

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1 TRANSMITTAL NUMBER: 1 1 0 0 5	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 October 1, 2011	
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: 42 U. S. C. 1396 d(o)(1)		7 FEDERAL BUDGET IMPACT: <i>Per State Act by WV</i> a FFY <u>2010 2012</u> \$ _____ nominal b FFY <u>2011 2013</u> \$ _____ nominal	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 7 Attachment 3.1-B, Page 6		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 7 Attachment 3.1-B, Page 6	
10 SUBJECT OF AMENDMENT: The proposed Amendment adds concurrent Hospice care and treatment for individuals less than 21 years of age. Pursuant to Section 2302 of the Patient Protection and Affordable Care Act (P.L. 111-148), states are required to allow children enrolled in Medicaid to elect Hospice care services without waiving their rights to be provided services related to the treatment of a condition for which a diagnosis of terminal illness has been made. This amendment is being submitted to comply with the change in Federal law.			
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	16 RETURN TO:		
13 TYPED NAME: Nancy V. Atkins, RN, MSN, NP-BC	Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301		
14 TITLE: Commissioner			
15 DATE SUBMITTED: <u>12/5/11</u>			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED: <u>12/6/2011</u>	18 DATE APPROVED: <u>MAR 02 2012</u>		
PLAN APPROVED - ONE COPY ATTACHED <u>11</u>			
19 EFFECTIVE DATE OF APPROVED MATERIAL: <u>10/1/2011</u>			
21 TYPED NAME: <u>Francis McCullough</u>	22 TITLE: <u>Associate Regional Administrator Div. of Medicaid and Children's Health Operations</u>		
23 REMARKS:			