

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1 TRANSMITTAL NUMBER: 1 2 - 0 0 7	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: April 1, 2012	
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: Section 2301 of the Affordable Care Act		7 FEDERAL BUDGET IMPACT: a FFY 2012 \$ 0 <small>nominal</small> 6/13/12 MK b FFY 2013 \$ 0 <small>nominal</small> 6/13/12 MK	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1-A and 3.1-B, Page 2a Attachment 3.1-A, page 11(NEW) Attachment 4.19-B, Page 17 (new)		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 4 Supplement 2 to Attachment 3.1-A and 3.1-B, Page 2a	
10 SUBJECT OF AMENDMENT: This state plan amendment complies with Section 2301 of the Affordable Care Act that amends section 1902(a) of the Social Security Act which includes limited coverage and payment of services to Medicaid members by freestanding birthing center providers.			
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 [REDACTED]		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: Correction to Block 8 - 06/08/12 (JD) 3-20-12 Correction to Block 8 & 9 - 06/12/12 (JD)			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED: 3/21/12		18 DATE APPROVED: JUN 19 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12		20 SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]	
21 TYPED NAME: FRANCIS McCullough		22 TITLE: Associate Regional Administrator / pmc10	
23 REMARKS:			