

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All covered medically needy groups

The following ambulatory services are provided.

The amount, duration and scope of services provided medically needy groups is the same as provided categorically needy groups with the same limitations as described in Attachment 3.1-A.

Ambulatory services provided are:

440.20  
440.30  
440.40(b)(c)  
440.50  
440.60  
440.90  
440.100  
440.110(a)(c)  
440.120(a)(c)(d)

\*Description provided on attachment.

TN No. 86-8  
Supersedes  
TN No. 82-8

Approval Date JUN 23 1987 Effective Date OCT 01 1986

HCFA ID: 0140P/0102A

State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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 covered under the plan.

Provided:  No limitations  With limitations\*

- 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\*

- 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\*

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

Provided

- c. Family planning services and supplies for individuals of childbearing age.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 92-01

Supersedes

TN No. 90-02

Approval Date

JUN 17 1992

Effective Date

1-1-92

HCFA ID: 7986E

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

ATTACHMENT 3.1-B  
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State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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\*

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\*

\*Description provided on attachment.

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State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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\*

b. Optometrists' Services

Provided:  No limitations  With limitations\*

c. Chiropractors' Services

Provided:  No limitations  With limitations\*

d. Other Practitioners' Services

Provided:  No limitations  With limitations\*

7. Home Health Services

a. Intermittent or part-time nursing service 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\*

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\*

\*Description provided on attachment.

TN No. 86-8  
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Approval Date JUN 23 1987

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State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

8. Private duty nursing services.  
 Provided:  No limitations  With limitations\*
9. Clinic services.  
 Provided:  No limitations  With limitations\*
10. Dental services.  
 Provided:  No limitations  With limitations\*
11. Physical therapy and related services.
- a. Physical therapy.  
 Provided:  No limitations  With limitations\*
- b. Occupational therapy.  
 Provided:  No limitations  With limitations\*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.  
 Provided:  No limitations  With limitations\*
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\*
- b. Dentures.  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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

Approval Date SEP 20 1996

Effective Date APR 01 1996

HCFA ID: 0140P/01021

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP (S):**

c. Prosthetic devices

Provided:       No limitations       With limitations\*

d. Eyeglasses.

Provided       No limitations       With limitations\*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

Provided:       No limitations       With limitations\*

b. Screening services.

Provided:       No limitations       With limitations\*

c. Preventative services.

Provided:       No limitations       With limitations\*

d. Rehabilitative services.

Provided:       No limitations       With limitations\*

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

a. Inpatient hospital services.

Provided:       No limitations       With limitations\*

b. Skilled nursing facility services.

Provided:       No limitations       With limitations\*

\* Description provided on attachment

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

- c. Intermediate care facility services.  
 Provided:  No limitations  With limitations\*
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\*
- 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\*
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
 Provided:  No limitations  With limitations\*
17. Nurse-midwife services.  
 Provided:  No limitations  With limitations\*
18. Hospice care (in accordance with section 1905(o) of the Act):  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 94-12  
Supersedes  
TN No. 88-02

Approval Date NOV 04 1994

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HCFA ID: 0140P/0102A

State: West Virginia

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

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 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 <sup>+</sup> <sup>++</sup>

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

Provided:  Additional coverage <sup>+</sup> <sup>++</sup>

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 <sup>+</sup> <sup>++</sup>

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 3.1-A and 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.

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1-1-92

TN No. 90-5

HCFA ID: 7986E



State/Territory: West Virginia

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

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

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1-1-92

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State/Territory: West Virginia

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.

f. Personal care services in recipient's home, prescribed in accordance  
with a plan of treatment and provided by a qualified person under  
supervision of a registered nurse.

Provided:  No limitations  With limitations\*

Not provided.

\*Description provided on attachment.

TN No. 93-07

Supersedes

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AUGUST 1991

State: West Virginia

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.

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

TN No. 94-01  
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HCFA ID: 7982E

State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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24. f. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

\_\_\_\_\_ Provided: \_\_\_\_\_ State Approved (Not Physician) Service Plan Allowed

\_\_\_\_\_  Services Outside the Home Also Allowed (with limitations)

\_\_\_\_\_  Limitations Described on Attachment

\_\_\_\_\_ Not provided.