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(BPD)

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AUGUST 1991

State:

West Virginia

OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

// No.

 $\overline{/X/}$ Yes. This plan covers:

 Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act

 Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Supersedes	Approval	Date	JUN	30	1995	

Effective Date 0 1 1996

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C.	Optional Coverage of Medically Needy (Continued)							
	·	4.	•	Reser	ved			
42 CF	TR 435.308	5.	[X]	a.			ligible individuals who are not described above and who are under the age of	
					<u>X</u>	in a se	under age 19 who are full-time students econdary school or in the equivalent level cational or technical training.	
	·		[]	b.	indivi		classifications of financially eligible under the ages of 21, 20, 19 or 18 as ow:	
				_	(1)	assum	duals for whom public agencies are sing full or partial financial responsibility tho are:	
	·					(a)	In foster homes (and are under the age of).	
						(b)	In private institutions (and are under the age of).	

TN No: Supersedes: 10-02 94-15

Approval Date: SEP 3 0 2010

Effective Date: July 1,20/0

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	С.	<u>Optional</u>	Covera	ige of Medicall	y Needy (Continued)
			_ (c)	<pre>b.(1)(a) an in foster h institution</pre>	to the group under d (b), individuals placed omes or private s by private, nonprofit nd are under the age of
			(2)	Individuals in full or part bunder the age	adoptions subsidized in y a public agency (who are of).
			(3)	Individuals in of). Number this pla	NFs (who are under the age F services are provided n.
			(4)		the group under (b)(3), ICFs/MR (who are under the
			(5)	inpatients in programs (who 21). Inpati	ceiving active treatment as psychiatric facilities or are under the age of ent psychiatric services s under age 21 are provided in.
			(6)	Other defined specified in SATTACHMENT 2.2	groups (and ages), as Supplement 1 of 2-A.

TN No. 94-15 Supersedes TN No.	Approval Date	JUH 3 0 1	1995 Effec	ctive Date	0 1 1994
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West Virginia

Agency* Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 \sqrt{X} 6. Caretaker relatives.

/X / 42 CFR 435.320 7. Aged individuals. and 435.330

8. Blind individuals. 42 CFR 435.322 and 435.330

9. Disabled individuals. /X / 42 CFR 435.324 and 435.330

42 CFR 435.326 $\sqrt{}$ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435,340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

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Effective Date

HCFA ID: 7983E

HCFA-PM-91-8 Revision:

(BPD)

October 1991

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13814.

48.06

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State:

West Virginia

Groups Covered

Optional Coverage of Medically Needy C. (Continued)

1906 of the Act

Citation(s)

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

FEB 14 1994

Effective Date HCFA ID: 7982E

TN No. 93-12 Supersedes ווזים וא בוא בוא האיחי

Approval Date