



Region III/Division of Medicaid and Children's Health Operations

SWIFT #121120134026

DEC 13 2013

Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

RECEIVED
DEC 18 2013
COMMISSIONER BMS

Dear Commissioner Atkins:

Enclosed is an approved copy of West Virginia's State Plan Amendment (SPA) 13-0014-MM1, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 22, 2013. West Virginia (WV) SPA 13-0014-MM1 incorporates the MAGI-Based Eligibility Group SPA into West Virginia's State Plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the CMS 179 and the new State Plan pages to be incorporated within a separate section at the back of West Virginia's approved State Plan:

- S14, Pages S14-1 through S14-5
- S25, Pages S25-1 through S25-3
- S28, Pages S28-1 through S28-2
- S30, Pages S30-1 through S30-5
- S32, Pages S32-1 through S32-2
- S33, Page S33-1
- S50, Page S50-1
- S51, Page S51-1
- S52, Page S52-1
- S53, Pages S53-1 through S53-2
- S54, Page S54-1
- S55, Page S55-1
- S57, Page S57-1
- S59, Page S59-1

In addition, enclosed is a summary of State Plan pages which are superseded by SPA 13-0014-MM1, which should also be incorporated into a separate section in the front of the State Plan:

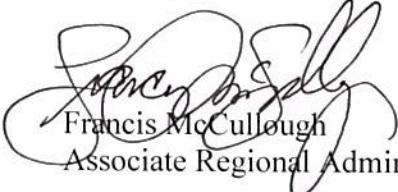
- Superseding Pages of State Plan Material, 13-0014-MM1

Page 2- Nancy V. Atkins, MSN, RNC, NP

Notwithstanding any other provisions of the West Virginia Medicaid State Plan, the financial eligibility methodologies described in WV SPA 13-0014-MM will apply to all MAGI-based eligibility groups covered under West Virginia's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

cc: Alva Page, BMS

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: West Virginia

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WV-13-0014

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

ACA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 443375000.00
Second Year	2015	\$ 447625000.00

Subject of Amendment

MAGI-Based Eligibility Groups

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Not Required.

Signature of State Agency Official

Submitted By:

Sarah Young

Last Revision Date:

Dec 10, 2013

Submit Date:

Nov 22, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	171	X
+	2	236	X
+	3	293	X
+	4	365	X
+	5	422	X
+	6	484	X
+	7	541	X
+	8	567	X

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

AFDC Payment Standard in Effect As of July 16, 1996



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	149	X
+	2	201	X
+	3	253	X
+	4	312	X
+	5	360	X
+	6	413	X
+	7	462	X
+	8	477	X

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard



Medicaid Eligibility

	Household size	Standard (\$)	
+	1	186	X
+	2	251	X
+	3	316	X
+	4	388	X
+	5	449	X
+	6	515	X
+	7	577	X
+	8	605	X

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No



Medicaid Eligibility

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)		Additional incremental amount
+	1		X	<input type="radio"/> Yes <input checked="" type="radio"/> No
				Increment amount \$ <input type="text"/>

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)		Additional incremental amount
+	1		X	<input type="radio"/> Yes <input type="radio"/> No
				Increment amount \$ <input type="text"/>

The dollar amounts increase automatically each year

- Yes No

TANF payment standard

Transmittal Number: 13-0014-MM1

Approval Date: December 13, 2013

Effective Date: January 1, 2014



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
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The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
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The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.