

Table of Contents

State Name: West Virginia

State Plan Amendment (SPA) #: 12-009

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

SWIFT #092820124006

DEC 04 2012

Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Ms. Atkins:

We have reviewed State Plan Amendment (SPA) 12-009, Tobacco Cessation for Pregnant Women, in which you propose to provide coverage of prescription and over-the-counter tobacco/smoking cessation covered outpatient drugs for pregnant women. This SPA also covers face-to-face tobacco cessation counseling services for pregnant women. West Virginia submitted this amendment as verification of coverage for Tobacco Cessation for Pregnant Women as mandated in the Patient Protection and Affordable Care Act.

This SPA is acceptable. Therefore, we are approving SPA 12-009 with an effective date of July 1, 2012. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/s/

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER 1 2 - 0 9 9	2. STATE West Virginia
		3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2012	
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 4107 of the Patient Protection and Affordable Care Act, P.L. 111-148, which amended Title XIX of the Social Security Act		7. FEDERAL BUDGET IMPACT. a FFY 2012 \$ 0 b FFY _____ \$ _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT. Attachment 3.1-A, Page 2 and 2a and Supplement 2 to Attachments 3.1-A and 3.1-A, Page 3d Supplement 2 to Attachment 3.1-A and 3.1-B, Pages 3d, 11a and 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable). ATTACHMENT 3.1A PAGE 2 Supplement 2 to Attachment 3.1-A and 3.1-B, Pages 3d, 11a and 12	
10. SUBJECT OF AMENDMENT: This amendment is being submitted as verification of coverage for Tobacco Cessation for Pregnant Women as mandated in the Patient Protection and Affordable Care Act			
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: /S/		15. 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: 9/6/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 6, 2012		18. DATE APPROVED DEC 04 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL /S/	
21. TYPED NAME: FRANCIS McCULLOUGH		21. TITLE Associate Regional Administrator/DACAO	
23. REMARKS: PEN AND INK CHANGE REQUESTED AND COMPLETED ITEM # 8 Removed pages 11A and 12 ITEM # 9 Added Attachment 3.1A Page 2 Item # 9 Removed Pages 11A and 12			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia
Revision: HCFA-PM-91-4 (BPD)
August 1991

Attachment 3.1-A
Page 2
OMB No.: 0938-

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No Limitations With Limitations *

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

Provided: No Limitations With Limitations *

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No Limitations With Limitations *

4.d. Tobacco Cessation Counseling Services for Pregnant Women:

1. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women:

Provided: No Limitations With Limitations *

*Recommended benefit package should include at least four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period. Any counseling benefit package that does not meet this standard should be described below.

Please describe any limitations:

2. Face-to-Face Counseling Services provided by:

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No Limitations With Limitations *

TN No: 12-009 Approval Date: **DEC 04 2012** Effective Date: 07/01/12
Supersedes: 92-001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 3.1-A

Revision: HCFA-PM-91-4 (BPD)

Page 2a

August 1991

OMB No.: 0938-

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No Limitations With Limitations *

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: No Limitations With Limitations *

TN No: 12-009

Approval Date: DEC 04 2012

Effective Date: 07/01/12

Supersedes: NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to Attachments 3.1-A and 3.1-B

Page 3d

12. a. Prescribed Drugs

All covered outpatient drugs, whether legend or non-legend, must be prescribed by a physician, or other practitioner qualified under State law. Applicable State and Federal law governing dispensing of drugs and biological must be followed.

The prescribed use of the covered outpatient drug must be for a medically accepted indication as defined in Social Security Act §1927(k)(6).

b. Coverage of Smoking/Tobacco Cessation products

- (1) The Medicaid agency provides coverage of selected prescription tobacco/smoking cessation covered outpatient drugs, bupropion and legend nicotine replacement therapy, for all Medicaid recipients except for full benefit dual eligible beneficiaries who receive this coverage under the Medicare Prescription Drug Benefit-Part D.
- (2) The Medicaid agency provides coverage of over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for all Medicaid recipients except for beneficiaries residing in skilled and intermediate nursing facilities.
- (3) The Medicaid agency provides coverage of prescription tobacco/smoking cessation covered outpatient drugs, bupropion and legend nicotine replacement therapy, and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: a Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN No: 12-009

Approval Date: **DEC 04 2012**

Effective Date: 07/01/12

Supersedes: 09-04