December 13, 2016

Cynthia Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Acting Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) would like to inform you of the approval of West Virginia’s State Plan Amendment (SPA) 16-003, Asset Verification System. This SPA serves to confirm to CMS how West Virginia will be establishing its Medicaid Asset Verification System.

The effective date of this amendment is December 1, 2016. Enclosed are the approved State Plan pages and a copy of the CMS Summary Page (CMS-179 form).

If you have any questions about this SPA, please contact Dan Belnap of my staff at 215-861-4273.

Sincerely,

Francis T. McCullough
Associate Regional Administrator

Enclosures
1. TRANSMITTAL NUMBER: 12. STATE:
   6003 West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

5. TYPE OF PLAN MATERIAL (Check One)
   NEW STATE PLAN
   AMENDMENT TO BE CONSIDERED AS NEW PLAN
   X AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION:
   42 USC 1396w

7. FEDERAL BUDGET IMPACT:
   a. FFY 2016 $ 0
   b. $ __________

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Supplement 16 to attachment 2.6-A, pages 1 and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).

10. SUBJECT OF AMENDMENT:
    Asset Verification System

11. GOVERNOR'S REVIEW (Check One):
    X GOVERNOR'S OFFICE Reported NO COMMENT
    OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
    Cynthia Beane

14. TITLE:
    Acting Commissioner

15. DATE SUBMITTED:
    27-Sea-16

16. RETURN TO:
    Bureau for Medical Services
    350 Capitol Street Room 251
    Charleston West Virginia 25301

17. DATE RECEIVED
    9/30/2016

18. DATE APPROVED
    12/09/2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    12/01/2016

20. SIGNATURE OF REGIONAL OFFICIAL:
    FRANCIS T. MCCULLOUGH

21. TYPED NAME:
    Francis McCullough

22. TITLE
    Associate Regional Administrator

23. REMARKS:
    12/13/16 pen and ink change to section 4 to change the proposed effective date from July 1, 2016 to December 1, 2016. The effective date for this SPA must be the month the SPA is approved. An additional pen and ink change was made to section 15 to reflect the official submission date of September 30, 2016. (db)
1. The agency will provide for the verification of assets for purposes of the Act determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an asset verification system (AVS) that meets the following minimum requirements.

A. The request and response system must be electronic:

   (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
   (2) The system cannot be based on mailing paper-based requests.
   (3) The system must have the capability to accept responses electronically.

B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department’s National Institute of Standards and Technology, or NIST).

C. The system must establish and maintain a database of FIs that participate in the agency’s AVS.

D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant’s home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual’s eligibility.

E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State...
State Plan under Title XIX of the Social Security Act
State/Territory: West Virginia

ASSET VERIFICATION SYSTEM

2. System Development

_____ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

_X_ B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

_____ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other
information the agency wants to include pertaining to how the consortium will implement
the AVS requirements.

_____ D. The agency already has a system in place that meets the requirements for an
acceptable AVS

In 3 below, describe how the existing system meets the requirements in Section 1.

_____ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in
Section 1.

3. Provide the AVS implementation information requested for the implementation approach
checked in section 2, and any other information the agency may want to include.