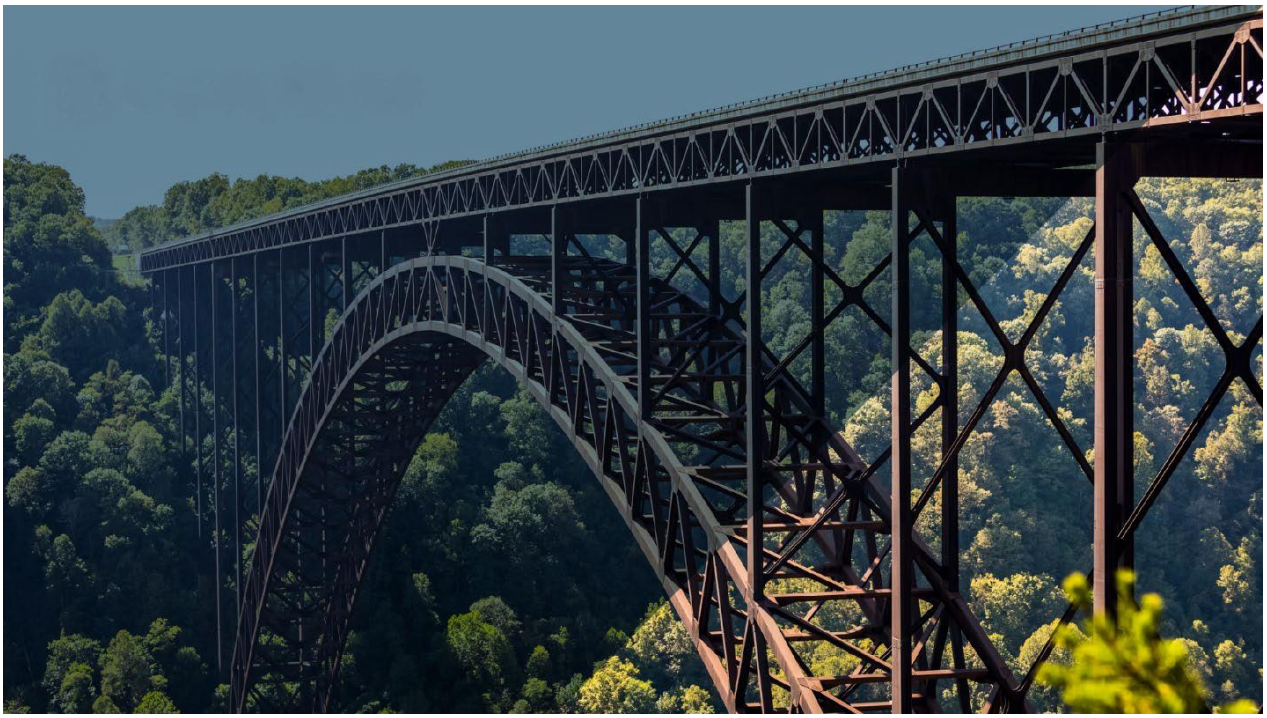

State of West Virginia

Department of Health and Human Resources
Bureau for Medical Services

Quarterly Spending Plan and Narrative for Implementation of the American Rescue Plan Act of 2021, Section 9817

Additional Support for Medicaid Home and Community-Based Services During the COVID-19 Emergency

Submitted
January 13, 2023

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Quarterly Update to State Spending Plan for Implementation of American Rescue Plan Act

Contents

Quarterly Update to State Spending Plan for Implementation of American Rescue Plan Act

Letter from the West Virginia State Medicaid Director

January 13., 2023.

Jennifer Bowdoin
Director, Division of Community Systems Transformation
Center for Medicaid & CHIP Services
7500 Security Blvd
Baltimore, MD 21244

Dear Director Bowdoin:

The State of West Virginia .(State) is pleased to submit the enclosed Quarterly Spending Plan and Narrative as required to update CMS on the State's efforts to enhance, expand, and strengthen Medicaid home and community-based services (HCBS) using a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS under Section 9817 of the American Rescue Plan Act of 2021 (ARP).

Based on the guidance provided by CMS in the "Helpful Tips" document dated February 2022 and revised in June 2022, the Quarterly Spending Plan It's provided as a separate. Excel workbook, and updates to the narrative are highlighted. The state understands the spending plan is now a Samuel annual update, and it's submitting this quarterly update to meet the semiannual update requirement.

The updates to the Quarterly Spending Plan and Narrative demonstrate the State's commitment to enhance, expand, and strengthen HCBS under the Medicaid program using increased FMAP funds pursuant to ARP section 9817. The increased FMAP allowable by the ARP allows a wide array of opportunities for HCBS improvements. The Q3 2023 Spending Narrative covers updates from the prior quarter and plans for Q3 2023.

As described in the Initial Spending Plan, the ARP permits a wide array of allowable spend options. Coupled with a multiyear allowable spending period, this opportunity offers the State a

unique opportunity for HCBS program enhancements and capacity building. The increased FMAP will contribute to providing additional and improved services to members of the State's Medicaid program. The enhanced funding provides the State with the opportunity to design, gather input, and implement short-term activities to strengthen the HCBS system in response to the COVID-19 public health emergency (PHE), as well as longer-term strategies that enhance and expand the HCBS system and sustain effective programs and services.

To achieve these objectives, the State previously outlined three primary areas of enhanced support for HCBS:

1. Sustainability of the Direct-Care Workforce
2. Enhancing and Strengthening the HCBS Service Array
3. Supportive Health Information Technology (HIT)

Through the investments outlined within this Quarterly Spending Plan and Narrative, the State wishes to confirm the following assurances:

I. The State is using the federal funds attributable to the increased FMAP to supplement and not supplant existing State funds expended for Medicaid HCBS in effect as of April 1, 2021.

II. The State is using the State funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

III. The State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

IV. The State is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021.

V. The State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

The State's activities to enhance, expand, or strengthen HCBS under ARP section 9817:

- Are focused on services listed in Appendix B
- Do not focus on services delivered in Institutions for Mental Diseases (IMDs) or other institutional settings, providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional settings
- Do not include room and board
- Do not include activities other than those listed in Appendices C and D

- Do not pay for capital investments or ongoing internet connectivity costs

The State has designated a point of contact, Randall Hill, Director of HCBS, who continues to work closely with state agencies and stakeholders in the implementation of these funds. Mr. Hill will also help ensure that future Quarterly Spending Plans and Narratives are provided along with any associated reporting. Please contact him at redacted content with any additional questions.

Sincerely,

Cynthia Beane, LCSW
Commissioner
State of West Virginia, Bureau for Medical Services

Quarterly HCBS Spending Narrative

January 13, 2023 Update: The Bureau for Medical Services (BMS) implemented temporary rate increases for its state fiscal year (SFY) 2023 in October 2022. The behavioral health and personal care service rate increases are retroactive to July 1, 2022, and end March 31, 2023. Aged and disabled waiver (ADW). Traumatic brain injury waiver (TBIW), Intellectual and Developmental disabilities waiver (IDDW), and children with Serious Emotional Disorder Waiver (CSEDW) rate increases are retroactive to July 1st, 2022, and end June 30, 2023. BMS is finalizing an Appendix K for the ADW, TBIW, IDDW and CSCDW rate increases and a disaster State Plan Amendment (SPA) for the behavioral health and personal service rate increases. Through these temporary rate increases, BMS anticipates a positive impact on providers retaining and onboarding staff to meet waiver service utilization.

BMS is expanding its efforts to sustain the direct care workforce by having a master trainer record the Person-Centered Trauma-Informed Care (PCTIC) training for the Learning Management Systems (LMS) so that additional direct care workers may be trained by the master trainer. Additionally, funding will be directed to the mission of the WV Director Task Force (DCT) to support their efforts, including but not limited to planning and improving the direct care workforce supporting the aging, physically disabled, and intellectual and developmental disability populations. The task force is focused on workforce recruitment and retention, compensation, education and training, and job design improvement.

October 18, 2022, Update: Due to ongoing workforce crisis factors such low recruitment and retention rates, the Bureau for Medical Services (BMS) decided to instate temporary rate increases for another year effective retroactive to July 1, 2022 and continuing through July 30, 2023. These workforce capacity challenges prevent providers from retaining and onboarding enough staff to meet waiver service utilization rates. By realigning ARP funds to additional rate increases, BMS anticipates a positive impact on the workforce crisis. To implement rate increases, BMS is submitting a revised spending plan with this quarterly report to request CMS approval for reallocation of ARP funds to support additional and extended rate increases. BMS will submit Appendix K amendments and a disaster SPA to gain approval for provider rate increases. BMS will require providers to attest that 85% of the rate increase will be passed on to workers in the form of wages, bonuses, or other retention strategies. The State does not intend to use ARP section 9817 funding to pay for any services other than those listed in Appendix B or that could be listed in Appendix B for individuals who are Medicaid-eligible prior to HCBS waiver enrollment, or any institutional services for individuals who become newly eligible because of this activity. Private duty nursing will not be included in the extended rate increases. BMS anticipates no reduction in services stemming from this spending plan modification. In fact, BMS is identifying other funding sources that may be used for projects like the Certified Community Behavioral Health Clinics (CCBHC) project.

July 18, 2022, Update: Completion date of projects scheduled for March 31, 2024, have been updated to March 31, 2025, based on the June 2022 "Helpful Tips" guidance from CMS. This update also provides updates on project status and planned activities. The State continues to experience a severe workforce shortage. To help mitigate this trend and continue to strengthen and enhance HCBS, BMS is reviewing ARP section 9817 spending to date and remaining funds and considering reallocating funds to support additional provider rate increases. The new provider rate increases would be for currently approved HCBS waiver services and services included in Appendices B, C, and D, as well as mileage rate increases. If BMS decides to move forward with these further rate increases, BMS will use Appendix K authority to request CMS approval and will use the next Quarterly Spending Narrative to describe the new initiatives.

April 18, 2022, Update: This update addresses CMS questions provided to BMS on February 14, 2022 and provides additional information about each project as requested in the "Helpful Tips" guidance, as well as updates on project progress and planned activities.

February 1, 2022, Update: With this update, BMS modified its HCBS Spending Plan to reflect the allowable 50/50 administrative Federal Financial Participation (FFP) match rate for the projects that do not qualify for enhanced match. The change in match rate for these projects results in the need for BMS to shift $53 million in projected Year 1 (April 1, 2021 - March 31, 2022) expenditures across non-services projects. These projects will move to Year 2 (April 1, 2022 - March 31, 2023). In addition, BMS reduced one project by $5 million and removed one project with a planned expenditure of $2 million. As shown in Table 1 in the HCBS Spending Plan Projection, the State projected the federal match amount to be $77,854,800, a change from the $69,143,000 projected in the quarterly update submitted in October. BMS continues to analyze funding allocations and will report further changes in its next quarterly update.

Strategic Area 1: Sustainability of the Direct-Care Workforce

Building and helping to maintain a high-quality workforce to enable HCBS

The direct-care workforce is the mainstay of the HCBS system. However, West Virginia, like many other states, has been experiencing difficulty with workforce capacity in human services. Pre-COVID-19 workforce shortages have been further exacerbated by the PHE and the increase in demand for HCBS. With increasing salaries in retail and other competing employment sectors, the State's human services providers have experienced increasing difficulty in hiring and retaining quality staff. Investments in the workforce to expand recruitment and improve retention will bolster both provider capacity and members' quality of care. BMS will emphasize rural provider sustainability to help ensure access to care across the State.

1.1 Workforce Development and Training Through West Virginia University (WVU)

Objective: Access to HCBS through a robust workforce of direct-care providers.
Goal(s): Recruitment and retention of an expanded direct-care workforce.
Estimated Investment: $5 million, $ 3.6 million projected for Year 2

Estimated Implementation Start Date: Year 1
Planned Completion Date: One-time, ending on or before March 31, 2025
Medicaid Authorities for Changes: None required

Report update for Q3 2023: West Virginia University (WVU) is recording PCTIC training to be hosted on the Department of Health and Human Services (DHHS) LMS. Additionally, $4 million will be directed to the mission of the WV Direct Care Task Force (DCT) to support their efforts, including but not limited to, planning and improving the direct care workforce supporting the aging, physically disabled and intellectual and developmental disability populations. The task force is focused on workforce recruitment and retention, compensation, education and training, and job design improvement.

Report Update for Q2 2023: Training will be underway in Q2 2023.
Report Update for Quarter Beginning October 1, 2022: Training planning is underway.
Report Update for Quarter Beginning July 1, 2022: WVU will be leading implementation of this project; funding will not be provided to Marshall University.
Report Update for Quarter Beginning April 1, 2022: The implementation date for these activities is being shifted to Project Year 2. BMS is working closely with WVU and Marshall University to finalize and execute the grant agreements and statements of work to implement the workforce development and training initiatives. The total amount planned for this project is being reduced from $10 million to $5 million.

Initial Spending Narrative Description: Workforce development is fundamental to the State's efforts and is designed to improve the behavioral health of individuals, families, and communities by helping ensure that there is a workforce of appropriate size, composition, and competency to address mental health- and substance-use related needs in the State. Workforce development activities include sponsorship of psychiatric residencies, psychiatric adolescent fellowships, Substance Use Disorder (SUD) residencies, and fellowships. Incentives are designed for candidates to move to the State to provide professional mental health services in rural communities. In addition, this effort is intended to foster a competency-based curriculum and training for the direct-care in-home workforce, as well as training opportunities on evidence-based practices to help assure the workforce has the tools needed to support their practice.

The State intends to expand support to the provider community to improve capability in attracting new employees and onboarding them as quickly as possible and maintaining current direct-care workers by providing training support.

For direct-care staff working with vulnerable adults, providers in the State have found it difficult to hire and retain staff with training in safely administering medications, crisis prevention, and intervention and behavioral health support skills. In addition, the State needs direct-care workers who complete training to become certified nursing assistants, as they have additional competencies that help them serve vulnerable adults with physical challenges. Further, stakeholders have shared that it is difficult to find and hire direct-care workers certified in applied behavioral analysis, which is an evidence-based approach for helping children with autism and similar challenges in functioning to learn skills for self-regulation of behaviors. Providers have also requested technical assistance and training in evidence-based approaches to working with client populations.

The State is planning to have training developed for all providers to support a greater understanding of how to provide trauma-informed care when incidents occur or when members come to treatment with existing trauma that impacts their functioning. In addition, the State plans to provide training to first responders and other public servants (such as judges and attorneys) who frequently meet State Medicaid members to facilitate awareness of behavioral health and substance abuse conditions and assist them in developing skills to appropriately de-escalate individuals in crisis and provide referrals to services.

During the COVID-19 PHE, the State understands that providers need more support and training on creating plans for emergency preparedness when a disaster or other incident disrupts the daily operations of human services. ARP funding will be used to develop training and tools for providers to create actionable plans to serve their clients in emergencies.

The State also has had a severe lack of providers in-state able to treat eating disorders. In addition, there are limited providers able to treat adolescent sexual abuse victims, including those who have acted out sexually or committed offenses against others. The ARP HCBS funds are critical to support this training so that members in need of these services do not need to travel out of state for treatment.

The State also plans to provide a path to training and counseling services for unpaid caregivers and family members who are helping to provide informal supports for waiver members. Also, the State will provide training on how to assist family members with their children's specific behavioral health needs and training for additional respite providers for those families. To further support these families and members seeking to direct their own services, the State will

provide self-direction training for case managers and institute training in quality improvement for members who self- direct.

1.2 Loan Repayment Grants through the Bureau for Behavioral Health (BBH)

Objective: Recruitment and retention of a behavioral health workforce.
Goal(s): Increased numbers of providers and availability of providers statewide.
Estimated Investment (Content has been struck through): ~~$897 K. These projects and cost allocations will be revised once reinvestment funding has been fully established~~.

Estimated Implementation Start Date: Year 2
Planned Completion Date: One-time, ending on or before March 31, 2025
Medicaid Authorities for Changes: None required

Report Update for Q3 2023: BMS will assess funding options for this project once it gains approval from CMS for the additional rate increases.
Report Update for Q2 2023: BMS will assess funding options for this project once it gains approval from CMS for the additional rate increases.
Report Update for Quarter Beginning October 1, 2022: No update.
Report Update for Quarter Beginning July 1, 2022: No update.
Report Update for Quarter Beginning April 1, 2022: The implementation date for this project is being shifted to Project Year 2. BMS is actively engaged with BBH in implementation planning.

Initial Spending Narrative Description: To best serve Medicaid members, the State intends to develop a transformative HCBS system. Ideally, such a system would be affordable, efficient, and provide members with the choice and access to the resources and care they need to live and thrive in their homes and communities. To accomplish this, an appropriate workforce consisting of behavioral health professionals must be cultivated and strengthened. As part of this effort, the State anticipates using a portion of ARP funding to support student loan repayment.

The loan repayment program offers loan repayment assistance to mental healthcare professionals who agree to practice in a community behavioral or SUD field in the State. Applicants must agree to a minimum two-year service contract. Funding allows the State to retain licensed mental health professionals practicing in underserved communities. As mental health needs are acute, particularly in isolated and rural areas, supporting a provider base in these areas strengthens West Virginians' access to the services they need.

Strategic Area 2: Enhancing and Strengthening the HCBS Service Array

Improved Availability of HCBS Through Increased Rates and Increases to Capacity

The COVID-19 PHE has had a disproportionate impact on individuals residing in congregate care settings. While BMS understands that ARP funding may not be used for nursing facilities, BMS will use a portion of the funding to improve and incentivize community-based care settings. In the first year, 85% of funding will go to direct-care worker incentives, including, but not limited to, retention bonuses, hiring bonuses, increased benefit packages, and other inducements. With that in mind, the State plans to expand on the post-COVID-19 transition of members from non-HCBS settings into the community and shift children residing in larger child residential institutions to community-based settings. The State also plans to add and expand services to some of the HCBS waivers to help members stay in their homes and with their families. These services include coverage for home and vehicle accessible adaptations, adult-day health services for adults with physical disabilities, and additional support for individuals with autism and similar needs. Specific areas of rate and capacity increases are described below.

2.1 Intellectual and Developmental Disabilities Waiver (IDDW)

Objective: Increased waiver slots and provider inducements.
Goal(s): Increased access to IDDW Services
Estimated Investment: $104 million, $116 million projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increases in the number of waiver slots and provider rates are permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Changes: Section 191S(c); Appendix K disaster authority was used to initiate this project during the PHE. CMS approved a waiver amendment to make the changes permanent. Another Appendix K submission will be used to provide authority for the new temporary rate increase. The IDDW population is covered by fee-for-service (FFS) Medicaid, so these changes will be made to the FFS delivery system.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.

Report Update for Q2 2023: BMS is submitting a revised Appendix K that will include a 50% rate increase for the following services: In-Home Respite, Crisis Site personal care services (PCS), Licensed Group Home PCS, Home-Based PCS, and Unlicensed Residential PCS. The rate increases will be retroactive to July 1, 2022 and continue through June 30, 2023.

Report Update for Quarter Beginning October 1, 2022: CMS approved the waiver amendment to increase slots and provider rates in July.
Report Update for Quarter Beginning July 1, 2022: A waiver amendment is expected to be submitted to CMS during this quarter. Retroactive payments at the higher rate increase ended March 31, 2022, as planned, and the 5% rate increase started April 1, 2022.
February 14, 2022, letter from CMS: Only currently approved 1915(c) waiver services will be paid for with the ARP section 9817 funding.
Report Update for Quarter Beginning April 1, 2022: As planned, BMS has released an additional 50 waiver slots and is on track to add the additional 100 slots in April 2022. In addition, the planned rate increases have been implemented as of April 2021.

Initial Spending Narrative Description: The IDDW is a 1915(c) waiver program that reimburses for services to instruct, train, support, supervise, and assist individuals who have intellectual and/or developmental disabilities in achieving the highest level of independence and self-sufficiency possible. In Year 1, from April 2021 to March 2022, the State intends to add an additional 50 slots to the IDDW to increase capacity. In addition to the slot increase, the State plans to increase IDDW rates by 50%, with the understanding that the increase will be passed on to direct-care workers in the form of incentives, which may include retention bonuses, increased wages, hiring bonuses, increased benefit packages, and other inducements. Beginning in Year 2, from April 2022 forward, the number of additional slots will rise to 100, and the increased IDDW rates will continue at 5%.

2.2 Aged and Disabled Waiver (ADW)

Objective: Increased waiver slots and provider inducements.
Goal(s): Increased access to ADW services.
Estimated Investment: $75 million, $54 million projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increases in the number of waiver slots and provider rates are permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Changes: Section 1915(c); Appendix K disaster authority was used to initiate this project during the PHE. CMS approved a waiver amendment to make the changes permanent. Another Appendix K submission will be used to provide authority for the new temporary rate increase. The ADW population is covered by FFS Medicaid, so these changes will be made to the FFS delivery system.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.
Report Update for Q2 2023: (1) BMS is submitting a revised Appendix K that will include a 50% rate increase for the following services: Personal Attendant - Traditional and Personal Attendant Worker In-Home Worker - Traditional. Rate increases will be retroactive to July 1,

2022 and continue through July 30, 2023. (2) An ADW amendment to add Environmental Accessibility Adaptation (EAA) and Adult Day Health Care (ADHC) services is in progress.
Report Update for Quarter Beginning October 1, 2022: CMS approved the waiver amendment to increase slots and provider rates July 2022. A separate waiver amendment to add EAA services and ADHC services is in progress, with a planned effective date of January 1, 2023.
Report Update for Quarter Beginning July 1, 2022: A waiver amendment is expected to be submitted to CMS during this quarter. Retroactive payments at the higher rate increase ended March 31, 2022, as planned, and the 5% rate increase started April 1, 2022. The addition of EAA services addresses the social determinant of health of housing. **Update based on February 14, 2022, letter from CMS:** Only currently approved 1915(c) waiver services will be paid for with the ARP section 9817 funding.
Report Update for Quarter Beginning April 1, 2022: As planned, BMS has been releasing additional waiver slots weekly; additional slots are available if needed. In addition, the planned rate increases have been implemented as of April 2021. An amendment to the 1915(c) waiver is being drafted to allow the planned new EAA-Home and ADHC services.

Initial Spending Narrative Description: The ADW is a 1915(c) waiver program that allows individuals who are aged, blind, or disabled to remain in their homes as an alternative to nursing facility placement. The State intends to add an additional 300 slots to the ADW to increase capacity. In addition to the growth, for Year 1, from April 2021 to March 2022, the State plans to increase ADW rates by 50%, with the understanding that the increase will be passed on to direct-care workers in the form of incentives that may include a raise in wages as well as such inducements as retention and hiring bonuses or increased benefit packages. Starting in Year 2, from April 2022 forward, the increased ADW rates will continue at 5%. In addition, To assist with the relocation of members into their homes and communities, the State plans to add two services to the program.

The first of the two services are EAA services. EAA-Home services are physical adaptations to the private residence of the member or the member's family home that maximize the member's physical accessibility to the home and within the home. Additionally, these adaptations enable the member to function with greater independence in the home and reduce the need for the member to move to a more restrictive institutional facility.

The second service, ADHC, will provide members with more options to receive services that improve or maintain their health and functioning, as well as increased access to their community and social activities. Unlike social adult day care programs, ADHC programs offer medical services and physical, occupational, and speech therapy. They are staffed with a registered nurse and other health professionals who can assess members' conditions, assist with medication administration, and support other medical needs of members. ADHC services also allow family caregivers a regular means to continue to work outside the home while

receiving help with the care of a loved one or a periodic break (respite) in which to attend to personal needs.

2.3 Traumatic Brain Injury Waiver (TBIW)

Objective: Increased waiver provider inducements.
Goal(s): Increased access to TBIW services.
Estimated Investment: $1.6 million, $528 thousand projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increases in the number of waiver slots and provider rates are permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Changes: Section 191S(c); Appendix K disaster authority was used to initiate this project during the PHE. CMS approved a waiver amendment to make the changes permanent. Another Appendix K submission will be used to provide authority for the new temporary rate increase. The TBIW population is covered by FFS Medicaid, so these changes will be made to the FFS delivery system.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.
Report Update for Q2 2023: (1) BMS is submitting a revised Appendix K that will include a 50% rate increase for the following services: Personal Attendant - Traditional and Personal Attendant Worker In-Home Worker - Traditional. Rate increases will be retroactive to July 1, 2022 and continue through June 30, 2023. (2) A TBIW amendment to add EAA services is in progress.
Report Update for Quarter Beginning October 1, 2022: CMS approved the waiver amendment to increase slots and provider rates July 2022. A separate waiver amendment to add EAA services is in progress, with a planned effective date of January 1, 2023.
Report Update for Quarter Beginning July 1, 2022: A waiver amendment is expected to be submitted to CMS during this quarter. The addition of EAA services addresses the social determinant of health of housing. Retroactive payments at the higher rate increase ended March 31, 2022, as planned, and the 5% rate increase started April 1, 2022.
Report Update for Quarter Beginning April 1, 2022: The planned rate increases have been implemented as of April 2021.

Initial Spending Narrative Description: The TBIW is a 1915(c) waiver program that provides HCBS to individuals who have experienced an external insult resulting in a traumatic brain injury and who require services ordinarily only available in a nursing facility. Beginning in the first year, from April 2021 to March 2022, the State plans to increase TBIW rates by 50%, with the understanding that the increase will be passed on to direct-care workers in the form of compensation increases as well as other incentives, which may include but would not be limited to retention bonuses, hiring bonuses, raise in wages, increased benefit packages, and other inducements. Following the first year of rate increases, from April 2022 onward, the rate

increases will continue at 5%. In addition to rate increases, the State intends to expand the EAA services described above to the TBIW program and ADW.

2.4 Children with Severe Emotional Disorders Waiver (CSEDW)

Objective: Increased waiver slots and provider inducements.
Goal(s): Increased access to CSEDW, services.
Estimated Investment: $27 million, $5 million projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increases in the number of waiver slots and provider rates are permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Changes: Section 1915(c); Appendix K disaster authority was used to initiate this project during the PHE. A waiver amendment is in progress to make the changes permanent. Another Appendix K submission will be used to provide authority for the new temporary rate increase. The CSEDW population is covered by the Mountain Health Trust Managed Care program, so these changes will be made to the managed care delivery system.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.
Report Update for Q2 2023: (1) BMS is submitting a revised Appendix K that will include a 50% rate increase for the following services: Independent Living/Skills Building, Job Development, Peer Parent Support, In-Home Respite, Out-of-Home Respite, and Supported Employment. Rate increases will be retroactive to July 1, 2022 and continue through June 30, 2023. (2) Extension of eligibility to the Special HCBS Group under 42 CFR (Code of Federal Regulations) 435.217 was implemented September 1, 2022.
Report Update for Quarter Beginning October 1, 2022: Extension of eligibility to the Special HCBS Group under 42 CFR 435.217 is expected to be live this quarter. ARP section 9817 funding will only be used to pay for existing CSEDW-approved services. The State does not intend to use ARP section 9817 funding to pay for any services other than those listed in Appendix B or that could be listed in Appendix B for individuals who are Medicaid-eligible prior to HCBS waiver enrollment, or any institutional services for individuals who become newly eligible because of this activity.
Report Update for Quarter Beginning July 1, 2022: A waiver amendment is expected to be submitted to CMS during this quarter. The payouts of increased rates to providers were completed March 31, 2022, as planned. **Update based on February 14, 2022, letter from CMS:** BMS will no longer add the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)/Katie Beckett eligibility group to the CSEDW. The waiver amendment will include extending eligibility to the 217 group.
Report Update for Quarter Beginning April 1, 2022: As planned, BMS has been releasing additional waiver slots weekly; additional slots are available if needed. In addition, the planned rate increases have been implemented as of July 2021 for most providers; Aetna is continuing

internal testing. The TEFRA/Katie Beckett eligibility group has been substituted instead, with an amendment that will add the Special HCBS Group under 42 CFR 435.217.

Initial Spending Narrative Description: The CSEDW is a 1915(c) waiver program that enables children ages 3 through 20 years who would otherwise require institutionalization to remain in their homes and communities through HCBS. Additionally, the State intends to add an additional 200 slots to the CSEDW to increase capacity in the first year, beginning in April 2021. In addition to the slot increase, the State plans to increase CSEDW rates by 70%, with the understanding that the increase will be passed on to direct-care workers through incentives, including, but not limited to, compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements. Beginning in 2022, for the second year going forward, BMS intends to maintain the number of additional slots and a rate increase of 5%.

2.5 Personal Care Services (PCS)

Objective: Increased service access and provider inducements.
Goal(s): Increased access to PCS.
Estimated Investment: $50 million, $56 million projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increase in provider rates is permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Rate Change: Section 1135 Disaster SPA 21-0013 enabled BMS to begin paying the increased rates. The rate increase will be made permanent through an update to the State Plan, submitted to CMS in August 2022. Disaster SPA 22-0023 will be submitted to provide authority for the additional rate increase. Changes apply to the FFS and managed care delivery systems.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.
Report Update for Q2 2023: (1) CMS submitted informal questions on the SPA to which BMS responded on August 8, 2022. (2) BMS is submitting a disaster SPA that will include a 70% rate increase for the following services: Direct Care Services and Direct Care Services In-Home Worker. Rate increases will be retroactive to July 1, 2022 and continue to March 31, 2023.
Report Update for Quarter Beginning October 1, 2022: The SPA has been approved by DHHR (Department of Health and Human Resources) and has been submitted to CMS for approval.
Report Update for Quarter Beginning July 1, 2022: Retroactive payments at the higher rate increase ended March 31, 2022, as planned, and the 5% rate increase started April 1, 2022.

Report Update for Quarter Beginning April 1, 2022: Rate changes were included under Disaster SPA 21-0013. Increased rates are being paid as of April 2021.

Initial Spending Narrative Description: PCS are available to assist an eligible member in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in the member's home, place of employment, or community. To support members in the community, the State plans to increase personal care service rates by 50% for the first year, beginning in April 2021. For the second year, beginning in April 2022, the increase in rates will remain 5%. As with other rate increases, BMS is increasing rates with the understanding that the increase will be passed on to direct-care workers performing these services in the form of incentives, including but not limited to compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements.

2.6 Private Duty Nursing

Objective: Increased service access and provider inducements.
Goal(s): Increased access to private duty nursing services.
Estimated Investment: $4 million

Estimated Implementation Start Date: October 2021
Planned Completion Date: This rate increase was temporary and ended March 31, 2022.
Medicaid Authorities for Rate Change: Section 1135 Disaster SPA 21-0013. Changes were made to the FFS and managed care delivery systems.

Report Update for Q3 2023: No update.
Report Update for Quarter Beginning October 1, 2022: The temporary rate increases ended on March 31, 2022. No additional rate increases are planned.
Report Update for Quarter Beginning July 1, 2022: Retroactive payments at the higher rate ended March 31, 2022, as planned.
Report Update for Quarter Beginning April 1, 2022: Rate changes were included under a disaster SPA. Increased rates are being paid as of July 2021.

Initial Spending Narrative Description: Private duty nursing is face-to-face skilled nursing that is more individualized and continuous than the nursing available under home health benefits or routinely provided at a hospital or nursing facility. Private duty nursing is considered supportive to the care provided to an individual by the individual's family, foster parents, and/or delegated caregivers. The State plans to increase rates by 50% in the first year. BMS is increasing rates for private duty nursing with the intent that these increases will be passed on to direct-care workers through incentives, which may include compensation increases, retention bonuses, hiring bonuses, increased benefit packages, and other inducements.

2.7 Behavioral Health Services

Objective: Increased service access and provider inducements.
Goal(s): Increased access to behavioral health services.

Estimated Investment: $42 million, $5.5 million projected for Year 2

Estimated Implementation Start Date: October 2021
Planned Completion Date: The increase in provider rates is permanent and will be sustained through approved FMAP and State general funds.
Medicaid Authorities for Rate Change: Section 1135 Disaster SPA 21-0013 enabled BMS to begin paying the increased rates. The rate increase will be made permanent through an update to the State Plan, submitted to CMS in August 2022. Disaster SPA 22-0023 will be submitted to provide authority for the additional rate increase. Changes apply to the FFS and managed care delivery systems.

Report Update for Q3 2023: Temporary rate increases have been implemented. BMS published a provider memo with a temporary rate increases on 10/28/22.
Report Update for Q2 2023: (1) CMS submitted informal questions to which BMS responded on August 8, 2022. (2) BMS is submitting a disaster SPA that will include a 70% rate increase for the following services: licensed behavioral health centers (LBHCs), Service Planning and Consultation Services, Crisis Services, Assertive Community Treatment (ACT), Comprehensive Medication Services, Community Focused Treatment, Behavioral Management Services, and Targeted Case Management. Rate increases will be retroactive to July 1, 2022 and continue through March 31, 2023.

Report Update for Quarter Beginning October 1, 2022: The State Plan update was approved by DHHR and submitted to CMS for approval.
Report Update for Quarter Beginning July 1, 2022: Retroactive payments at the higher rate increase ended March 31, 2022, as planned, and the 5% rate increase started April 1, 2022.
Report Update for Quarter Beginning April 1, 2022: Rate changes were included under a disaster SPA. Increased rates are being paid as of July 2021.

Initial Spending Narrative Description: Behavioral health services are available to all Medicaid members with a known or suspected behavioral health and/or SUD. These services offer a range of community-based supports, including diagnosis, counseling, and peer supports. From April 2021 to March 2022, the State plans to increase behavioral health service rates by 70%, with the increase being passed on as incentives to direct-care workers, including, but not limited to, compensation increases, retention bonuses, hiring bonuses, and increased benefit packages. From April 2022 forward, the increase in rates will continue at 5%.

2.8 Expansion of Crisis Services

Objective: Expansion of mobile crisis services to new populations.
Goal(s): Increased access to crisis services statewide.

Estimated Investment: $47 million, $8.2 million projected for Year 2

Estimated Implementation Start Date: January 1, 2023
Planned Completion Date: The mobile crisis teams project is permanent and will be sustained through approved FMAP and State general funds. The quick response team project is permanent and will be sustained through the 1115 Evolving WV Medicaid's Behavioral Health Continuum of Care waiver extension.
Medicaid Authorities for Changes: SPA: WV 22-0013 and 1115 Evolving WV Medicaid's Continuum of Care Waiver Extension. Changes apply to the FFS and Managed care delivery systems.

Report Update for Q3 2023: No update.
Report Update for Q2 2023: (1) The Mobile Crisis SPA is under development. (2) BMS will assess funding options for this project once it gains approval from CMS for rate increases.
Report Update for Quarter Beginning October 1, 2022: The Mobile Crisis SPA public notice expired on July 11, 2022. The Medical Services Fund Advisory Council (MSFAC) reviewed and approved the project on September 30, 2022. The project is on track for services to begin July 1, 2023. BMS is removing the crisis triage sites project for several reasons, including competing priorities and funding limitations. Further action on the quick response teams project is pending completion of CMS review of 1115 SUD Waiver renewal.
Report Update for Quarter Beginning July 1, 2022: BMS is developing a SPA for expansion of mobile crisis teams to adults statewide. Once rates are developed, the SPA will go out for public comment. The SPA is expected to be approved for services to begin January 1, 2023. The project to develop crisis triage sites is under discussion with BBH to see if BBH can fund capital costs and BMS can fund services only. BMS will not be using funds for capital expenditures. Additional funding for the Quick Response Teams is on hold as more data is collected.
Report Update for Quarter Beginning April 1, 2022: Implementation planning is underway, including coordination with the ARP Mobile Crisis grant and section 1115 Evolving WV Medicaid's Behavioral Health Continuum of Care waiver extension.

Initial Spending Narrative Description: Currently, the State has mobile crisis response and stabilization teams; however, these teams currently only serve children and youth. Mobile crisis response and stabilization have been implemented within the last few years through BBH on a grant-funded basis. The program was not yet implemented statewide at full capacity before it was impacted by the COVID-19 PHE. The State proposes to use ARP funding to strengthen the current program and expand the service to adults. This service will be implemented in Year 1 and continue in Year 2 and beyond. The State intends to implement mobile crisis services statewide using State Plan authority.

In addition to the mobile crisis teams which can respond to crisis in a family's home or community setting, the State plans to develop crisis triage sites for individuals who need a prompt evaluation and assistance in accessing behavioral health and substance abuse

services. Currently, the State has sites where evaluations can be completed but not on an emergency basis. Unfortunately, in many cases, individuals are transported to hospital emergency rooms, which are not necessarily equipped to best serve the individual. The creation of these crisis sites would enable first responders to take the individual in crisis to a setting best equipped to provide evaluation, stabilization, and connection to services on a longer-term basis. Further, the State wants to expand these sites' capacity to enable them to serve individuals with intellectual disabilities in crisis.

In addition, the State is proposing to expand a currently grant-funded program that provides intervention for individuals who have experienced an overdose or acute behavioral health episode. The State has had some success in helping to facilitate entry into substance abuse and behavioral health treatment using quick response teams, which are deployed to visit a current member and help engage them in treatment.

2.9 Certified Community Behavioral Health Clinics (CCBHC) (closed)

Objective: Expansion of CCBHC to new regions.
Goal(s): Increased access to comprehensive behavioral health services statewide.
Estimated Investment (content has been struck through): ~~$2.3M. This project and cost allocation will be revised once reinvestment has been fully established.~~

Estimated Implementation Start Date: Year 2
Planned Completion Date: To be determined
Medicaid Authorities for Changes: None required

Report Update for Q2 2023: ARP funds are no longer needed for this project due to a grant award. Funds will be repurposed for the provider rate increases.
Report Update for Quarter Beginning October 1, 2022: On hold pending further analysis of ARP spending to date and available funds remaining.
Report Update for Quarter Beginning July 1, 2022: No update.
Report Update for Quarter Beginning April 1, 2022: The implementation date for this project is being shifted to project Year 2. BMS is actively engaged with BBH in implementation planning.

Initial Spending Plan Description: The State envisions an integrated behavioral health system with comprehensive care available to individuals statewide. The CCBHC model is transforming service delivery and payment, helping ensure sustainable funding for the mental health and substance use treatment system. The CCBHC model alleviates decades-old challenges that have led to a crisis in providing access to mental health and substance use care. CCBHCs have dramatically increased access to mental health and SUD treatment, expanded states' capacity to address the overdose crisis, and established innovative

partnerships with law enforcement, schools, and hospitals to improve care, reduce recidivism, and help prevent hospital readmissions. CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental health disorders and SUDs. CCBHCs integrate additional services to help ensure an approach to healthcare that emphasizes recovery, wellness, trauma-informed care, and physical/behavioral health integration. The State will use ARP funds to design a program that will distribute grants designed to facilitate an enhancement for current mental health providers to transition to CCBHCs.

2.10 Child Transition Services

Objective: Development of child transition services for youth in foster care.
Goal(s): Transition of children from facilities into the community.
Estimated Investment: $2.3M. These projects and cost allocations will be revised once reinvestment funding has been fully established.

Estimated Implementation Start Date: Year 2
Planned Completion Date: To be determined
Medicaid Authorities for Changes: None required

Report Update for Q3 2023: No update.
Report Update for Q2 2023: BMS is assessing funding available for this project as it updates its ARP spending plan and receives CMS approval for rate increases. BMS anticipates moving forward with this project once available funding is finalized.
Report Update for Quarter Beginning October 1, 2022: On hold pending further analysis of ARPA spending to date and available funds remaining.
Report Update for Quarter Beginning July 1, 2022: No update.
Report Update for Quarter Beginning April 1, 2022: The implementation date for these activities is being shifted to Project Year 2. BMS is actively engaged with the Bureau for Children and Families (BCF) in implementation planning.

Initial Spending Narrative Description: Transition services for children are designed to support the needs of children in foster care, children in kinship care, subsidized adoptive children, and CSED. Children in such circumstances often need guidance to move between levels of care. These services seek to reduce fragmentation, offer a seamless approach to participants' needs, and deliver needed supports and services in the most integrated setting. The State currently has a number of children receiving services in out-of-state institutions and large residential facilities. These transition services will allow the development and implementation of a comprehensive quality approach across the continuum of community-based care services.

Strategic Area 3: Supportive HIT

Improved systems to increase care coordination and to improve health, welfare, and access to service

3.1 Case Management Redesign (closed)

Objective: Process reengineering of case management for an online environment.
Goal(s): Implementation of a new case management system.
Estimated Investment (Content has been struck through): ~~$897 K. These projects and cost allocations will be revised once reinvestment funding has been fully established.~~

Estimated Implementation Start Date: Year 2.
Planned Completion Date: This will be an ongoing project sustained with FFP and State match, with section 9817 funding expended by March 31, 2025.
Medicaid Authorities for Changes: None required.

Report Update for Quarter Beginning October 1, 2022: This project is canceled as an ARP project because the State was unable to use the Public Health Emergency sole source authority to procure the case management system due to the State's purchasing rules. The case management system will be part of a future procurement, to be funded through the APO (Advanced Planning Document) process. ARP funds planned for this project will be repurposed.
Report Update for Quarter Beginning July 1, 2022: BMS is developing an RFP (Request for Proposals) for the case management system and incident management system (IMS).
Report Update for Quarter Beginning April 1, 2022: The implementation date for this activity is being shifted to Project Year 2. BMS is exploring the ability to use PHE flexibilities for this procurement.

Initial Spending Narrative Description: The State will implement a new online case management system to improve coordination of care and help increase ease of communication between members and their providers. This system will allow HCBS programs to move from the current paper-driven case management system to a more efficient and effective online database solution. Required documentation, including the person-centered plan of care and documentation of required contacts with program members, will be created, and stored within the system. Service providers, BMS, and its operating agencies will have real-time access to case management data. The online system will significantly improve BMS oversight of the quality of case management services and compliance with State and federal requirements.

To assist with expected organizational and system changes, BMS will provide capacity-building funds, change management expertise, and evolving systems support for agencies, members, and their families. As part of this effort, BMS intends to accomplish several goals. First, to properly support capacity-building efforts, BMS will identify best practices in case management

and care coordination for people with long-term disabilities and those with multiple comorbidities. Second, BMS will use case management capacity-building funds to enhance technology systems and policy requirements to address barriers to long-term care eligibility for members. Finally-understanding that this is the first step in an ongoing cycle of continuous improvement for its systems-BMS will conduct system mapping to further define roles and responsibilities across systems and support individuals through holistic care management.

3.2 Incident Management System **(IMS)** Upgrade (closed)

Objective: Redesign of incident management away from a paper-based system.
Goal(s): More efficient submission of incident data and expanded documentation.
Estimated Investment (Content has been struck through): ~~$5M $897K. These projects and cost allocations will be revised once reinvestment funding has been fully established.~~

Estimated Implementation Start Date: Year 2.

Planned Completion Date: This will be an on-going project sustained with FFP and State match, with section 9817 funding expended by March 31, 2025.
Medicaid Authorities for Changes: None required.

Report Update for Q2 2023: Funding is no longer needed for this project. The project is closed. Funds will be repurposed for the provider rate increases.
Report Update for Quarter Beginning October 1, 2022: A sole source procurement was awarded to WellSky in June, and work is underway.
Report Update for Quarter Beginning July 1, 2022: BMS is developing an RFP for the case management system and IMS.
Report Update for Quarter Beginning April 1, 2022: The implementation date for this activity is being shifted to Project Year 2. BMS is exploring the ability to use PHE flexibilities for this procurement.

Initial Spending Narrative Description: The tools and technologies BMS uses not only impact the State's administrative functions, but each is integral to providers' ability to perform their contractual obligations and to provide care to members. State and federal requirements mandate that critical incidents involving HCBS members are reported, investigated, and tracked. Currently, BMS has a paper-based reporting process when critical incidents impact members receiving waiver services. The existing IMS was implemented many years ago, and while there have been minor efforts to remediate the system through tweaks and patches, the IMS no longer meets the needs of the State and/or provider agency users. An upgraded system using current technology will allow more efficient submission of incident data, expanded documentation of investigation findings, and more comprehensive analysis of trends. BMS would like to implement an online reporting system for incidents that can make sure all necessary parties for assessment, investigation, and response are notified and have the same information.

3.3 Explore Interface with Division of Corrections and Rehabilitation (complete)

Objective: Develop a stronger understanding of options for interfacing between State agencies.
Goal(s): More efficient submission of member data and expanded information.

Estimated Implementation Start Date: Year 1.
Planned Completion Date: To be determined.
Medicaid Authorities for Changes: None required.

Report Update for Quarter Beginning October 1, 2022: This project is complete and closed. BMS is working on interfaces between the Department of Corrections and the Medicaid Management Information System (MMIS) and the eRAPIDS eligibility system.
Report Update for Quarter Beginning July 1, 2022: No update.
Report Update for Quarter Beginning April 1, 2022: BMS has engaged a contractor, BerryDunn, to undertake research. Research is in progress.

Initial Spending Narrative Description: The State will explore the development of an interface between its Division of Corrections and Rehabilitation and BMS. When members who have been incarcerated and have been receiving treatment during that time are released and return to their communities, this interface would enable BMS to initiate treatment services more promptly and maintain continuity of care. A key goal of this system would be to prevent overdose and behavioral health crisis events. Improved data collection and reporting, along with standardized data, are additional benefits. BMS anticipates conducting research and system mapping to further understand how a future interface may meet these goals.