

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



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

SWIFT #032520134062

MAY 20 2013

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

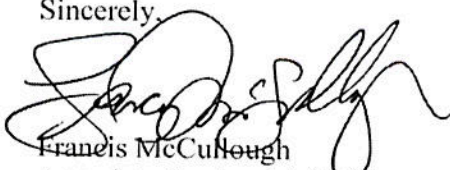
Dear Ms. Atkins:

We have reviewed State Plan Amendment (SPA) 13-003, Pharmacy Vaccines in which you propose to revise the State Plan to include reimbursement for all vaccines that are allowed to be administered by currently licensed pharmacists in the pharmacy setting in compliance with West Virginia Board of Pharmacy rules and regulations. This SPA also requires that administration records be kept in accordance with West Virginia Board of Pharmacy rules and regulations.

This SPA is acceptable. Therefore, we are approving SPA 13-003 with an effective date of January 1, 2013. Enclosed are the approved SPA page and the signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,



Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER 1 3 0 0 3	2. STATE West Virginia
		3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 2501 of the Affordable Care Act, Amended Section 1927(a) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0 b. FFY _____ \$ _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3 1-A and 3 1-B, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Supplement 2 to Attachment 3 1-A and 3 1-B, Page 3	
10. SUBJECT OF AMENDMENT Revision of the State Medicaid Plan to include reimbursement for all vaccines that are allowed to be administered by pharmacists as W. Va. Code St. R. 415-12-1 (2012) provides.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Nancy V. Atkins</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME Nancy V. Atkins, RN, MSN, NP-BC			
14. TITLE Commissioner <i>3-21-13</i>			
15. DATE SUBMITTED MARCH 21, 2013			
17. DATE RECEIVED MARCH 21, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED MARCH 21, 2013		18. DATE APPROVED MAY 15 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL <i>Francis McCullough</i>	
21. TYPED NAME FRANCIS McCullough		22. TITLE Associate Regional Administrator/DNCHO	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to ATTACHMENT 3.1-A and 3.1-B

Page 3

6. d.2 Gerontological Nurse Practitioner Services
Adult Nurse Practitioner Services
Women's Health Nurse Practitioner Services
Psychiatric Nurse Practitioner Services

Coverage of Nurse Practitioner Services is limited to the scope of practice as defined in state law or the state licensure or regulatory authority with any limitations that apply to all providers qualified to provide service. Services to be covered will be defined by the State agency in accordance with scope of practice considerations and site of service – outpatient only.

- d.3. Other Licensed Practitioners

Vaccines may be administered by currently licensed pharmacists in the pharmacy setting in compliance with West Virginia Board of Pharmacy rules and regulations. Pharmacies must assure that pharmacists possess and keep current licenses and registration to administer immunizations and work only within their scope of license and registration. Administration records must be kept in accordance with West Virginia Board of Pharmacy rules and regulations.

Medicaid covers selected active pharmaceutical ingredients (API) and excipients used in extemporaneously compounded prescriptions and selected over-the-counter vitamin and mineral supplements when dispensed by a participating pharmacy provider pursuant to a prescription issued by a licensed prescriber following all state and federal laws.

7. Home Health Services

- a. / b. Prior authorization is required after sixty (60) units of all home health services per individual in a calendar year. One visit equals one unit. A unit includes a skilled nursing visit, or a home health aide visit, or a physical therapy services visit, or an occupational therapy services visit or a speech-language pathology services visit.

- c. Medical equipment (ME) is equipment that generally:
1. Withstands repeated use;
 2. Is primarily used to serve a medical purpose;
 3. Is not useful in the absence of illness or injury;
 4. Is appropriate for use in the beneficiary's home.

The medical supplies that are covered are listed in the Durable Medical Equipment (DME) Manual. Coverage of medical supplies does not generally include beneficiaries residing in long term care facilities or Intermediate Care Facilities for the Mentally Retarded (ICF/MRs).

Orthotic devices are covered when medically necessary, prescribed in accordance with program guidelines, and are utilized to support or correct a weak or deformed body part, and/or to restrict or eliminate motion in a diseased or injured body part.

Prosthetic devices are covered when medically necessary, prescribed in accordance with program guidelines, and are utilized as an artificial appliance or device to replace all or part of a permanently inoperative or missing body part.

The fee schedule and any published annual/periodic adjustments to the schedule are the same for both public and private providers of those 1905(a) services to which they apply. The fee schedule and any annual/periodic adjustments to the fee schedule are to be published.

TN No: 13-003
Supersedes: 11-002

Approval Date: MAY 15 2013 Effective Date: 01/01/2013