Revision:	HCFA-PM-87-4 MARCH 1987	(BERC) OMB No.: 0938-
	State/Territory	West Virginia
3.7 <u>S</u> €	ervices to Familie	es Receiving Extended Medicaid Benefits (Continued)
		Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.
- -	des off 	oplement 2 to ATTACHMENT 3.1-A specifies and scribes the alternative health care plan(s) fered, including requirements for assuring that cipients have access to services of adequate ality.
· •	(2) The	e agency
	<u>/</u> / (i)	Pays all premiums and enrollment fees imposed on the family for such plan(s).
	<u>/</u> X/ (ii	i) Pays all deductibles and coinsurance imposed on the family for such plan(s).