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State/Territory Name: WV

State Plan Amendment (SPA) : 22-0018-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

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

Reference: TN 22-0018-A

Dear Ms. Beane,

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0018-A. This amendment allows the West Virginia Bureau of Medical Services to provide payments to private or public, non-state government hospitals on behalf of Medicaid individuals with a substance use disorder who are awaiting placement effective June 1, 2022.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Based upon the information provided by the State, we have approved Medicaid State plan amendment: WV 22-0018-A with an effective date of June 1, 2022. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Douglas Spitler at Douglas.Spitler@cms.hhs.gov.

Sincerely,



Rory Howe
Director

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 1 8a</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
June 1, 2022

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 4,146

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachmnet 4.19-A, page 24h

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
DRG Days Awaiting Placement or Discharge

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:

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
06/28/2022

17. DATE APPROVED
September 13, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

O. Payment for Days Awaiting Placement

For services rendered on or after June 1, 2022, the Department will provide payments to private and public, non-state government owned and operated PPS hospitals for Medicaid individuals with a substance use disorder who are awaiting placement for substance use disorder treatment.

A. General Criteria for Hospital Participation:

1. Must be a West Virginia licensed hospital;
2. Must be enrolled as a West Virginia Medicaid provider;
3. Must be a privately owned provider consistent with 42 CFR §447.272(a)(3) or a public non-state government owned and operated provider consistent with 42 CFR §447.272(a)(2); and
4. Must be a participant in West Virginia Medicaid's PPS.

B. Medicaid Individual Criteria:

1. Must be eligible for West Virginia Medicaid;
2. Must have received Medicaid-covered inpatient hospital services immediately prior to the days awaiting placement;
3. Must have a substance use disorder.

C. Payment Methodology:

1. When a Medicaid individual no longer requires acute-level care but is awaiting placement for substance use disorder treatment, and when placement in such care is not available, the hospital will be reimbursed for "awaiting placement" days.
2. There is no limit on the number of covered days awaiting placement as long as the days are medically necessary. Prior authorization for days awaiting placement is required.
3. Payment for each awaiting placement day will be a per-diem rate of \$238. The rate reflects the level of care received and is lower than rates for other inpatient hospital services in a manner consistent with 1861(v)(1)(G) of the Social Security Act.
4. No ancillary services will be paid; however, medically necessary physician visits will be reimbursed.