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State/Territory Name: **West Virginia**

State Plan Amendment (SPA) #: **24-0001**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

January 08, 2025

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

Re: West Virginia State Plan Amendment (SPA) 24-0001

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to establish Certified Community Behavioral Health Clinics (CCBHCs) in West Virginia. CCBHCs offer a package of behavioral health and substance use disorder (SUD) services and support.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. 440.167. This letter informs you that West Virginia Medicaid SPA 24-0001 was approved on January 8, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the West Virginia State Plan.

If you have any questions, please contact Nicole Guess at (872) 287-1397 or via email at Nicole.Guess@cms.hhs.gov

Sincerely

[redacted]

Division of Program Operations

Enclosures

cc: Sarah Young
Riley Romeo
Nora Dillard

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVE
OMB No. 0938-01

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24-0001

2. STATE: WV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
~~Title 19 of the Social Security Act~~
Title XIX of the SSA Act, Sect. 1905 **(a)**(13) (c) **and** 42 CFR 440.130 (d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 42,524,347
b. FFY 2026 $ 48,392,644

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 2 to Attachment 3.1-A and 3.1-B, Pages 5.4 - 5.13 Attachment 4.19-B Pages 11.1 and 11.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
New

9. SUBJECT OF AMENDMENT
For the establishment of Certified Community Behavioral Health Clinics (CCBHCs) in West Virginia. CCBHCs offer a package of behavioral health and substance use disorder (SUD) services and supports, regardless of an individual's ability to pay.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Cynthia Beane

13. TITLE
Commissioner, WV Bureau for Medical Services

14. DATE SUBMITTED
7/15/24

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

FOR CMS USE ONLY

16. DATE RECEIVED
07/15/2024

17. DATE APPROVED
01/08/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2024

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21.
Director, Division of Program Operations

22. REMARKS
11-26-2024: West Virginia authorized a pen and ink change to box 5 to delete Title 19 of the Social Security Act.
11-26-2024: West Virginia authorized a pen and ink change to add to box 5 Title XIX of the SSA Act, Sect. 1905(a)(13)(c) and 42 CFR 440.130 (d)

Instructions on Back

Rehabilitative Services

Certified Community Behavioral Health Clinic (CCBHC) Services

CCBHC services must include a comprehensive set of outpatient, community-based behavioral health services and supports for individuals across the life span that are delivered in an integrated, whole-person approach, including consideration for the needs of Veterans and uniformed officers, through coordination across behavioral health, physical health, and social service providers. All CCBHC services are furnished by qualified practitioners affiliated with West Virginia's CCBHCs. The service(s) must actively benefit the member and be described in the member's treatment plan.

CCBHCs may contract with Designated Collaborative Organizations (DCO) that provide CCBHC services as permitted by West Virginia Department of Human Services (DoHS). A DCO is a distinct entity that is not under the direct supervision of a CCBHC but has a formal contractual relationship with a CCBHC to provide an authorized CCBHC service. The CCBHC must ensure the DCO provides the same quality of care as those required by CCBHC certification. The CCBHC maintains ultimate clinical responsibility for the services provided to CCBHC members by the DCO under this agreement. To the extent that services are required that cannot be provided by either the CCBHC directly or by a DCO, referrals may be made to other providers or entities. The CCBHC retains responsibility for the overall coordination of a member's care including services provided by the DCO or those to which it refers an individual. Providers within the DCOs comply with provider qualifications as outlined in the State Plan.

Services Provided by CCBHC

1. Crisis Services
2. Person and/or Family-Centered Treatment Planning
3. Screening, Assessment, Diagnosis, and Risk Assessment
4. Outpatient Mental Health and Substance Use Services
5. CCBHC Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Peer, Family Support, and Counselor Services
8. Psychiatric Rehabilitation Services

Provider Qualifications

CCBHCs must be non-profit organizations, Licensed Behavioral Health Clinics (LBHCs), and meet applicable organizational and staff licensure and CCBHC certification requirements as defined by the West Virginia DoHS.

CCBHC Service Descriptions

The following table describes each CCBHC service and State Plan authorization references.

All services must be medically necessary as determined by a licensed behavioral health practitioner or other healthcare professional operating within their scope of practice, consistent

with state law, regulation, and policy and delivered in accordance with the member's person-centered or family-centered care plan.

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
Mental Health Crisis Services	Crisis response services include crisis assessment, crisis intervention, crisis stabilization and community intervention	**Rehabilitative Services**: Supp 2 Attachment 3.1A/3.1B: page 5
Screening, Assessment, Diagnosis, and Risk Assessment Treatment Planning	Clinical Evaluations and Treatment Plan Development: Professional evaluations conducted to determine needs, strengths, levels of functioning, developmental level, functional behaviors, mental status, chemical dependency, social and/or life skills; to assess physical and/or mental disabilities; and develop the social history.	**Rehabilitative Services: Supp 2 Attachment 3.1A/3.1B: page 5b**
Outpatient Behavioral Health Services	Behavioral Health Services: Behavioral Health Services include any medical or remedial service recommended by a physician or licensed practitioner of the healing arts for the purpose of reducing physical or mental disability and restoration of a recipient to his/her best possible functional level. These services are designed for all individuals with conditions associated with mental illness and/or substance use disorders.	**Rehabilitative Services**: Supp 2 Attachment 3.1A/3.1B: page 5
Psychiatric Rehabilitation	Behavioral Health Services under the Rehabilitation option include any medical or remedial service recommended by a physician or other healthcare professional operating within their scope of practice, for the purpose of reducing physical or mental disability and restoration of a member to his/her best possible functional level. These services are designed for all individuals with conditions associated with mental illness and/or substance use disorder. The need for these services will be certified by a physician or other healthcare professional operating within their scope of practice. Services include: • Behavioral Health Services • Crisis Services	**Rehabilitative Services**: Supp 2 Attachment 3.1A/3.1B: pages 5.1 – 5.3; 5a- 5c

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
	• Rehabilitative Support Services: • Counseling • Behavioral Management Services • Basic Living Skills Development • Evaluations and Treatment Plan Development	
Care Management	Care Management is a medical or remedial service recommended by a physician or other healthcare professional operating within their scope of practice, for the purpose of reducing physical or mental disability and restoration of a member to his/her best possible functional level. The service engages CCBHC members with complex needs and their support systems, as appropriate, in collaborative activities designed to improve the individual's ability to manage physical, social, and/or behavioral health conditions more effectively.	Care Managers shall have appropriate training and supervision and meet one of the following qualifications: Care Manager I • Associate degree in a human services field or • High school diploma and two years' experience working in a behavioral health setting or as a certified peer support provider and • Completion of a state approved training that consists of core care management concepts; Works under the supervision of and receives regularly scheduled supervision from a Care Manager II with at least two years of full time similar experience in a

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
		behavioral health setting. Care Manager II • A psychologist with a masters' or doctoral degree from an accredited program • A licensed social worker • A licensed registered nurse • A master's or bachelor's degree granted by an accredited college or university in one of the following human services fields: • Psychology; • Criminal Justice; • Board of Regents with health specialization; • Recreational Therapy; • Political Science; • Nursing; • Sociology; • Social Work; • Counseling; • Teacher Education;

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
		• Behavioral Health; • Liberal Arts or other Degrees approved by the West Virginia Board of Social Work.

Peer Recovery Support Services	Peer recovery support services facilitate recovery from behavioral health conditions. Services are delivered pursuant to the person-centered care plan by trained and certified peers who have been successful in their own recovery process and can extend the reach of treatment beyond the clinical setting into a member's community and home environment to support and assist a member with staying engaged in the recovery process.
	
	Services include:
	• Advocacy and self-advocacy support for people in recovery
	• Sharing resources: Service includes leveraging the peer relationship to:
	  • Support individuals to acquire the resources, services, and supports they need to enhance their recovery;
	  • Assist individuals in investigating, selecting, and using resources and services;
	  • Support individuals in finding and using health services and supports
	• Skill-building: Service includes coaching, modeling, or providing information about skills that enhance recovery, including skills related to wellness and how to access treatment, and navigate systems of care.
	
	• Crisis support
		PRSS providers are employed by delivering services and receive supervision through a CCBHC.
		
		PRSS providers are in recovery and share common life experiences with the target population, have a high school diploma or equivalency. PRSS providers must have a state or nationally recognized peer certification or credential and/or training to provide these services, as defined by the West Virginia DoHS.
		
		PRSS providers are supervised by a competent behavioral health professional

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
	• Building community and relationships • Leading recovery groups • Mentoring and helping to identify and set goals	

Family Support Services (FSS)	FSS partner with individuals who have a family member experiencing significant behavioral health challenges.
	Services include:
	• Advocacy and self-advocacy support for individual families affected by behavioral health disorders
	• Sharing resources: Service includes leveraging the family peer relationship to:
	  • Support individuals to acquire the resources, services, and supports they need to enhance the recovery of their family member;
	  • Assist individuals in investigating, selecting, and using resources and services;
	  • Support individuals in finding and using services and supports
	• Skill-building: Service includes coaching, modeling, or providing information about skills that can enhance the recovery of their family member, including skills related to wellness and how to access treatment and navigate systems of care.
	• Crisis support
	• Building community and relationships
	• Leading family groups that provide information, education, and training
	• Mentoring and helping to identify and set goals
	The State assures that Family Support Services are for the direct benefit of the beneficiary, in accordance with
		FSS providers are employed by, deliver services, and receive supervision through a CCBHC.
		
		FSS providers share common life experiences with the target population, have a high school diploma or equivalent. FSS providers must have a state or nationally recognized family support/family peer certification or credential and/or training to provide these services, as defined by the West Virginia DoHS.

CCBHC Services Defined in WV Medicaid State Plan		
CCBHC Service	**Service Description**	**Provider Qualifications**
	the beneficiary's needs and treatment goals, and for the purpose of assisting in the beneficiary's recovery.	

Service Limitations

1. Services must be delivered in accordance with an individual's CCBHC person- and family-centered comprehensive treatment plan.
2. CCBHCs will not receive reimbursement for services that duplicate other services received by the member.

Certified Community Behavioral Health Clinic Services

CCBHC services include a comprehensive and integrated package of mental health and substance use disorder treatment services and supports.

The state reimburses CCBHC providers on a per visit basis using a provider-specific bundled daily payment rate. The bundled payment represents the daily cost of providing CCBHC services. A CCBHC provider receives payment for each day CCBHC services are provided to a Medicaid beneficiary. Payment is limited to one payment per day, per CCBHC, per beneficiary for each CCBHC visit. Visits eligible for reimbursement include days on which at least one CCBHC service is provided to a beneficiary.

The daily bundled rate for CCBHC services will be paid when a CCBHC program delivers at least one CCBHC bundled code, which includes one of the services specified in (1) and (2) below, and is reported for a date of service. While care coordination is a CCBHC service and its costs and visits are included in the calculation of the rate, it is not eligible to be reimbursed at the daily CCBHC bundled rate.

1. **CCBHC Rehabilitative Services** – The daily CCBHC bundled payment is inclusive of all CCBHC rehabilitative services described under the Rehabilitative Services benefit (§13.d.) in Supplement 2 to Attachment 3.1-A, pages 5 through 5.3, and pages 5a through 5.10.

2. **Other State Plan Covered Services** – The daily CCBHC bundled payment includes Physician Services, per Supplement 2 to Attachment 3.1A, 3.1B.

CCBHC Rate Methodology Effective October 1, 2024, the payment rate for CCBHC services is based on the total annual allowable CCBHC costs divided by the total annual number of CCBHC visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided per the DoHS, and other costs such as insurance or supplies needed to provide CCBHC services. Indirect costs include site and administrative costs associated with providing CCBHC services. For the purposes of calculating rates, visits include all visits for CCBHC services including both Medicaid and non-Medicaid visits. Allowable costs are identified pursuant to 2 CFR § 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards as implemented at 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

CCBHCs must provide data on costs and visits to the Bureau for Medical Services (BMS) (or its successor if the agency is renamed, merged or otherwise reorganized) annually using the OMB approved CMS

CCBHC cost report template. Annual CCBHC cost reports based on audited financials shall be submitted to BMS annually. Upon receipt from the CCBHC, the cost reports are reviewed by a Certified Public Accounting firm. Upon acceptance of the CCBHC cost reports from the accounting firm, BMS sets rates as noted in the sections below. With the exception of the first period, the rate year follows the calendar year.

Payments for CCBHC services will be made using the following rate methodology effective for dates of service on and after October 1, 2024.

Initial Payment Rates: The State will establish a provider-specific bundled daily payment rate using audited historical cost and visit information from the provider's most recent full fiscal year. This data will be filed in the OMB approved CCBHC cost report and be adjusted to include the expected cost of delivering CCBHC services. Estimates must include the expected cost of providing the full scope of CCBHC services and the expected number of visits for the rate period. The initial rates include expected costs and visits that are subject to review by a Certified Public Accounting firm and the State. The bundled daily rate is calculated by dividing the total annual allowable Medicaid and non-Medicaid expected costs of CCBHC services by the total annual number of expected CCBHC Medicaid and non-Medicaid visits. Initial payment rates are inflated using MEI from the cost report period to the rate year on a midyear to midyear basis.

The initial rates are effective on the Provider's certification date and ends on December 31st of the first full calendar year of participation as a CCBHC.

Rebasing and Inflation Adjustments: CCBHCs submit cost reports that are used to rebase their payment rates after the first full completed rate year, after the second full completed rate year, and every three years thereafter. These submitted cost reports result in rebased rates effective the beginning of the third full rate year for cost reports submitted after the first full completed rate year, the beginning of the fourth full rate year for cost reports submitted after the second full completed rate year, and the beginning of the seventh rate year and every three years thereafter for cost reports submitted for the fifth full rate year and every third full rate year thereafter. All rate periods after the initial rate period will follow the calendar year.

Rates are rebased by dividing the total annual allowable CCBHC costs from the CCBHC's most recent 12 month audited cost report by the total annual number of CCBHC Medicaid and non-Medicaid visits during that 12-month time period. The resulting rate is trended from the midpoint of the cost report period to the midpoint of the rate year using the Medicare Economic Index (MEI). Initial payment rates are rebased once the CCBHC submits the first audited cost report including a full year of actual cost and visit data for CCBHC services under the State Plan. If the Provider is initially certified midyear and the initial rate period is greater than 12 months, the months preceding the first full calendar year are not to be included in the cost report for rebasing. Rates are rebased using actual data on costs and visits and will be effective at the beginning of the calendar year following the CCBHC cost report submission.

Payment rates are updated between rebasing years by trending each provider-specific rate by the MEI for primary care services. Rates are trended from the midpoint of the previous calendar year to the midpoint of the following year using the MEI. With the exception of the first rate period which could exceed one year, all rate periods are for one year and will follow the calendar year. Rate rebases and any non- rebase period inflationary adjustments will be effective the following January for the corresponding calendar year.