Revision: HCFA-PM-86-9 (BERC) MAY 1986

7 J

ATTACHMENT 4.32-A

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

West Virginia State:

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES REQUESTS TO OTHER STATE AGENCIES

TN No. 86-4 Supersedes TN No.

Approval Date _

Effective Date $_$

HCFA ID: 0123P/0002P