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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 24-0012

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

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WV - Submission Package - WV2024MS0006O - (WV-24-0012) - Administration

Summary F

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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

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Medicaid & CHIP Services

November 14, 2024

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

Re: Approval of State Plan Amendment WV-24-0012 -Mandatory Core Set Reporting

Dear Cynthia Beane,

On October 01, 2024, the Centers for Medicare and Medicaid Services (CMS) received West Virginia State Plan Amendment (SPA) WV-24-0012 to comply with the mandatory core set reporting for adult and child core sets.

We approve West Virginia State Plan Amendment (SPA) WV-24-0012 with an effective date(s) of December 31, 2024.

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

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WV2024MS0006O | WV-24-0012

CMS-10434 OMB 0938-1188

Package Header

Package ID WV2024MS00060 Submission Type Official Approval Date 11/14/2024 Superseded SPA ID N/A

SPA ID WV-24-0012 Initial Submission Date 10/1/2024 Effective Date 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 | Administration | WV2024MS00060 | WV-24-0012

Package Header

Package ID	WV2024MS0006O	SPA ID	WV-24-0012
Submission Type	Official	Initial Submission Date	10/1/2024
Approval Date	11/14/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WV-24-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WV2024MS0006O | WV-24-0012

Package Header

Package ID	WV2024MS0006O	SPA ID	WV-24-0012
Submission Type	Official	Initial Submission Date	10/1/2024
Approval Date	11/14/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description IncludingUpdate State Plan Amendment to comply with Centers for Medicare & Medicaid Services Mandatory Medicaid and
Children's Health Insurance Program (CHIP) Core Set Reporting requirements by 31 December 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

Centers for Medicare & Medicaid Services Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule (88 FR 60278) (final rule).

Supporting documentation of budget impact is uploaded (optional).

Name Date Created

No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WV2024MS0006O | WV-24-0012

Package Header

Package ID WV2024MS00060

Submission Type Official

Approval Date 11/14/2024

Superseded SPA ID N/A

Governor's Office Review

No comment

Comments received

No response within 45 days

Other

 SPA ID
 WV-24-0012

 Initial Submission Date
 10/1/2024

 Effective Date
 N/A

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 used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance 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 collection is estimated to range from 1 hour to 80 hours per forse forms (see below), including the time to review instructions, search existing 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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Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | WV2024MS0006O | WV-24-0012

CMS-10434 OMB 0938-1188

Package Header

Package ID	WV2024MS0006O	SPA ID	WV-24-0012
Submission Type	Official	Initial Submission Date	10/1/2024
Approval Date	11/14/2024	Effective Date	12/31/2024
Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

I. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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 used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance 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 collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing 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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