW Services/RHC/FQHC • Primary Care Office Visits • Physician Office Visits *Specialty Care *Podiatry • Diabetes Education/Nutritional Counseling • Well Child Visits
Home Health (prior authorization after 60 units)***	Home Health (prior authorization after 60 units)***
DME ** • Orthotics and Prosthetics **	DME ** • Orthotics and Prosthetics **
EPSDT	EPSDT
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions	Prescriptions
Vision Limited 1 frame/yr***	Vision *Contact Lenses Limited 1 frame/yr***
Dental** * Orthodontics	Dental** *Orthodontics
Hearing 1 hearing aid/5 yrs***	Hearing 1 hearing aid/ 5yrs***
Tobacco Cessation	Tobacco Cessation
* Skilled Nursing Care	* Skilled Nursing Care
	Nutritional Education

*Prior authorization for medical necessity only.
** Prior authorization for medical necessity, are subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms
*** Prior authorization based on medical necessity to exceed limits

West Virginia Medicaid Redesign Benefit Packages

ADULTS	
Basic Plan	**Enhanced Plan**
*Inpatient Services • Inpatient Hospital Care • Inpatient Psychiatric Services	*Inpatient Services • Inpatient Hospital Care • Inpatient Psychiatric Services
Outpatient Services • *Diagnostic x-ray, laboratory services and testing • *Occupational Therapy • * Physical Therapy • *Speech Therapy • Dental Services (Emergent Treatment)	Outpatient Services • *Diagnostic x-ray, laboratory services and testing • *Occupational Therapy • *Physical Therapy • *Speech Therapy • Dental Services (Emergent Treatment) • Weight Management • *Cardiac Rehabilitation • *Pulmonary Rehabilitation
Physician/NP/MW Services RHC/FQHC • Primary Care Office Visits • Physician Office Visits • *Specialty Care	Physician/NP/MW Services RHC/FQHC • Primary Care Office Visits • Physician Office Visits *Specialty Care *Podiatry • Diabetes education/nutritional counseling
Home Health (prior authorization, after 60 units)***	Home Health (prior authorization after 60 units)***
DME (limited $1000 per year with prior authorization if exceeded) *** • Orthotics and Prosthetics**	DME ** • Orthotics and Prosthetics**
*Nursing Home Services	*Nursing Home Services
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions (limited to 4 per month) ***	Prescriptions
	Chiropractic Services ***
	Tobacco Cessation Program
*Chemical Dependency/Mental Health Services	*Chemical Dependency/Mental Health Services
	Nutritional Education

*Prior authorization for medical necessity only
** Prior authorization for medical necessity, subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms
***Prior authorization based on medical necessity to exceed limits