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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 24-0007-A

This file contains the following documents in the order listed:

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

WV - Submission Package - WV2024MS0004O - (WV-24-0007-A) - Health Homes

Summary

Reviewable Units

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Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 E. 12th St., Room 355 Kansas City, MO 64106



Center for Medicaid & CHIP Services

October 08, 2024

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

Re: Approval of State Plan Amendment WV-24-0007-A Statewide Bipolar and at risk of Hep B & C

Dear Cynthia Beane,

On September 06, 2024, the Centers for Medicare and Medicaid Services (CMS) received West Virginia State Plan Amendment (SPA) WV-24-0007-A for Statewide Bipolar and at risk of Hep B & C to terminate the West Virginia Health Homes program statewide.

We approve West Virginia State Plan Amendment (SPA) WV-24-0007-A with an effective date(s) July 01, 2024.

If you have any questions regarding this amendment, please contact Nicole Guess at nicole.guess@cms.hhs.gov.

Sincerely,

James G. Scott, Director

Division of Program Operations

Center for Medicaid & CHIP Services

WV - Submission Package - WV2024MS0004O - (WV-24-0007-A) - Health Homes

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SPA ID WV-24-0007-A

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS00040 | WV-24-0007-A | Statewide Bipolar and at risk of Hep B & C

CMS-10434 OMB 0938-1188

Package Header

Package ID WV2024MS0004O

Submission Type Official Initial Submission Date 9/6/2024

Approval Date 10/08/2024 Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: West Virginia Medicaid Agency Name: WV Bureau for Medical Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS0004O | WV-24-0007-A | Statewide Bipolar and at risk of Hep B & C

Package Header

Package ID WV2024MS0004O

Submission Type Official

Approval Date 10/08/2024

Superseded SPA ID N/A

SPA ID WV-24-0007-A

Initial Submission Date 9/6/2024

Effective Date N/A

SPA ID and Effective Date

SPA ID WV-24-0007-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	7/1/2024	WV-16-0007

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS0004O | WV-24-0007-A | Statewide Bipolar and at risk of Hep B & C

Package Header

Package ID WV2024MS0004O

SPA ID WV-24-0007-A

Submission Type Official

Initial Submission Date 9/6/2024

Approval Date 10/08/2024

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including This State Plan Amendment is to terminate the WV Health Homes program statewide. **Goals and Objectives**

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
No items available			

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS00040 | WV-24-0007-A | Statewide Bipolar and at risk of Hep B & C

Package Header

Package ID WV2024MS0004O

SPA ID WV-24-0007-A

Submission Type Official

Superseded SPA ID N/A

Initial Submission Date 9/6/2024

Approval Date 10/08/2024

Effective Date N/A

Governor's Office Review

No comment

Comments received

No response within 45 days

Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instruction data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Records / Submission Packages - View All

WV - Submission Package - WV2024MS0004O - (WV-24-0007-A) - Health Homes

Summary

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Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | WV2024MS00040 | WV-24-0007-A | Statewide Bipolar and at risk of Hep B & C

CMS-10434 OMB 0938-1188

Package Header

Package ID WV2024MS0004O

SPA ID WV-24-0007-A

Submission Type Official

Initial Submission Date 9/6/2024

Approval Date 10/08/2024

Effective Date 7/1/2024

Superseded SPA ID WV-16-0007

Jser-Entered

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination

The Health Home Program is being terminated due to budgetary constraints.

Describe the overall approach the state will use to terminating the program

In order to effectively discontinue the programs, the following items were considered and will be addressed:

- * This SPA was presented at the Medical Services Fund Advisory Committee meeting on March 29, 2024.
- * The Utilization Management vendor that facilitates the approval of Providers and Members was notified on March 12, 2024. Written confirmation was sent to the vendor on May 15, 2024 regarding the termination of the program and any necessary updates to their contract.
- * The last day to enroll a member or provider in the program was April 30, 2024.
- * The Health Home Provider community at large was notified on March 27, 2024 at the Provider Quarterly Meeting.
- * A follow-up letter was sent to all previously approved Health Home providers by April 15, 2024 regarding the termination of the programs and the closure of HCPCS S0281 (Medical Home Program).
- * The Spring Provider Workshop presentation included a slide regarding the termination of this program. The workshops were held April 16 25, 2024.
- * The current Member population was notified by letter on April 15, 2024.

This program is not tied to eligibility and will not affect Medicaid coverage for members. There are no changes to the member benefits/services available. This will close HCPCS S0281 (Medical Home Program). MCO Members will continue care coordination through their MCO. The Managed Care Organizations will be notified that these programs are ending so that they can identify members who may need additional outreach and care coordination.

- * The online Provider Manual policy found at https://dhhr.wv.gov/bms/WV%20Health%20Homes/Pages/default.aspx will remain viewable on the manual page but was updated on May 1, 2024 with a statement regarding program termination date of July 1, 2024. The policy will later move to the online archive manual on June 30, 2025.
- * A Change Request was added to the MMIS for the closure of the administrative code (S0281) on May 1, 2024 to deny claims submitted with a date of service on or after July 1, 2024.
- * Public Notice of program termination was added to Health Home web page on April 15, 2024 with a copy of member notification letter.
- * Public Notice was added to the BMS Website in the "news and announcements" section no later than May 1, 2024.

Indicate method of termination

Termination effective date

The state will terminate all participants from the Health Homes Program on the same date.

7/1/2024

The state will phase-out the termination of participation in the Health Homes Program

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

This program is not tied to eligibility and will not affect Medicaid coverage for members. There are no changes to the member benefits/services available. This will close HCPCS S0281 (Medical Home Program).

The Managed Care Organizations (MCOs) were notified that these programs are ending so that they can identify members who may need additional outreach and care coordination. MCO members will continue to receive care coordination through their MCO.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80

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