

## **Table of Contents**

**State Name:** West Virginia

**State Plan Amendment (SPA) #:** 19-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

## Package Information

<b>Package ID</b>	WV2019MS00020	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	WV
<b>SPA ID</b>	WV-19-0004	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Anita Hayes	<b>Submission Date</b>	6/25/2019
<b>Package Disposition</b>		<b>Approval Date</b>	8/3/2019 8:05 AM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

August 03, 2019

Cynthia Beane  
Commissioner, West Virginia Medicaid  
West Virginia Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301

Re: Approval of State Plan Amendment WV-19-0004

Dear Commissioner Beane:

On June 25, 2019, the Centers for Medicare and Medicaid Services (CMS) received West Virginia State Plan Amendment (SPA) WV-19-0004 to increase the state's minimum income standard for determining eligibility for pregnant women under West Virginia Medicaid to 185 percent of the federal poverty level..

We approve West Virginia State Plan Amendment (SPA) WV-19-0004 on August 03, 2019 with an effective date(s) of July 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Daniel Belnap at 2158614273 or dan.belnap@cms.hhs.gov.

Sincerely,  
Francis T. McCullough  
Director  
Division of Medicaid Field Operations  
East  
Regional Operations Group  
Center for Medicaid and CHIP Services  
Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

<b>Package ID</b>	WV2019MS0002O	<b>SPA ID</b>	WV-19-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/25/2019
<b>Approval Date</b>	8/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** West Virginia

**Medicaid Agency Name:** WV Bureau for Medical Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

**Package ID** WV2019MS0002O  
**Submission Type** Official  
**Approval Date** 8/3/2019  
**Superseded SPA ID** N/A

**SPA ID** WV-19-0004  
**Initial Submission Date** 6/25/2019  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** WV-19-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2019	New
Mandatory Eligibility Groups	7/1/2019	WV-15-0006
Pregnant Women	7/1/2019	WV-15-0006

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

<b>Package ID</b>	WV2019MS0002O	<b>SPA ID</b>	WV-19-0004
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<b>Approval Date</b>	8/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** West Virginia will increase the income standard for the Pregnant Women coverage group to 185% FPL.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$1800000
Second	2021	\$1800000

#### Federal Statute / Regulation Citation

42 CFR 435.116; West Virginia Senate Bill 564, enacted during 2019 regular session.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

**Package ID** WV2019MS0002O  
**Submission Type** Official  
**Approval Date** 8/3/2019  
**Superseded SPA ID** N/A

**SPA ID** WV-19-0004  
**Initial Submission Date** 6/25/2019  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Summary of Comments** WV Governor Justice supports SPA 19-004.

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

## Package Header

<b>Package ID</b>	WV2019MS0002O	<b>SPA ID</b>	WV-19-0004
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<b>Superseded SPA ID</b>	N/A		

### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
The Huntington Herald	5/7/2019	Huntington area
The Charleston Gazette	5/11/2019	Charleston area
The Register Herald	5/7/2019	Beckley area
Dominion Post	5/7/2019	Morgantown area
The Wheeling Intelligencer	5/7/2019	Wheeling area

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


**Date of Posting:** May 7, 2019

**Website URL:** <https://dhhr.wv.gov/bms/Public%20Notices/Pages/State-Plan-Amendmen.aspx>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">WV SPA 19-004 Public Notice</a>	6/10/2019 4:05 PM EDT	

### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost

- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

## Package Header

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<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

#### Package Header

<b>Package ID</b>	WV2019MS0002O	<b>SPA ID</b>	WV-19-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/25/2019
<b>Approval Date</b>	8/3/2019	<b>Effective Date</b>	7/1/2019
<b>Superseded SPA ID</b>	New User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

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<b>Superseded SPA ID</b>	WV-15-0006		
	System-Derived		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Qualifying Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

## Package Header

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<b>Superseded SPA ID</b>	WV-15-0006		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

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	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

Yes

No

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to [MAGI-Based Methodologies](#), completed by the state.

### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 185.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

### Package Header

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	System-Derived		

### D. Benefits for Pregnant Women

**Benefits for individuals in this eligibility group consist of the following:**

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2019MS0002O | WV-19-0004

## Package Header

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<b>Superseded SPA ID</b>	WV-15-0006		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes  
 No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

**FPL** 150.00%

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

#### b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

## G. Additional Information (optional)



PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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