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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b><br>FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 1. TRANSMITTAL NUMBER:<br>1 1 - 0 1 1  | 2. STATE:<br>West Virginia |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                            |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>October 1, 2011  |                            |
| 5. TYPE OF PLAN MATERIAL (Check One)<br><input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT  |  |  |                            |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |                            |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR 440.167  |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2012 \$ 5.3 million<br>b. FFY 2013 \$ 5.6 million  |                            |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>New plan pages are: Attachment 4.19-B, Page 15 and 16   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br>Amended plan page is: Attachment 4.19-B, Page 15 |                            |
| 10. SUBJECT OF AMENDMENT:<br>The purpose and rationale for this plan amendment is to provide personal care services not only in the home but also in the community and to delete and/or revise out-dated plan language.  |  |  |                            |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |  |                            |
| 12. SIGNATURE OF STATE AGENCY REGIONAL: [Redacted]   |  | 16 RETURN TO:<br>Bureau for Medical Services<br>350 Capitol Street Room 251<br>Charleston West Virginia 25301                    |                            |
| 13. TYPED NAME:<br>Nancy V. Atkins, RN, MSN, NP-BC   |  |  |                            |
| 14. TITLE:<br>Commissioner   |  |  |                            |
| 15. DATE SUBMITTED:<br>1-12-12   |  |  |                            |
| FOR REGIONAL OFFICE USE ONLY   |  |  |                            |
| 17. DATE RECEIVED  |  | 18 DATE APPROVED JAN 27 2012   |                            |
| PLAN APPROVED - ONE COPY ATTACHED  |  |  |                            |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:   |  | [Redacted]   |                            |
| 21. TYPED NAME:  |  | [Redacted]   |                            |
| 23. REMARKS:   |  | [Redacted]   |                            |