

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 9 - 1 0	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 checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ Budget Neutral b. FFY _____ \$ Budget Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Revised pages are: Supplement 2 to Attachments 3.1-A and 3.1-B, Page 3 and Attachment 4.19-B, Page 5		9. ATTACHMENT (if Applicable). Revised pages are: Supplement 2 to Attachments 3.1-A and 3.1-B, Page 3 and Attachment 4.19-B, Page 5	
10. SUBJECT OF AMENDMENT: This plan amendment is to permit licensed and registered pharmacists to administer influenza and pneumonia vaccines in the pharmacy setting. Reimbursement will be through the MMIS point of sale and be based on the appropriate NDC code at the current reimbursement rate for covered drugs and may include an administrative fee. If the vaccine is free, only an administrative fee will be reimbursed.			
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>Mary M. Jordan</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 DECEMBER 29, 2009		18. DATE APPROVED MAR 29 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2009		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Ted Gallagher		22. TITLE: Associate Regional Administrator	
23. REMARKS:			