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**State Name:** West Virginia

**State Plan Amendment (SPA) #:** 14-001

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Dear Commissioner Atkins:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) Transmittal Number 14-001, Removal of West Virginia's 1937 Benchmark Plan. This SPA proposes to remove the 1937 Benchmark Plan from West Virginia's State Plan.

This SPA is approved with an effective date of January 1, 2014. Enclosed is a copy of the CMS-179 Form and the approved State Plan pages.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Margaret Koshzenko of my staff at 215-861-4288.

Sincerely,

/S/

[Signature]

Associate Regional Administrator

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**STATE:** West Virginia

**PROPOSED EFFECTIVE DATE:** January 1, 2014

** TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [X] AMENDMENT

**FEDERAL STATUTE/REGULATION CITATION:**

- [ ] 42 U.S.C. 1396a
- [ ] 42 U.S.C. 1396b
- [ ] 42 U.S.C. 1396c

**FEDERAL BUDGET IMPACT:**

- [ ] FFY 2013
- [ ] FFY 2014

**PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

- Removal of Attachment 3.1-C Pages 1 - 10

**SUBJECT OF AMENDMENT:**

The Removal of West Virginia’s 1037 Benchmark Plan

**GOVERNOR’S REVIEW (Check One):**

- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMISSIONER OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**SIGNATURE OF STATE AGENCY OFFICIAL:**

[Signature]

**RETURN TO:**

Bureau for Medical Services
350 Capitol Street Room 251
Charleston West Virginia 25301

**DATE SUBMITTED:**

February 28, 2014

**DATE RECEIVED:**

**DATE APPROVED:** MAR 10 2014

**EFFECTIVE DATE OF APPROVED MATERIAL:** January 1, 2014

**TITLE:** Associate Regional Administrator/Director

**REMARKS:**
Attachment 3 – Services: General Provisions

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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For full benefit Medicaid eligibility groups included in the alternative benefit plan, please

TN No. 14-001 Supersedes: 10-05 Approval Date: MAR 10 2014 Effective Date: 01/01/2014
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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TN No. 14-001
Supersedes: 10-05

Attachment 3.1 C

Approval Date: MAR 10 2014
Effective Date: 01/01/2014
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 3.1 

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TN No: 14-001
Supersedes 10-05

Approval Date: MAR 10 2014
Effective Date: 01/01/2014
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