

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

ATTACHMENT 2.2-A
Page 9c
OMB No.: 0938-

State: West Virginia

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

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

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.

TN No. 94-15
Supersedes
TN No. _____

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Effective Date JUL 01 1991

HCFA ID: 7983E

State: West Virginia

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

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TN No. 94-15

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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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TN No. 96-03

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State/Territory: West Virginia

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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Section was replaced by S30**

State: West Virginia

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S53**

State : West Virginia

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State: West Virginia

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S53**

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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.

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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: |

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AUGUST 1991

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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.

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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.

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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.

Div. of Economic Services

435.301

Optional Coverage of the Medically Needy

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

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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:

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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.

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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
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TN No. 91-03

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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

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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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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October 1991

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State/Territory: West Virginia

Citation

Groups Covered

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

1906 of the
Act

1902(a)(10)(F)
and 1902(u)(1)
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.

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

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TN No. _____

Revision:

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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.

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TN No. New

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