

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
Page 2a
OMB No. 0938-

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.

TN No. 92-01
Supersedes _____ Approval Date JUN 17 1992 Effective Date 1-1-92
TN No. NEW HCFA ID: 7986E

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
Supersedes _____
TN No. _____

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): _____

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

**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

Effective Date JUL 01 1994

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 ⁺ ⁺⁺

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

Provided: Additional coverage ⁺ ⁺⁺

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 ⁺ ⁺⁺

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.

TN No. 92-01

Supersedes

Approval Date

11/17/92

Effective Date

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

Supersedes

TN No. 87-04

Approval Date

JUN 17 1992

Effective Date

1-1-92

HCFA ID: 7986E

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

TN No. 92-01

Approval Date

FEB 03 1994

Effective Date

5-1-93

HCFA ID: 7986E

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

Supersedes

TN No. _____

Approval Date

AUG 0 3 1995

Effective Date

JAN 0 1 1994

HCFA ID: 7982E

State/Territory: West Virginia

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

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.

TN No. 01-17
Supersedes
TN No. 96-10

Approval Date APR 10 2002

Effective Date 1/1/02

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: x

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 x Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 x A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 x A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No:	22-0002	Approval Date:	03/23/2022	Effective Date:	01/01/2022
Supersedes:	New				