

## **Table of Contents**

**State/Territory Name: West Virginia**

**State Plan Amendment (SPA) #: 24-0002**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

October 30, 2024

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

Re: West Virginia State Plan (SPA) 24-0002

Dear Commissioner Beane:


The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes to update the coverage limit for dental services for adults aged 21 and older for diagnostic, preventative, and restorative services, excluding cosmetic services.

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 440.100. This letter informs you that WV-24-0002 Medicaid was approved on October 29, 2024, with an effective date of July 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](mailto:Nicole.Guess@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sarah Young  
Riley Romeo  
Nora Dillard


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 2</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 <b>July 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <del>Title 19 of the Social Security Act</del> 1905 (a)(10) of the Act and 42 CFR 440.100	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 2 to Attachment 3.1A and 3.1B, Page 3aa.2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement 2 to Attachment 3.1A and 3.1B, Page 3aa.2	

9. SUBJECT OF AMENDMENT  
Changing the limit for adult dental services from \$1,000 per year for diagnostic, preventative, and restorative dental services, excluding cosmetic services to \$2,000 per two-year budget period. Members must pay for services over the \$2,000 limit.

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

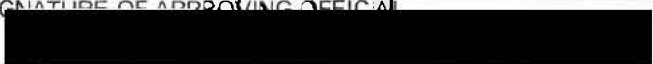
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301
12. TYPED NAME Cynthia Beane	
13. TITLE Commissioner, WV Bureau for Medical Services	
14. DATE SUBMITTED <b>7/22/2024</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>09/03/2024</u>	17. DATE APPROVED <b>10/29/2024</b>
--	--

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Box 5: State authorized pen and ink on 10/29/2024.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: West Virginia**

**Supplement 2 to Attachment 3.1A and 3.1B**

**Page 3aa.2**

---

**10. Dental Services**

Prior Authorization may be required for restorative/replacement procedures. Dental service limits provided under EPSDT can be exceeded based on medical necessity. Emergency, diagnostic, preventative, and restorative dental services (excluding cosmetic services) are covered for adults aged 21 and older. Diagnostic, preventative, and restorative dental services are limited to up to \$2,000 per two-year budget period. Members must pay for services over the \$2,000 limit. Services provided to West Virginia Medicaid members can only be billed up to the West Virginia Medicaid fee schedule, whether those services are billed to West Virginia Medicaid and/or the member. Any amount that is the member's responsibility must be explained to the member prior to beginning services.

TN No.: 24-0002	Approval	Effective Date:
Supersedes: 21-0001	10/29/2024	07/01/2024