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## **Table of Contents**

State/Territory Name: West Virginia

State Plan Amendment (SPA) #: WV-13-0002 MC2

(In addition to the SPA noted above, this package contains other state plan amendment approvals)

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for West Virginia consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

#### DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



#### Children and Adults Health Programs Group

## FEB 0 6 2014

Sharon L. Carte, Executive Director West Virginia Children's Health Insurance Program 1018 Kanawha Boulevard East, Suite 209 Charleston, WV 25301

Dear Ms. Carte:

I am pleased to inform you that your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number WV-13-0001 submitted on November 12, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

### **MAGI Eligibility & Methods:**

In SPA number WV-13-0001, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. Page CS10 allows the state to cover children who have access to public employee coverage and includes the supporting documentation. And on page CS13 the state elects to cover as deemed newborns children born to mothers enrolled as targeted low-income children in CHIP. The SPA includes a revised one-year budget which is attached to this letter and should replace the budget in section 9.10 of the current CHIP state plan. The other SPA pages are also attached to this letter and should be incorporated into the current CHIP state plan according to the table below. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

New State Plan Page	Impact on Current State Plan Section
CS15: MAGI-Based Income Methodologies	Section 4.3: Add new subsection and supersede
	information on income eligibility and methods
CS7: Targeted Low-Income Children	Sections 4.1.1, 4.1.2, 4.1.3: Supersede all
CS10: Children Who Have Access to Public	Section 4.1.7: Add new to section in addition to
Employee Coverage	information on public employees
CS10: Maintenance of Agency Contribution	Appendix: Add new for this documentation
CS13: Deemed Newborns	Section 4.3: Add new to section

### Page 2 – Ms. Sharon L. Carte

#### Title XXI Medicaid Expansion

SPA number WV-13-0002 MC2 converts the state's existing income eligibility standards to modified adjusted gross income (MAGI)-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. Ticia Jones. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jones' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop S2-01-16 7500 Security Blvd. Baltimore, MD 21244-1850 Telephone: (410) 786-8145 Facsimile: (410) 786-5943

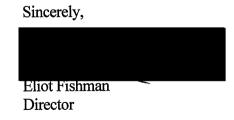
E-mail: Ticia.Jones@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jones and Francis McCullough, Associate Regional Administrator in our Philadelphia Regional Office. Mr. McCullough's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations The Public Ledger Building, Suite 216 150 South Independence Mall West Philadelphia, PA 19106

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.



cc: Francis McCullough, ARA, CMS Region III, Philadelphia

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help WV.0495.R00.00 - Jan 01, 2014 Logout **Control Panel** Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: West Virginia **Transmittal Number: Tribal Input** Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four Summary digit number with leading zeros. The dashes must also be entered. WV-13-0002 Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion ■ Establish 2101(f) Group ☐ Eligibility Processing Non-Financial Eligibility **Proposed Effective Date** 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation 42 CFR 457320(a)(2) and (3) **Federal Budget Impact** ■This SPA has a budget impact. Total budget impact: State Funds: Federal Funds: **Subject of Amendment** Please provide a brief summary of SPA changes. Character Count:217 State option to create Medicaid expansion for children 6 - 18 up to Instructions with August 15, 2013 budget submissions required budgeted amounts for this change be reflected on Medicaid budget **Signature of State Agency Official** Submitted By: Stacey Shamblin Jan 9, 2014 Last Revision Date: Submit Date: Nov 12, 2013



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



SPA# WV-13-0001

# **CHIP Eligibility**

					ontrol Number: 0938-1148 opiration date: 10/31/2014
Separate Child Eligibility - Tar		(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			CS7
2102(b)(1)(B)(v) of	the SSA and 42 (	CFR 457.310, 31:	5 and 320		
Targeted Low-I	ncome Children	- Uninsured chil	dren under age 19 who	se household income is within stand	lards established by the
	gency operates th	is covered group	in accordance with the	following provisions:	
Age					
Must be under a	nge 19.				
Income Standards					
Income standar	rds are applied sta	tewide. Yes			
standard or	ny exceptions, e., a county income		a county which may qu	alify under either a statewide incon	ne No
Please note	en for the same a	ound for CHIP elige group or grou	ps entered here.	ighest standard used for Medicaid p	poverty-
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	1	158	300	X
+	1	6	] 141	300	X
+	6	19	133	300	×
				lanation. Include the age ranges fo aving different income standards.	r each
Special Program for Does the state I			n with disabilities?	No .	
			EED U K	2017	

Approval Date: FEB 0 6 2014 Effective Date: January 1, 2014

Page 1 of 2



#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20130917

Approval Date: FEB 0 6 2014



SPA# WV-13-0001

# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

	parate Child Health Insurance Program gibility - Children Who Have Access to Public Employee Coverage
Sec	. 2110(b)(2)(B) and (b)(6) of the SSA
	Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.
	✓ The CHIP Agency operates this covered group in accordance with the following provisions:
	Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:
	Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.
	Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.
	Coverage under this option is extended to children whose household income is:
	Select one of the options for the income standard when compared to Targeted Low Income Children
	The same as the standards for Targeted Low-Income Children
	C Lower than the income standards for Targeted Low-Income Children
	Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:
	All children who have access to public employee coverage
	Certain children who have access to public employee coverage:
	Attach methodology the state has used to calculate maintenance of agency contribution.
	An attachment is submitted.
	The state provides assurance that the state will, on an annual basis, recalculate expenditures for each participating public agency to determine if the maintenance effort condition continues to be met.
	Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.
	Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.
	PRA Disclosure Statement

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V.20131007

FEB 0 6 2014 Effective Date: January 1, 2014 Approval Date:

Page 1 of 1

## **West Virginia CHIP**

## **CHIP CS10 Analysis - Children Who Have Access To Public Employee Coverage**

## Maintenance of Public Agency Contributions to Employee Dependent Coverage 1997 – 2013

State Fiscal <u>Year</u>	Annual Employee and Dependent <u>Costs</u>	Annual Employee and Dependent <u>Premiums</u>	Agency Expenditures	CPI-U (Medical)	1997 State Expenditure Increased by CPI
1997	\$3,214.71	\$770.09	\$2,444.62		\$2,444.62
1998	3,414.02	741.61	2,672.41	3.22%	2,523.34
1999	4,130.97	741.61	3,389.36	3.49%	2,611.40
2000	4,081.40	741.61	3,339.78	4.06%	2,717.42
2001	4,909.92	869.10	4,040.83	4.61%	2,842.70
2002	5,221.71	1,106.91	4,114.80	4.71%	2,976.59
2003	5,400.62	1,432.47	3,968.15	4.02%	3,096.25
2004	5,925.99	1,794.84	4,131.15	4.40%	3,232.48
2005	6,669.91	1,792.08	4,877.83	4.22%	3,368.89
2006	6,915.44	1,947.00	4,968.44	4.01%	3,503.98
2007	7,159.42	2,200.95	4,958.47	4.42%	3,658.86
2008	7,644.34	2,191.84	5,452.50	3.71%	3,794.60
2009	7,977.54	2,186.32	5,791.22	3.17%	3,914.89
2010	8,143.65	2,383.09	5,760.56	3.49%	4,051.52
2011	8,850.79	2,477.01	6,373.78	2.92%	4,169.83
2012	9,434.85	2,635.55	6,799.30	3.95%	4,334.54
2013	9,207.23	2,629.97	6,577.26	2.15%	4,427.73

Approval Date: FEB 0 6 2014

SPA# WV-13-0001 CCRC Actuaries, LLC Effective Date: January 1, 2014 *9/26/2013* 

## **West Virginia CHIP**

## CHIP CS10 Analysis - Children Who Have Access To Public Employee Coverage

## Maintenance of Public Agency Contributions to Employee Dependent Coverage 1997 – 2013

State Fiscal <u>Year</u>	Annual Employee and Dependent <u>Costs</u>	Annual Employee and Dependent <u>Premiums</u>	Agency <u>Expenditures</u>	CPI-U (Medical)	1997 State Expenditure Increased by CPI
1997	\$3,214.71	\$770.09	\$2,444.62		\$2,444.62
1998	3,414.02	741.61	2,672.41	3.22%	2,523.34
1999	4,130.97	741.61	3,389.36	3.49%	2,611.40
2000	4,081.40	741.61	3,339.78	4.06%	2,717.42
2001	4,909.92	869.10	4,040.83	4.61%	2,842.70
2002	5,221.71	1,106.91	4,114.80	4.71%	2,976.59
2003	5,400.62	1,432.47	3,968.15	4.02%	3,096.25
2004	5,925.99	1,794.84	4,131.15	4.40%	3,232.48
2005	6,669.91	1,792.08	4,877.83	4.22%	3,368.89
2006	6,915.44	1,947.00	4,968.44	4.01%	3,503.98
2007	7,159.42	2,200.95	4,958.47	4.42%	3,658.86
2008	7,644.34	2,191.84	5,452.50	3.71%	3,794.60
2009	7,977.54	2,186.32	5,791.22	3.17%	3,914.89
2010	8,143.65	2,383.09	5,760.56	3.49%	4,051.52
2011	8,850.79	2,477.01	6,373.78	2.92%	4,169.83
2012	9,434.85	2,635.55	6,799.30	3.95%	4,334.54
2013	9,207.23	2,629.97	6,577.26	2.15%	4,427.73

Approval Date: \_\_\_\_\_\_FEB 0 6 2014

SPA# WV-13-0001 CCRC Actuaries, LLC Date: Effective Date: January 1, 2014 9/26/2013



OMB Control Number: 0938-1148

Expiration date: 10/31/2014 Separate Child Health Insurance Program **CS13** Eligibility - Deemed Newborns Section 2112(e) of the SSA and 42 CFR 457.360 Deemed Newborns - Children born to targeted low-income pregnant women are deemed to have applied for and be eligible for CHIP or Medicaid until the child turns one. The state operates this covered group in accordance with the following provisions: The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SSA. The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate, as of the date of the child's birth, and remains eligible without regard to changes in circumstances until the child's first birthday. The state elects the following option(s): The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted low-income child under the state's separate CHIP on the date of the newborn's birth. The state elects to recognize a child's deemed newborn status from another state and provides benefits in accordance with the requirements of section 2112(e) of the SSA. The state elects to cover as a deemed newborn a child born to a mother who is covered under Medicaid or CHIP through the authority of the state's section 1115 demonstration on the date of the newborn's birth.

#### PRA Disclosure Statement

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V.20130917

FEB 0 6 2014
Approval Date:



Senarate Child Health Insurance Program

# **CHIP Eligibility**

OMB Control Number: 0938-1148

	10/31/2014	
	661	

AGI-Based Income Methodologies CS15
102(b)(1)(B)(v) of the SSA and 42 CFR 457.315
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
C The pregnant woman is counted just as herself.
The pregnant woman is counted just as herself, plus one.
• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:
Current monthly household income and family size.
• Projected annual household income for the remaining months of the current calendar year and family size.
In determining current monthly or projected annual household income, the state will use reasonable methods to:
☐ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
Account for a reasonably predictable decrease in future income and/or family size.
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
Household income includes actually available cash support, exceeding nominal amounts, provided yes by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.
An attachment is submitted.

PRA Disclosure Statement

Approval Date: FEB 0 6 2014



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V.20130917

Approval Date: \_\_\_\_\_FEB 0 6 2014



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	108	133	X

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