

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

OMB No.: 0938-

State: West Virginia

SECTION 2 - COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

Intentionally Left Blank
Section was replace by S94

TN No. 94-15
Supersedes
TN No. 75-07

Approval Date

JUL 30 1994

Effective Date JUL 01 1994
HCFA ID: 7982E

West Virginia MEDICAID STATE PLAN

Revision: HCFA-PM- (MB)

Page 11

State: West Virginia

Citation

- | | | | |
|--|--------|-----|---|
| 42 CFR
435.914
1902(a)(34)
of the Act | 2.1(b) | (1) | Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A. |
| 1902(e)(8) and
1905(a) of the
Act | | (2) | For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group. |
| 1902(a)(47) and | | (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group. |

TN No. 03-11

Supersedes

TN No. 96-03

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11a

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State: West Virginia

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- ☐ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☒ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 94-15

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TN No. 87-02

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2.3 Residence

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Section replaced by S88

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Supersedes
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Approval Date jjJi"uA 6C ..OM v, Effective Dat./- .i_r _ : _< _> _? _ _/ _> _> _8/

HCFA ID: 1006F/0010P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: West Virginia

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

No. 87-2
TN No. 87-2
Supersedes
TN No.

Approval Date MAR 22 1988

Effective Date APR 01 1987

Revision: HCFA-PM-91-4 (BPD)
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OMB No. 0938-

State: West Virginia

Citation
42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

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Citation

2.6 Financial Eligibility

42 CFR

435.10 and

Subparts G & H

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

1902(a)(10)(A)(i)

(III), (IV), (V),

(VI) and (VII),

1902(a)(10)(A)(ii)

(IX), 1902(a)(10)

(A)(ii)(X), 1902

(a)(10)(C),

1902(f), 1902(1)

and (m),

1905(p) and (s),

1902(r)(2),

and 1920

of the Act

TN No. 94-15

Supersedes

TN No. p.16 87-02

p.17 91-10

p.17a 90-01

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1902(a)(10)(A)
(ii)(IX) of the
Act, P.L. 101-239
(Section 6401)

2.6 (d) Qualified Children

Children born on and after 10-1-83 age six to age eight. The income level used as a basis for establishing eligibility under the plan is described in ATTACHMENT 2.6-A, Page 2a of Supplement 1.

TN No. 90-01
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TN No. _____

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Citation

2.7

Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-8
Supersedes
TN NO. 86-4

Approval Date JUN 23 1987

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