

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1 TRANSMITTAL NUMBER 1 3 0 0 3	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 January 1, 2013	
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 2501 of the Affordable Care Act, Amended Section 1927(a) of the Social Security Act		7 FEDERAL BUDGET IMPACT a FFY 2013 \$ 0 b FFY \$	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3 1-A and 3 1-B, Page 3		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Supplement 2 to Attachment 3 1-A and 3 1-B, Page 3	
10 SUBJECT OF AMENDMENT Revision of the State Medicaid Plan to include reimbursement for all vaccines that are allowed to be administered by pharmacists as W Va Code St R §15-12-1 (2012) provides			
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>Nancy V. Alkins</i>		16 RETURN TO Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13 TYPED NAME Nancy V Alkins, RN, MSN NP-BC			
14 TITLE Commissioner <i>3-21-13</i>			
15 DATE SUBMITTED MARCH 21, 2013			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED MARCH 21, 2013		18 DATE APPROVED MAY 15 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2013		20 SIGNATURE OF REGIONAL OFFICIAL <i>Francis McCullough</i>	
21 TYPED NAME FRANCIS McCullough		22 TITLE Associate Regional Administrator / DMCHO	
23 REMARKS			