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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: WV-24-0009 and WV-24-0009-CHIP

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

August 7, 2024

Stacey L. Shamblin
Deputy Commissioner, WVCHIP
West Virginia Department of Human Services
350 Capitol Street, Room 251
Charleston, WV 25301

Dear Director Shamblin:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs), WV-24-0009 and WV-24-0009-CHIP, submitted on June 28, 2024, have been approved. These SPAs have an effective date of January 1, 2024.

Through these SPAs, West Virginia continues to provide 12 months of continuous eligibility (CE) coverage to individuals enrolled in its separate CHIP, pursuant to section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023). Section 5112 of the CAA, amended titles XIX and XXI of the Social Security Act to require that states provide 12 months of CE for children under the age of 19 in Medicaid and CHIP. In West Virginia, this provision applies to targeted low-income children. A copy of the approved CS27 state plan page is attached to be incorporated into the state's approved CHIP state plan.

Your Project Officer is Ticia Jones. Ticia is available to answer your questions concerning this amendment and other CHIP-related matters. Ticia's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
E-mail: Ticia.Jones@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN’S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: West Virginia
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) /Signed by Cynthia Persily/ June 26, 2024 (Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: <u>Stacey Shamblin</u>	Position/Title: <u>Deputy Commissioner, CHIP, BMS</u>
Name: <u>Cynthia Beane</u>	Position/Title: <u>Commissioner, BMS</u>
Name: <u>Cynthia Persily</u>	Position/Title: <u>Cabinet Secretary, DoHS</u>

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

#19	Effective: January 1, 2021 Implemented: January 1, 2021 Approved: August 5, 2021	WV-20-0006 Managed Care To transition program to managed care
#20	Effective: April 1, 2022 Implemented: April 1, 2022 Approved:	WV-22-0017 Expanded Post-Partum Coverage To expand post-partum coverage to 12 months consistent with the state Medicaid program.
#20	Effective: March 11, 2021 Implemented: March 11, 2021 Approved:	WV-22-0018 American Rescue Plan To demonstrate WVCHIP compliance with the American Rescue Plan Act provisions that require states to cover treatment, testing, and vaccinations for COVID-19 without cost sharing
#24	<u>Effective: January 1, 2024</u> <u>Implemented: January 1, 2024</u> <u>Approved:</u>	<u>WV-24-0009-CHIP Continuous Eligibility under CAA 2023</u> <u>To demonstrate compliance under the Consolidated Appropriations Act of 2023</u>

[MAGI SPA Roster](#)

WV-22-0017 Effective/Implementation Date: April 1, 2022	MAGI Eligibility & Methods	CS27	General Eligibility – Continuous Eligibility	Incorporate under section 4.1-PW
WV-24-0009 Effective/Implementation Date: January 1, 2024	Non-Financial Eligibility	CS27	General Eligibility – Continuous Eligibility	Supersedes the current CS27 form

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.
There are no federally recognized tribes in West Virginia.

TN No: Approval Date Effective Date

Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses

4.1.2.1-PC Age: through birth (SHO #02-004, issued November 12, 2002)

4.1.3 Income of each separate eligibility group (if applicable):

Ages:

0 – 1 Above 158% FPL and Up to & Including 300% FPL

1 – 6 Above 141% FPL and Up to & Including 300% FPL

6 – 19 Above 133% FPL and Up to & Including 300% FPL

19+ Above 185%FPL and Up to & Including 300%FPL

Refer to forms CS7 & CS8

4.1.3.1-PC 0% of the FPL (and not eligible for Medicaid) through %
of the FPL (SHO #02-004, issued November 12, 2002)

4.1.4 Resources of each separate eligibility group (including any standards relating to spend downs and disposition of resources):

4.1.5 Residency (so long as residency requirement is not based on length of time in state):

Refer to form CS17

4.1.6 Disability Status (so long as any standard relating to disability status does not restrict eligibility):

4.1.7 Access to or coverage under other health coverage:

Refer to form CS20

4.1.8 Duration of eligibility, not to exceed 12 months:

Refer to form CS27.

1. .



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: WV - 24 - 0009

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2107(e)(1)(K) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall

remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

Continuous eligibility is provided to targeted low-income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to becoming eligible for Medicaid.

Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of an individual becoming eligible for Medicaid.

Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low-income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Mandatory Continuous Eligibility for Children

The CHIP Agency must provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, for a 12-month continuous eligibility period.

Consistent with section 2107(e)(1)(K) of the SSA, the state assures that continuous eligibility is provided to its targeted low-income children for a duration of 12 months, regardless of any changes in circumstances, unless:

- The child attains age 19.
- The child or child's representative requests voluntary disenrollment.
- The child is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.
- The child dies.
- The child becomes eligible for Medicaid.

The state elects to provide coverage to the from-conception-to-end-of-pregnancy (FCEP) population (otherwise known as the "unborn").

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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