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State Name: West Virginia

State Plan Amendment (SPA) #: 09-08

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SEP 03 2010

Ms. Nancy V. Atkins
Commissioner
Bureau for Medical Services
Department of Health and Human Resources
350 Capitol Street, Suite 251
Charleston, West Virginia 25301-3706

Dear Ms. Atkins:

We are pleased to inform you of the approval of West Virginia's Medicaid State Plan Amendment (SPA) 09-08. This SPA specifies that personal care services may be provided in the home as well as in community settings. The effective date of this SPA is October 1, 2009.

Enclosed is a copy of the approved SPA and the CMS-179 form. If you have any questions, please contact Donna Fischer of my staff at (215) 861-4221.

Sincerely,

/S/

Ted Gallagher
Associate Regional Administrator

Enclosures

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: 0 9 - 0 8 | 2. STATE: West Virginia |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE 1-Oct-09 | |
| 5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167 | | 7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ Budget Neutral b. FFY _____ \$ _____ Budget Neutral | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Revised Pages are: Attachment 3.1-B, Page 9 page 9 Attachment 3.1-A, Page 10 + 9 Attachments 3.1-A and 3.1-B, Page 13 + 14 Attachment 4.19-B, Page 15 | | 9. ATTACHMENT (If Applicable) 066560-ATTACHMENTS Revised Pages are: 3-1A P5 9 + 3-1B P5 89 Attachment 3.1-B, Page 9 page 9 Attachment 3.1-A, Page 10 + 9 Attachments 3.1-A and 3.1-B, Page 13 + 14 Attachment 4.19-B, Page 15 | |
| 10. SUBJECT OF AMENDMENT: The purpose and rationale for this plan amendment is to provide personal care services not only in the home but also in the community and to delete and/or revise out-dated plan language. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>MS</i> | | 16 RETURN TO: Bureau for Medical Services 350 Capitol Street, Room 251 Charleston, West Virginia 25301 | |
| 13. TYPED NAME: Mary M. Jordan | | | |
| 14. TITLE: Interim Commissioner | | | |
| 15. DATE SUBMITTED: 12/29/09 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED 12/29/09 | | 18. DATE APPROVED SEP 03 2010 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2009 | | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>MS</i> | |
| 21. TYPED NAME: TED GALLAGHER | | 22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO | |
| 23. REMARKS: | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Revision: HCFA-PM-94-9 (MB) December 1994

Attachments 3.1-B

Page 9

PERSONAL CARE

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individuals family, and (C) furnished in a home or a community setting.

| | | | |
|-------|---------------|----------|-----------------------------------------------------------|
| _____ | Provided: | _____ | State Approved (Not Physician) Service Plan Allowed |
| | | <u>X</u> | Services Outside the Home Also Allowed (with limitations) |
| | | <u>X</u> | Limitations Described on Attachment |
| _____ | Not Provided: | | |

TN No: 09-08
Supersedes: 01-17

Approval Date: SEP 03 2010

Effective Date: 1 Oct 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 3.1-A

Page 9

PERSONAL CARE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY.

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

- Provided
- No Limitations
- With Limitations*
- Not Provided

b. Services of Christian Science nurses.

- Provided
- No Limitations
- With Limitations
- Not Provided

c. Care and services provided in Christian Science sanatoria.

- Provided
- No Limitations
- With Limitations
- Not Provided

d. Nursing facility services for patients under 21 years of age.

- Provided
- No Limitations
- With Limitations*
- Not Provided

e. Emergency hospital services.

- Provided
- No Limitations
- With Limitations*
- Not Provided

* Description provided on attachment.

TN No: 09-08

Approval Date: SEP 03 2010

Effective Date: 1 Oct 2009

Supersedes: 93-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to
Attachments 3.1-A and 3.1-B

Page 13

PERSONAL CARE

- 24. a. **Transportation**
Prior authorization may be required for transportation by ambulance, common carrier or other appropriate means.
- d. **Nursing Facility Services Under 21 Years**
Precertification required prior to authorization of benefits.
- e. **Emergency Hospital Services**
Limited to Medicare deductible

26. **Personal Care Services**

Personal care services are available to assist an eligible individual to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in the individual's home or community. The following family relationships, spouse of a member or parents of a minor child, are excluded from providing personal care services for reimbursement by Medicaid.

Personal care services are services provided in the recipient's home or in the community. Personal care services in the form of assistance with ADLs and IADLs also are available outside the home to eligible disabled individuals who require assistance to obtain and retain competitive employment of at least 40 hours a month. Assistance outside the home may be provided as necessary to assist the individual to and from work, at the work site and in locations for obtaining employment such as employment agencies, human resources offices, accommodation preparation appointments and job interview sites. Personal care services provided outside the home to individuals, for other than employment, may not exceed twenty (20) hours per month. A registered nurse currently licensed in West Virginia provides supervision of direct-care staff and develops the plan of care. All direct-care staff must be certified by an approved training program. Direct-care staff must receive basic training of at least eight (8) hours prior to rendering care. Curricula topics must include CPR, First Aide, Abuse, Neglect and Exploitation topics, Within twelve (12) months of the beginning date of employment, these individuals must receive at least twenty-four (24) hours of additional training. All direct-care staff must have initial and continuing approved training. See Personal Care Services Manual, 517 at: www.wvdhhr.org then medical services/Manual.

Initial determination of need criteria for personal care services shall be based on the West Virginia Department of Health and Human Resources Pre-Admission Screening for Nursing Facility and Community Based Services. The Pre-Admission screen must be signed by a physician indicating level of care required and be accompanied by a registered nurse's plan of care. A personal care nursing assessment must be completed at least once every six months.

For individuals receiving personal care services on an on-going basis, recertification through completion of the screen requiring physician authorization and signature must be completed at least annually.

Personal care services are limited on a per unit, per month basis (15 minutes per unit) with all services subject to prior authorization. Individuals can receive up to a maximum of 840 units (210 hours) each month.

No: 09-08
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