

State/Territory: West Virginia

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

- 2.a. Outpatient hospital services.

Provided: No limitations With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise included in the State plan.

Provided: No limitations With limitations*

Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 92-01

Supersedes 90-07 Approval Date

6-17-92

Effective Date

1-1-92

TN No. 92-01

HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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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

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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: GEC 04 2012

Effective Date: 07/01/12

Supersedes: NEW

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Revision: HCFA-PM-91-4 (BPD)
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b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided

d. Other practitioners' services. **Psychologists**

Provided: Identified on attached sheet with description of limitations, if any
 Not provided

7 Home health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

*Description provided on attachment

TN No. 99-01
Supersedes
TN No. 92-01

Approval Date APR 24 1999

Effective Date 1/1/99
HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

Not provided.

8. Private duty nursing services.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

TN No. 92-01

Supersedes

TN No. NEW

Approval Date JUN 17 1992

Effective Date 1-1-92

HCFA ID: 7986E

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

Provided: No limitations With limitations*
 Not provided.

10. Dental services.

Provided: No limitations With limitations*
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*
 Not provided.

b. Occupational therapy.

Provided: No limitations With limitations*
 Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TR No. 96-09
Supersedes
TR No. 92-01

Approval Date SEP 20 1996

Effective Date APR 01 1996

HCFA ID: 0069P/00C

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

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
- Provided: No limitations With limitations*
 Not provided.
- b. Dentures.
- Provided: No limitations With limitations*
 Not provided.
- c. Prosthetic devices.
- Provided: No limitations With limitations*
 Not provided.
- d. Eyeglasses.
- Provided: No limitations With limitations*
 Not provided.
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
- Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. KS-3
Supersedes _____
TN No. _____

Approval Date MAR 7 1986

Effective Date JUL 1 1985

HCFA ID: 0069P/0002P

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

b. Screening services.

- Provided No limitations With limitations*
 Not provided

c. Preventive services.

- Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services.

- Provided No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

- Provided No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

- Provided No limitations With limitations*
 Not provided.

* Description provided on attachment.

TN No. 00-07
Supersedes
TN No. 92-05

Effective Date 9/1/00

Approval Date APR 16 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia
Revision: HCFA-PM-86-20 (BERC)
September 1986

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15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

- Provided No Limitations
- With Limitations * Not Provided

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

- Provided No Limitations
- With Limitations * Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

- Provided No Limitations
- With Limitations * Not Provided

17. Nurse-midwife services.

- Provided No Limitations
- With Limitations * Not Provided

18. Hospice care (in accordance with section 1905 (o) of the Act).

- Provided No Limitations
- With Limitations * Not Provided

Provided in accordance with section 2302 of the Affordable Care Act

*Description provided on attachment

TN No: 11-005
Supersedes: 94-12

Approval Date: MAR 02 2012

Effective Date: 10/01/11

Categorically
Needy

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with sections 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations

Not provided.

20. Extended services to pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Provided: Additional coverage ⁺ ⁺⁺

b. Services for any other medical conditions that may complicate pregnancy.

Provided: Additional coverage ⁺ ⁺⁺

Not provided.

c. Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy to individuals covered under section 1902(a)(10)(A)(ii)(IX) of the Act.

✓ Provided: Additional coverage ⁺ ⁺⁺

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. Recipient is eligible for all Medicaid covered services as described in ATTACHMENT 3.1-A & 3.1-B.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 92-01

JUN 17 1992

Supersedes

Approval Date

Effective Date

TN No. 90-5

HCFA ID: 7986E

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*

Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A, through (C) of the Act).

Provided: No limitations With limitations*

Not provided.

Certified

23. Pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 92-01

Supersedes

TN No. 87-04

Approval Date

JUN 17 1992

Effective Date

HCFA ID: 7986E

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PERSONAL CARE

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

- Provided
- No Limitations
- With Limitations*
- Not Provided

b. Services of Christian Science nurses.

- Provided
- No Limitations
- With Limitations
- Not Provided

c. Care and services provided in Christian Science sanatoria.

- Provided
- No Limitations
- With Limitations
- Not Provided

d. Nursing facility services for patients under 21 years of age.

- Provided
- No Limitations
- With Limitations*
- Not Provided

e. Emergency hospital services.

- Provided
- No Limitations
- With Limitations*
- Not Provided

* Description provided on attachment.

TN No: 09-08

Approval Date: SEP 03 2010

Effective Date: 1 Oct 2009

Supersedes: 93-07

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: West Virginia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Rural Primary Care Hospital services as defined in Section 1820 of the Social Security Act and in the Regulations at 42 CFR 440.170, Subpart (g).

TN No. 94-01

Supersedes _____ Approval Date AUG 03 1995

TN No. _____

Effective Date JAN 01 1994

HCFA ID: 7982E

Freestanding Birth Center Services**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY.**

27. A. Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No Limitations With limitations None, licensed or approved

Please describe any limitations:

a. Facilities must:

- i. Be licensed by the Department of health and Human Resources ("DHHR") or its designee;
- ii. Be specifically approved by DHHR to provide Birthing center services; and
- iii. Maintain standards of care required by DHHR for licensure.

B. Licensed or Otherwise State-Recognized Covered Professionals Providing Services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

The following practitioners may provide birthing center services and must be licensed in the state of West Virginia as:

- i. Physician under the relevant West Virginia Code section
- ii. Nurse-midwife under the relevant West Virginia Code section

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs) and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

* For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: Women's Health Nurse Practitioner

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: _____**I. General Assurances:****Routine Patient Cost – Section 1905(gg)(1)**

Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No:	22-0002	Approval Date:	03/23/2022	Effective Date:	01/01/2022
Supersedes:	New				