August 2, 2021

Cynthia Beane, LCSW
Commissioner
State of West Virginia
Department of Health and Human Resources
Bureau for Medical Resources
350 Capitol Street, Room 251
Charleston, WV 25301-3709

Dear Ms. Beane:

Please find below the Centers for Medicare & Medicaid Services’ (CMS) request for additional information regarding West Virginia’s American Rescue Plan Act of 2021 (ARP) section 9817 initial spending plan and spending narrative submitted on July 12, 2021.

We have identified missing information which we will need to review before the initial spending plan and spending narrative can be approved. The State Medicaid Director Letter (SMDL) #21-003, section D, titled Required Reporting on Activities to Enhance, Expand, or Strengthen HCBS under the Medicaid Program provides a description of the information states should include in their initial spending plans and spending plan narratives.

**Additional Information Requested**

- **Estimate of the total amount of funds attributable to the increased FMAP that the state anticipates claiming between April 1, 2021, and March 31, 2022.**

Based on the information in the spending plan, it is not clear what amount the state estimates claiming in funds attributable to the increased FMAP. **Please update your spending plan to clearly indicate this information.** CMS is available to provide technical assistance about how to calculate the estimate of the total amount of funds attributable to the increased FMAP and how to present this information in your spending plan.

- **Estimate the anticipated expenditures for the activities the state intends to implement to enhance, expand, or strengthen HCBS under the state Medicaid program between April 1, 2021, and March 31, 2024.**

In the submission, your state included information on the activities that it intends to implement and the estimated total cost for the activities under each of three strategic areas. However, it is unclear whether some of these activities would enhance, expand, or strengthen HCBS under the Medicaid program. CMS is requesting the following changes or clarifications to your state’s spending plan and narrative:
- For any workforce development and training activities focused on behavioral health providers or people with mental or substance use disorders (particularly but not limited to providers certified in applied behavioral analysis, eating disorders, and treatment of adolescent sexual abuse victims), clearly indicate if any of the activities are focused on: behavioral health providers that are not delivering services that are listed in Appendix B of the SMDL or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit); or individuals with mental or substance use disorders who are not receiving any of the services that are listed in Appendix B or could be listed in Appendix B. If any activities are not directly related to the services that are listed Appendix B or could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid.

- Provide additional information on the mental health care professionals that will be targeted by the loan repayment program activity under the Loan Repayment Grants Bureau for Behavioral Health, including whether the professionals that will be targeted deliver the services that are listed in Appendix B or could be listed in Appendix B and serve Medicaid beneficiaries.

- Clearly indicate whether the School Based Community in Schools activity is focused on services that are listed in Appendix B or could be listed in Appendix B. If this activity is not directly related to the services that are listed Appendix B or could be listed in Appendix B, please explain how this activity expands, enhances, or strengthens HCBS under Medicaid.

- Clearly indicate if the private duty nursing pay rate increases will apply to services delivered in a hospital or another institutional setting.

- Clearly indicate if the behavioral health service providers that will receive rate increases under the category of Improved Availability of HCBS through Increased Rates and Increases to Capacity are delivering services that are listed in Appendix B or could be listed in Appendix B. If the providers are not delivering services that are listed in Appendix B or could be listed in Appendix B, please explain how those payments expand, enhance, or strengthen HCBS under Medicaid.

- Clearly indicate if the Expansion of Crisis Services activity under the category of Improved Availability of HCBS through Increased Rates and Increases to Capacity includes services other than those listed in Appendix B or could be listed in Appendix B. If this activity is not directly related to the services that are listed Appendix B or could be listed in Appendix B, please explain how this activity expands, enhances, or strengthens HCBS under Medicaid.

- Provide more information about the grant-funded program under the Expansion of Crisis Services activity and the grants for mental health providers under the Certified Community Behavioral Health Centers activity, including the types of activities that will be funded through grants, whether these activities are intended to expand access to the services listed in Appendix B or could be listed in Appendix B, and the proportion of individuals served through the expanded services that are expected to be Medicaid beneficiaries. If this activity is not directly related to the services that are listed Appendix B or could be listed in Appendix B, please explain how this activity expands, enhances, or strengthens HCBS under Medicaid.
• Provide additional information on the services that will be covered under the Child Transition Services activity and whether the services are listed in Appendix B or could be listed in Appendix B. If this activity is not directly related to the services that are listed Appendix B or could be listed in Appendix B, please explain how this activity expands, enhances, or strengthens HCBS under Medicaid.

CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.

General Considerations

As part of this request for additional information, CMS is noting the following:
• CMS expects your state to notify CMS as soon as possible if your state’s activities to expand, enhance, or strengthen HCBS under ARP section 9817:
  o Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid;
  o Include room and board (which CMS would not find to be a permissible use of funds); and/or
  o Include activities other than those listed in Appendices C and D.

CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.

As of today, CMS’s review is suspended until we receive your complete response. So that we may continue with the review process, please provide the requested information within 15 business days. We look forward to continuing to work with you to advance HCBS in West Virginia. Please submit questions or concerns regarding this request for information to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Randall Hill