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State Name: West Virginia

State Plan Amendment (SPA) #: 10-02

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 30 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) 10-02. A child born in the United States to a woman who is eligible for and receiving Medicaid is deemed eligible for Medicaid for one year from the date of birth. The effective date of this SPA is July 1, 2010.

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: 1 0 - 0 2	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-Jul-10	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input 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: Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Section 113		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ nominal b. FFY 2011 \$ nominal	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 6 Attachment 2.2-A, page 25		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable). Attachment 2.2-A, page 6 Attachment 2.2-A, page 25	
10. SUBJECT OF AMENDMENT: This deemed newborn plan amendment eliminates the restriction that a newborn, to remain Medicaid eligible, must return home from the hospital to live with the mother.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" 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>/S/</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Nancy V. Atkins, RN, MSN, NP-BC			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 8-17-10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 8/18/2010		18. DATE APPROVED SEP 30 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/S/</i>	
21. TYPED NAME: TED GALLAGHER		22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR, DMCH	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 2.2-A

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OMB NO: 0938

C. Optional Coverage of Medically Needy (Continued)

4. Reserved

42 CFR 435.308

5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of . . .

— 21

— 20

— 19

18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19 or 18 as specified below:

— (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

— (a) In foster homes (and are under the age of ___).

— (b) In private institutions (and are under the age of ___).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 2.2-A

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Citations(s)

Groups Covered

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

1902 (e) (4)
Of the Act
42 CFR 435.117

12. Deemed Newborns.

A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

a. Individuals Receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged
 Blind
 Disabled

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