

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Section was replaced by S14 and S25**

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

AT ACHMENT 2.2-A
Page 2
OMB NO.: 0938

StatState: West Virginia *

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
		2. Deemed Recipients of AFDC.
		b. Removed and replaced by S14 and S25
		c. Removed and replaced by S14 and S25
402(a)(22)(A) of the Act		d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
406(h) and 1902(a)(10)(A) (!)(I) of the Act		e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.
1902(a) of the Act		

*Agency that determines eligibility for coverage.

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Supersedes _____
TN No. 90-01 Jun301995 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

3. Removed and replaced by S14 and S25

1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

Agency that determines eligibility for coverage.

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TN No. 90-01

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Regu red Spec al Grouos</u> (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act	10. Removed and replaced with S 14
1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Citations(s)

Groups Covered

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

1902 (e) (4)
Of the Act
42 CFR 435.117

12. Deemed Newborns.

A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13.. Aged, Blind and Disabled Individuals Receiving Cash Assistance

a. Individuals Receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged
 Blind
 Disabled

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

- Aged
 Blind
 Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1902(a) (10)(A) (i)(II) and 1905 (q) of the Act	14. Qualified severely impaired blind and disabled individuals under age 65, who--	
	a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or	
	b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--	
	(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;	
	(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;	
	(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;	

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	(4)	Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
	(5)	Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
	<input checked="" type="checkbox"/>	Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1619(b)(3) of the Act	<input checked="" type="checkbox"/>	The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act		15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122		16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
42 CFR 435.130		17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
		<u>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.132	19.	Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
42 CFR 435.133	20.	Blind and disabled individuals who-- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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|----------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42 CFR 435.134 | 21. | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972); who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
| | <input type="checkbox"/> | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). |
| | <input type="checkbox"/> | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). |
| | <input type="checkbox"/> | Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

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TN No. 86-08 JUN 30 1995 HCFA ID: 7983E

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Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	24.	Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
	---	The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
	---	In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
	---	In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in § 1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
	---	In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 2.2-A

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AGENCY	CITATION(S)	GROUPS COVERED
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)
	1902 (a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	25. Qualified Medicare Beneficiaries <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
	1902(a)(10)(E)(ii), 1905 (p)(3)(A)(i), 1905(p) and 1860D-14(a)(3)(D) Of the Act	26. Qualified Disabled and Working Individuals <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and

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AGENCY	CITATION(S)	GROUPS COVERED
		<p>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</p> <p>c. Whose resources do not exceed two times the SSI resource limit.</p> <p>d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.</p> <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>
	<p>1902 (a)(10)(E)(iii), 1905 (p)(3)(A)(ii), and 1806D-14(a)(3)(D) Of the Act</p>	<p>27. Specified Low-Income Medicare Beneficiaries</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</p> <p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>
		<p>28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month</p>

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AGENCY	CITATION(S)	GROUPS COVERED
	1902 (a)(10)(E)(iv) and 1905 (p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	<p>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</p> <p>29. Qualifying Individuals</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;</p> <p>c. whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</p>

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR /X' 1. Individuals described below who meet the
435.210 income and resource requirements of AFDC, SSI, or an
1902(a) optional State supplement: as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
190S(a) of assistance.
the Act

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled

Removed and replaces with S28 and S25

42 CFR
435.211

2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		

42 CFR 435.212
& 1902(e)(2) of
the Act, P.L. 99-272
(section 9517)
P.L. 101-508
(section 4732)

- [] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

_____ The State elects not to guarantee eligibility.

_____ The State elects to guarantee eligibility. The minimum enrollment period is month (not to exceed six).

The State measures the minimum enrollment period from:

- [] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

TN No. 03-11

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State: West Virginia

Agency* Citation(s) Groups Covered

1932(a)(4) of B.
the Act

Optional Groups Other Than Medically Needy
(continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56.

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).

During the first three month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

X No restrictions upon disenrollment rights.

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

X The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

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S53**

State : West Virginia

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State: West Virginia

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S53**

State: West Virginia

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

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State: West Virginia

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230

10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 94-15
Supersedes
TN No. 86-08

Approval Date JUN 30 1995

Effective Date JUL 01 1994

HCFA ID: 7983E

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|-------|---------------------------------------------------------------------------------------------------------------------------------|
| 42 CFR 435.230 | — (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 94-15
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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: West Virginia

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 94-15

Supersedes

TN No. _____

Approval Date JUN 30 1995

Effective Date III 0 1 1994

HCFA ID: 7983E

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435-230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 94-15
Supersedes
TN No. 87-02

Approval Date JUN 30 1995

Effective Date JUL 01 1994

HCFA ID: 7983E

Agency*	Citation(s)	Groups Covered
Income Maintenance Bureau	1902(a)(10)(A)(ii)(IX) and 1902(l) of the Act, P.L. 100-203 (Sections 4101(a)(b)(c))	<p>X 13. The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to 150 percent of the Federal nonfarm poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <ul style="list-style-type: none">(a) Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective July 1, 1988);(b) Children born after September 30, 1983, and who have attained one year of age but have not attained five years of age (effective July 1, 1988);(c) Children born after September 30, 1983 and who have attained five years of age but have not attained eight years of age. (effective October 1, 1988, children who have not attained six years of age) (effective October 1, 1989, children who have not attained seven years of age) (effective October 1, 1990, children who have not attained eight years of age) <p>Infants and children covered under items 13(a) through (c) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p>

Agency* Citation(s) Groups Covered

The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

Yes.

Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

As determined under section 1614(a)(3) of the Act; or

As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

Under SSI;

Under the State's more restrictive financial criteria; or

Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 87-2
Supersedes
TN No. _____

Approval Date

MAR 22 1988

Effective Date

APR 01 88

HCFA ID: 1036P/0015F

Agency* Citation(s) Groups Covered

1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407) 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under ATTACHMENT 2.6-A who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

Optional Coverage of the Medically Needy

Div. of
Economic Services

435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 87-2
Supersedes
TN No. _____

Approval Date

MAR 22 1988

Effective Date

64-01-87

HCFA ID: 1036P/0015P

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 94-15

Supersedes

TN No. 86-08

Approval Date JUN 30 1995

Effective Date JUL 01 1995

HCFA ID: 7983E

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

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OMB NO.: 0938-

State: West Virginia

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 94-15

Supersedes

TN No. _____

Approval Date

JUN 30 1995

Effective Date

JUL 01 1994

HCFA ID: 7983E

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

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

Aged
 Blind
 Disabled
 Individuals under the age of--
 ___ 21
 ___ 20
 ___ 19
 ___ 18
 Caretaker relatives
 Pregnant women

TN No. 94-15
Supersedes
TN No. 91-03

Approval Date JUN 30 1995

Effective Date JUN 01 1994

HCFA ID: 7983E

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e) (3)
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan **if they were in a medical institution, and for whom the State has made a determination as required under section 1902 (3) (3) (B) of the Act.**

Supplement 3 to ATTACHMENT 2.2 describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

14. Removed and Replaced by S28

TN No. 94-15
Supersedes
TN No. 91-03

Approval Date **JUN 30 1995**

Effective JUL 01 1994-
HCFA IO: 7983E

1

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

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State: West Virginia

**Intentionally Left Blank
Section was replaced by S30**

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

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State: West Virginia

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(1)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 94-15
Supersedes
TN No. _____

Approval Date

JUN 30 1995

Effective Date

JUL 01 1994

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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Section was replaced by S28**

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: West Virginia

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

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

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 93-12
Supercedes
TN No. NEW

Approval Date

FEB 14 1994

Effective Date
HCFA ID: 7982E

1997 6 1 1997

STATE: West Virginia

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act X [24].
Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act X [25].

Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive ends on that last day.

TN No. 01-06

Approval Date: MAR 22 2001 Effective Date: 4/1/01

Supersedes
TN No. _____

Citation Groups Covered

2. Optional Coverage Other Than the Medically Needy (Continued)

19. Removed

1902 (e)(12) of the Act

11.20.

A child under age nineteen (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of twelve months (not to exceed 12 months) regardless of changes in circumstances other than these listed; a child, under age nineteen moves out of West Virginia and a child who attains the maximum age as stated above.

TNNo. 03-07

S persedes

TNNo. 01-03

Effective Date MAY 01 2009

Approval Date JUL 11 2003

Revision:

ATTACHMENT 2.2-A
PAGE 23d
OMB NO.:

State: West Virginia

Citation		Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
1902(a)(10)(A) (ii)(XIII) of the Act	<input type="checkbox"/>	23. BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XV) of the Act	<input checked="" type="checkbox"/>	24. TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XVI) of the Act	<input checked="" type="checkbox"/>	25. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

TN No. 03-12
Supersedes
TN No. New

Approver: DEC 22 2003 Effective Date: JUL 01 2003

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

ATTACHMENT 2.2-A
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State: West Virginia

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(e) of the Act

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

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

TN No. 94-15

Supersedes

TN No. _____

Approval Date JUN 30 1995

Effective Date JUL 01 1995

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.308

4. Removed

5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of ...

21

20

19

X 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

[] b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19 or 18 as specified below:

(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

(a) In foster homes (and are under the age of).

(b) In private institutions (and are under the age of).

TN No: 10-02
Supersedes: 94-15

Approval Date **Sep 30 2010**

Effective Date JUL 1, 2010

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

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OMB NO.: 0938-

State: West Virginia

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued).

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 94-15
Supersedes
TN No. _____

Approval Date JUN 30 1995

Effective Date JUL 01 1994

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 6. Caretaker relatives.
- 42 CFR 435.320
and 435.330 7. Aged individuals.
- 42 CFR 435.322
and 435.330 8. Blind individuals.
- 42 CFR 435.324
and 435.330 9. Disabled individuals.
- 42 CFR 435.326 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.

TN No. 94-15

Supersedes

TN No. _____

Approval Date JUN 30 1995

Effective Date JUN 30 1995

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

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Page 26a

OMB NO.: 0938-

State: West Virginia

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

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

TN No. 93-12

Supersedes

TN No. NEPL

Approval Date FEB 14 1994

Effective Date OCT 01 1993

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act	<ol style="list-style-type: none"><li data-bbox="781 972 1317 1150">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;<li data-bbox="781 1171 1317 1350">2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined.<li data-bbox="781 1371 1317 1623">3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

TN No. 05-09
Supersedes
TN NO. New

Approval Date NOV 7 2005 Effective Date July 1, 2005