EΑ	RTMENT OF HEALTH AND HUMAN SERVICES  TH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO 0938 0193
	A to the state of	1 TRANSMITTAL NUMBER   2 STATE
	TRANSMITTAL AND NOTICE OF APPROVAL OF	1 3 0 0 3 West Virginia
	STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL
		SECURITY ACT (MEDICAID)
)	REGIONAL ADMINISTRATOR	4 PROPOSED EFFECTIVE DATE
	HEALTH CARE FINANCING ADMINISTRATION	January 1, 2013
	DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	TYPE OF PLAN MATERIAL (Chuck One)	
	NEW STATE PLAN AMENDMENT TO BE CONS	IDERED AS NEW PLAN X AMENDMENT
_	COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each amendment)
	FEDERAL STATUTE/REGULATION CITATION	7 FEDERAL BUDGET IMPACT
	Section 2501 of the Affordable Care Act, Amended Section 1927(a)	a FFY 2013 \$ 0
_	of the Social Security Act	b FFYS
	PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9 PAGE NUMBER OF THE SUPERSECED PLAN SECTION
		DR ATTACHMENT (If Applicable)
	Supplement 2 to Altechment 3 1-A and 3 1-B, Page 3	Supplement 2 to Attachment 3.1-A and 3.1-B, Page 3
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)	SUBJECT OF AMENDMENT	
	Revision of the State Medicaid Plan to include relimbursement for all vaccines that are allowed to be administered by pharmicests as W	
	Va Code St R §15-12-1 (2012) provides	•
	GOVERNOR'S REVIEW (Check One)	
	GOVERNOR'S OFFICE REPORTED NO COMMENT	
	GOVERNOR 2 OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED
	Y COMMENTS OF CONTRIBUTIONS OFFICE FACE OPEN	
	COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Tee Portugue en
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY, OFFIGIAL	16 RETURN TO
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY OFFICIAL  (C. M.C.) (E. D.C.)	
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY, OFFIGIAL	16 RETURN TO  Bureau for Medical Services
3	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY OFFICIAL  (C. M.C.) (E. D.C.)	
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  CHICA  TYPED NAME  Nancy V. Alkins, RN, MSN. NP-BC	Bureau for Medical Services
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  A MCC, C.	Bureau for Medical Services 350 Capitol Street Room 251
)	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  CHCC, ChCC, Chbcccs  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  2 21 - 1 4.	Bureau for Medical Services 350 Capitol Street Room 251
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  C 11 Cc.  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED	Bureau for Medical Services 350 Capitol Street Room 251
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY OFFIGIAL  A MCa CLABULE  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TILLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013	Bureau for Medical Services  350 Capitol Street Room 251  Charleston West Virginia 25301
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  C 11 Cc.  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY OFFIGIAL  A MCa CLARAGE  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  DATE RECEIVED	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  CMCC, VCV Decid  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  DATE RECEIVED  MARCH 21, 2013	Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301  CE USE ONLY 18 DATE APPROVED MAY 15 2013
7	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  MARCH 21, 2013  PLAN APPROVED ONE	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301  CE USE ONLY  18 DATE APPROVED MAY 15 2013  COPPLATE ACCHED
7	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  CMCC, CLIDICIA  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  MARCH 21, 2013  PLAN APPROVED ONE  EFFECTIVE DATE OF APPROVED MATERIAL	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301  CE USE ONLY  18 DATE APPROVED MAY 15 2013  COPT ATTACHED  20 SIGNATURE OF REGIONAL OFFICIAL
7	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY OFFIGIAL  A MCC, CLICLIC  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  DATE RECEIVED  MARCH 21, 2013  PLAN APPROVED ONE  EFFECTIVE DATE OF APPROVED MATERIAL  JANUARY 1, 2013	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301  CE USE ONLY  18 DATE APPROVED MAY 15 2013  COPPLATE ACCHED
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  SIGNATURE OF STATE AGENCY, OFFIGIAL  CMCC, CLIDICIA  TYPED NAME  Nancy V Alkins, RN, MSN NP-BC  TITLE  Commissioner  DATE SUBMITTED  MARCH 21, 2013  FOR REGIONAL OFFI  MARCH 21, 2013  PLAN APPROVED ONE  EFFECTIVE DATE OF APPROVED MATERIAL	Bureau for Medical Services  350 Capitol Street Room 251 Charleston West Virginia 25301  CE USE ONLY  18 DATE APPROVED MAY 15 2013  COPT ATTACHED  20 SIGNATURE OF REGIONAL OFFICIAL