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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: WV-26-1001

This file contains the following documents in the order listed:

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 17, 2026

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

Dear Deputy Commissioner Shamblin:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) WV-26-1001, submitted on June 30, 2026, has been approved. The effective date for this SPA is January 1, 2026.

Through WV-26-1001, West Virginia demonstrates compliance with section 205 of the Consolidated Appropriations Act, 2024 (CAA, 2024) by modifying CHIP eligibility requirements for the treatment of incarcerated pregnant women. Section 205 of the CAA, 2024, amends section 2102(d)(1)(A) of the Social Security Act to expand the prohibition on terminating eligibility to CHIP-enrolled pregnant women solely because an individual is an inmate of a public institution. Additionally, the state clarifies policies related to a pregnant woman's cost sharing while incarcerated.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Ticia.Jones@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting 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)) _____ (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: Stacey Shamblin Position/Title: Deputy Commissioner, CHIP, BMS
Name: Christy Donohue, CMC Position/Title: Commissioner, BMS
Name: Christina Mullins Position/Title: Acting Cabinet Secretary, DoHS

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.

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children's Health Insurance Program (CHIP). In February 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) renewed the program. The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, further modified the program. The HEALTHY KIDS Act and The Bipartisan Budget Act of 2018 together resulted in an extension of funding for CHIP through federal fiscal year 2027.

This template outlines the information that must be included in the state plans and the State plan amendments (SPAs). It reflects the regulatory requirements at 42 CFR Part 457 as well as the previously approved SPA templates that accompanied guidance issued to States through State Health Official (SHO) letters. Where applicable, we indicate the SHO number and the date it was issued for your reference. The CHIP SPA template includes the following changes:

- Combined the instruction document with the CHIP SPA template to have a single document. Any modifications to previous instructions are for clarification only and do not reflect new policy guidance.
- Incorporated the previously issued guidance and templates (see the Key following the template for information on the newly added templates), including:
  - Prenatal care and associated health care services (SHO #02-004, issued November 12, 2002)
  - Coverage of pregnant women (CHIPRA #2, SHO # 09-006, issued May 11, 2009)
  - Tribal consultation requirements (ARRA #2, CHIPRA #3, issued May 28, 2009)
  - Dental and supplemental dental benefits (CHIPRA # 7, SHO # #09-012, issued October 7, 2009)
  - Premium assistance (CHIPRA # 13, SHO # 10-002, issued February 2, 2010)
  - Express lane eligibility (CHIPRA # 14, SHO # 10-003, issued February 4, 2010)
  - Lawfully Residing requirements (CHIPRA # 17, SHO # 10-006, issued July 1, 2010)
- Moved sections 2.2 and 2.3 into section 5 to eliminate redundancies between sections 2 and 5.
- Removed crowd-out language that had been added by the August 17 letter that later was repealed.
- Added new provisions related to delivery methods, including managed care, to section 3 (81 FR 27498, issued May 6, 2016)

States are not required to resubmit existing State plans using this current updated template. However, States must use this updated template when submitting a new State Plan Amendment.

Federal Requirements for Submission and Review of a Proposed SPA. (42 CFR Part 457 Subpart A) In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457. A SPA is approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional information is needed. Unlike Medicaid SPAs, there is only one 90 day review period, or clock for CHIP SPAs, that may be stopped by a request for additional information and restarted after a complete response is received. More information on the SPA review process is found at 42 CFR 457 Subpart A.

When submitting a State plan amendment, states should redline the changes that are being made to the

existing State plan and provide a "clean" copy including changes that are being made to the existing state plan.

The template includes the following sections:

1. **General Description and Purpose of the Children's Health Insurance Plans and the Requirements**- This section should describe how the State has designed their program. It also is the place in the template that a State updates to insert a short description and the proposed effective date of the SPA, and the proposed implementation date(s) if different from the effective date. (Section 2101); (42 CFR, 457.70)
2. **General Background and Description of State Approach to Child Health Coverage and Coordination**- This section should provide general information related to the special characteristics of each state's program. The information should include the extent and manner to which children in the State currently have creditable health coverage, current State efforts to provide or obtain creditable health coverage for uninsured children and how the plan is designed to be coordinated with current health insurance, public health efforts, or other enrollment initiatives. This information provides a health insurance baseline in terms of the status of the children in a given State and the State programs currently in place. (Section 2103); (42 CFR 457.410(A))
3. **Methods of Delivery and Utilization Controls**- This section requires the State to specify its proposed method of delivery. If the State proposes to use managed care, the State must describe and attest to certain requirements of a managed care delivery system, including contracting standards; enrollee enrollment processes; enrollee notification and grievance processes; and plans for enrolling providers, among others. (Section 2103); (42 CFR Part 457. Subpart L)
4. **Eligibility Standards and Methodology-** The plan must include a description of the standards used to determine the eligibility of targeted low-income children for child health assistance under the plan. This section includes a list of potential eligibility standards the State can check off and provide a short description of how those standards will be applied. All eligibility standards must be consistent with the provisions of Title XXI and may not discriminate on the basis of diagnosis. In addition, if the standards vary within the state, the State should describe how they will be applied and under what circumstances they will be applied. In addition, this section provides information on income eligibility for Medicaid expansion programs (which are exempt from Section 4 of the State plan template) if applicable. (Section 2102(b)); (42 CFR 457.305 and 457.320)
5. **Outreach-** This section is designed for the State to fully explain its outreach activities. Outreach is defined in law as outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs. The purpose is to inform these families of the availability of, and to assist them in enrolling their children in, such a program. (Section 2102(c)(1)); (42 CFR 457.90)
6. **Coverage Requirements for Children's Health Insurance**- Regarding the required scope of health insurance coverage in a State plan, the child health assistance provided must consist of any of the four types of coverage outlined in Section 2103(a) (specifically, benchmark coverage; benchmark-equivalent coverage; existing comprehensive state-based coverage; and/or Secretary-approved coverage). In this section States identify the scope of coverage and benefits offered under the plan including the categories under which that coverage is offered. The amount, scope, and duration of each offered service should be fully explained, as well as any corresponding limitations or exclusions. (Section 2103); (42 CFR 457.410(A))

7. **Quality and Appropriateness of Care**- This section includes a description of the methods (including monitoring) to be used to assure the quality and appropriateness of care and to assure access to covered services. A variety of methods are available for State's use in monitoring and evaluating the quality and appropriateness of care in its child health assistance program. The section lists some of the methods which states may consider using. In addition to methods, there are a variety of tools available for State adaptation and use with this program. The section lists some of these tools. States also have the option to choose who will conduct these activities. As an alternative to using staff of the State agency administering the program, states have the option to contract out with other organizations for this quality of care function. (Section 2107); (42 CFR 457.495)
8. **Cost Sharing and Payment-** This section addresses the requirement of a State child health plan to include a description of its proposed cost sharing for enrollees. Cost sharing is the amount (if any) of premiums, deductibles, coinsurance and other cost sharing imposed. The cost-sharing requirements provide protection for lower income children, ban cost sharing for preventive services, address the limitations on premiums and cost-sharing and address the treatment of pre-existing medical conditions. (Section 2103(e)); (42 CFR 457, Subpart E)
9. **Strategic Objectives and Performance Goals and Plan Administration**- The section addresses the strategic objectives, the performance goals, and the performance measures the State has established for providing child health assistance to targeted low income children under the plan for maximizing health benefits coverage for other low income children and children generally in the state. (Section 2107); (42 CFR 457.710)
10. **Annual Reports and Evaluations**- Section 2108(a) requires the State to assess the operation of the Children's Health Insurance Program plan and submit to the Secretary an annual report which includes the progress made in reducing the number of uninsured low income children. The report is due by January 1, following the end of the Federal fiscal year and should cover that Federal Fiscal Year. In this section, states are asked to assure that they will comply with these requirements, indicated by checking the box. (Section 2108); (42 CFR 457.750)
11. **Program Integrity**- In this section, the State assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Sections 2101(a) and 2107(e); (42 CFR 457, subpart I)
12. **Applicant and Enrollee Protections**- This section addresses the review process for eligibility and enrollment matters, health services matters (i.e., grievances), and for states that use premium assistance a description of how it will assure that applicants and enrollees are given the opportunity at initial enrollment and at each redetermination of eligibility to obtain health benefits coverage other than through that group health plan. (Section 2101(a)); (42 CFR 457.1120)

Program Options. As mentioned above, the law allows States to expand coverage for children through a separate child health insurance program, through a Medicaid expansion program, or through a combination of these programs. These options are described further below:

- **Option to Create a Separate Program-** States may elect to establish a separate child health program that are in compliance with title XXI and applicable rules. These states must establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid and, if they are, enroll these children promptly in

Medicaid.

- **Option to Expand Medicaid-** States may elect to expand coverage through Medicaid. This option for states would be available for children who do not qualify for Medicaid under State rules in effect as of March 31, 1997. Under this option, current Medicaid rules would apply.

  Medicaid Expansion- CHIP SPA Requirements
  In order to expedite the SPA process, states choosing to expand coverage only through an expansion of Medicaid eligibility would be required to complete sections:
  - 1 (General Description)
  - 2 (General Background)

  They will also be required to complete the appropriate program sections, including:
  - 4 (Eligibility Standards and Methodology)
  - 5 (Outreach)
  - 9 (Strategic Objectives and Performance Goals and Plan Administration including the budget)
  - 10 (Annual Reports and Evaluations).

  Medicaid Expansion- Medicaid SPA Requirements
  States expanding through Medicaid-only will also be required to submit a Medicaid State plan amendment to modify their Title XIX State plans. These states may complete the first check-off and indicate that the description of the requirements for these sections are incorporated by reference through their State Medicaid plans for sections:
  - 3 (Methods of Delivery and Utilization Controls)
  - 4 (Eligibility Standards and Methodology)
  - 6 (Coverage Requirements for Children's Health Insurance)
  - 7 (Quality and Appropriateness of Care)
  - 8 (Cost Sharing and Payment)
  - 11 (Program Integrity)
  - 12 (Applicant and Enrollee Protections)

- **Combination of Options-** CHIP allows states to elect to use a combination of the Medicaid program and a separate child health program to increase health coverage for children. For example, a State may cover optional targeted-low income children in families with incomes of up to 133 percent of poverty through Medicaid and a targeted group of children above that level through a separate child health program. For the children the State chooses to cover under an expansion of Medicaid, the description provided under "Option to Expand Medicaid" would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in "Option to Create a Separate Program" would apply. States wishing to use a combination of approaches will be required to complete the Title XXI State plan and the necessary State plan amendment under Title XIX.

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 457 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address:

Name of Project Officer
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244
Attn: Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Mail Stop - S2-01-16

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101)(a)(1)); (42 CFR 457.70):

Guidance: Check below if child health assistance shall be provided primarily through the development of a separate program that meets the requirements of Section 2101, which details coverage requirements and the other applicable requirements of Title XXI.

1.1.1. ☐ Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

Guidance: Check below if child health assistance shall be provided primarily through providing expanded eligibility under the State's Medicaid program (Title XIX). Note that if this is selected the State must also submit a corresponding Medicaid SPA to CMS for review and approval.

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

Guidance: Check below if child health assistance shall be provided through a combination of both 1.1.1. and 1.1.2. (Coverage that meets the requirements of Title XXI, in conjunction with an expansion in the State's Medicaid program). Note that if this is selected the state must also submit a corresponding Medicaid state plan amendment to CMS for review and approval.

1.1.3. ☒ A combination of both of the above. (Section 2101(a)(2))

1.1-DS ☐ The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2. ☒ Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3. ☒ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice

the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan
Effective Date: July 1, 1998

Implementation Date: July 1, 1998

SPA # Purpose of SPA:
Proposed effective date:

Proposed implementation date:

Effective: July 1, 1998 Implemented: July 1, 1998		A Medicaid expansion for children ages 1 to 5 from 134% up to 150% PFL
Amendments		General Description
#1	Effective: April 1, 1999 Implemented: April 1, 1999	Expanded coverage for children ages 6 to 18 from 101% to 150% FPL under a benchmark coverage program based on state's public employees insurance program
#2	Effective: October 1, 2000 Implemented: October 1, 2000	Combines Medicaid expansion (Phase 1- Ages 1 to 5) with benchmark coverage (Phase II – Ages 6 to 18) into one program under benchmark coverage
#3	Effective: November 1, 2000 Implemented: October 23, 2000	Expands coverage to 200% FPL and includes cost sharing through copayments
#4	Effective: July 1, 2002 Implemented: July 1, 2002	Technical amendments to comply with federal statute of August 24, 2001. Also, expansion of pharmacy copayments to families below 150% FPL; and inclusion of annual and lifetime benefit limits.
#5	Effective: January 1, 2006 Implemented: January 1, 2006	Institutes a formulary for generic and/or preferred brand drugs for all therapeutic classes (with medical necessity exceptions when demonstrated by physicians) and grandfathering exceptions to changes for seven drug classes related to mental conditions.

#6	Effective: Implemented:	January 1, 2007 January 1, 2007	Expansion from 201% to 220% FPL through the addition of premium sharing with a limited dental benefit. Also, copayments for sick visits are excluded when a medical home is designated.
#7	Submitted: Withdrawn:	June 11, 2007 August 31, 2007	A special Health Services Initiative to allow for paid comprehensive wellness exams for uninsured children about to enter Kindergarten which included a basic coverage guarantee for subsequent diagnosis and treatment related to any conditions detected as a result of the exams and/or related screens.
#8	Effective: Implemented:	September 1, 2008 January 1, 2008	A special Health Services Initiative allowing for paid comprehensive wellness exams for uninsured children about to enter Kindergarten which includes referral but no coverage guarantee for subsequent diagnosis and treatment related to conditions detected as a result of the exam and/or related screens.
#9	Effective: Implemented:	January 1, 2009 January 1, 2009	Expanded coverage from 220% to 250% FPL through premium sharing. Also, eliminated use of income disregards when determining maximum upper income limit.
#10	Effective: Implemented:	July 1, 2010 July 1, 2010	This amendment combines provisions made effective the prior year to comply with CHIPRA provisions along with an expansion of CHIP dental services to the premium sharing group (above 200% FPL income) which had previously had a maximum $150 annual limit.
#11	Effective: Implemented:	July 1, 2011 July 1, 2011	Expanded coverage from 251% FPL to a maximum gross income limit of 300% FPL. Makes other changes to comply with CHIPRA provisions including elimination of annual and lifetime plan limits, and assurance of mental health parity accompanied by service limit changes necessary for this assurance.
#12	Effective: Implemented:	October 1, 2011 October 1, 2011	To change to a prospective payment system reimbursement methodology for Federally Qualified Health Centers (FQHC's) and Rural Health Centers (RHC's).

#13	Effective: Implemented:	October 1, 2013 October 1, 2013	Incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act.
#14	Effective: Implemented:	January 1, 2014 January 1, 2014	Coverage for eligible PEIA children.
#15	Effective: Implemented: Approved:	October 2, 2017 October 2, 2017 December 6, 2018	Mental Health Parity
#16	Effective: Implemented: Approved:	July 1, 2019 July 1, 2019 September 27, 2019	WV-19-0005 Poison Treatment Advice and Prevention
#17	Effective: Implemented: Approved:	July 1, 2019 July 1, 2019 October 11, 2019	WV-19-0006 Coverage for Pregnant Women
#18	Effective: Implemented: Approved:	March 1, 2020 March 1, 2020 June 10, 2020	WV-20-0003 Disaster Relief In the event of a disaster, the State will notify CMS of its intent to provide temporary adjustments to the following policies: timely processing of renewals, continuous eligibility, and cost-sharing (premiums and copayments).
#19	Effective: Implemented: Approved:	October 24, 2019 October 24, 2019 July 9, 2021	WV-20-0005 SUPPORT ACT To demonstrate WVCHIP compliance with Section 5002 of the SUPPORT ACT
#20	Effective: Implemented: Approved:	January 1, 2021 January 1, 2021 August 5, 2021	WV-20-0006 Managed Care To transition program to managed care
#21	Effective: Implemented: Approved:	March 11, 2021 March 11, 2021 July 7, 2022	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
#22	Effective:	April 1, 2022	WV-22-0017 Expanded Post-Partum Coverage

	Implemented: April 1, 2022 Approved: September 8, 2022	To expand post-partum coverage to 12 months consistent with the state Medicaid program.
#23	Effective: July 1, 2023 Implemented: July 1, 2023 Approved: September 18, 2024	WV-24-0003 CHIP BMS Integration To adopt Medicaid child & pregnant women's medical , dental & behavioral health benefits packages and align program operations across Medicaid and CHIP, and add new benefits: 6.2.26 enabling services (NEMT); 6.3.2.3.2 MAT/BH Alcohol Use Disorder; 6.3.2.4 Peer Support; and 6.3.7 Behavioral Health Care Coordination.
	Effective: February 10, 2024 Implemented: February 10, 2024 Approved: September 18, 2024	To include a $1,000 limit on dental services, excluding emergent dental services, for members ages 21 and over. This limit will phase out on January 1, 2025.
#24	Effective: July 1, 2024 Implemented: July 1, 2024 Approved: September 16, 2024	WV-24-0007 Deactivate Kids' First Health Service Initiative To deactivate the Kids' First Health Service Initiative due to inactivity
#25	Effective: October 1, 2023 Implemented: October 1, 2023 Approved: July 31, 2024	WV-24-0008 To assure WVCHIP covers age-appropriate vaccines and their administration without cost-sharing
#26	Effective: January 1, 2024 Implemented: January 1, 2024 Approved: August 7, 2024	WV-24-0009 Continuous Eligibility under CAA 2023 To demonstrate compliance under the Consolidated Appropriations Act of 2023
#27	Effective: July 1, 2024 Implemented: July 1, 2024 Approved:	WV-25-1001 To adopt Medicaid child and pregnant women's prescription drug benefit package and align operations; compliance with EPSDT requirements
#28	Effective: January 1, 2025 Implemented: January 1, 2025 Approved:	To demonstrate compliance with section 5121 of the Consolidated Appropriations Act of 2023 (CAA, 2023) – Provision of CHIP Services to Incarcerated Youth
#29	Effective: January 1, 2026 Implemented: January 1, 2026 Approved:	To demonstrate compliance with section 205 of the Consolidated Appropriations Act of 2024 (CAA, 2024) – Prohibition of Enrollment Termination Due to Incarceration for Pregnant Women

MAGI SPA Roster

Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
WV-13-0001 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
		CS13	Eligibility - Deemed Newborns	Incorporate under section 4.3
		CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
		CS10	Eligibility – Children Who Have Access to Public Employee Coverage	Supersedes language in regard to dependents of public employees in Section 4.1.9
WV-13-0002 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
WV-13-0003 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within subsection 4.4.1

WV-13-0004 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
WV-13-0005 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5
		CS18	Non-Financial – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR
		CS19	Non-Financial – Social Security Number	Supersedes the current section 4.1.9
		CS20	Substitution of Coverage	Supersedes the current section 4.4.4
		CS21	Non-Payment of Premiums	Supersedes the current section 8.7
		CS27	Continuous Eligibility	Supersedes the current section 4.1.8
WV-19-0006 Effective/Implementation Date: July 1, 2019	MAGI Eligibility & Methods	CS8	Eligibility– Targeted Low Income Pregnant Women	Incorporate under section 4.1-PW, 4.1.3
		CS11	Eligibility – Pregnant Women Who Have Access to Public Employee Coverage	Incorporate under section 4.1-PW, 4.1.7

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	Supercedes the current CS27 form
WV-26-1001 Effective/Implementation Date: January 1, 2026	Non-Financial Eligibility	CS31	Incarcerated CHIP Beneficiaries	New Form

limitations have been set forth in Section 1916 of the Social Security Act, as implemented by regulations at 42 CFR 447.50 - 447.59). For families with incomes of 150 percent of poverty and above, cost sharing for all children in the family cannot exceed 5 percent of a family's income per year. Include a statement that no cost sharing will be charged for pregnancy-related services. (CHIPRA #2, SHO # 09-006, issued May 11, 2009) (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

Disaster Relief: At the State's discretion, copayments and/or monthly premiums may be waived for WVCHIP members who reside and/or work in State or Federally declared disaster areas.

8.2.1. ☒ Premiums:

YES – Pregnant women and children in families with incomes >211% FPL based on net income are charged a monthly premium. There is a two-tier premium structure: families with one enrolled child and families with two or more enrolled children. Pregnant women will pay $35 per month in premium. Eligible pregnant women have no other cost share under the plan. See table below.

WVCHIP Premiums		
Enrolled Children per household	Monthly Premium	Annual Premium Cost
1	$35.00	$420.00
2 or More	$71.00	$852.00
Pregnant Women	$35.00	$420.00

Non-payment of premiums does not result in loss of CHIP eligibility.

For eligible incarcerated pregnant women, premiums are waived during the duration of their carceral stay.

8.2.2. ☐ Deductibles:

8.2.3. ☒ Coinsurance or copayments:
As described below.

CHIP Eligibility

State Name: West Virginia

OMB Control Number: 0938-1148

Transmittal Number: WV - 26 - 1001

Incarcerated CHIP Beneficiaries — CS31

2102(d) and 2110(b)(7) of the SSA

Targeted Low-Income Children Who Become Incarcerated

☐ The state assures that it does not terminate eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to children who are incarcerated. States that elect to suspend CHIP coverage for the duration of a child's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a child's incarceration ☐

If yes, then check an option below:

○ Benefits suspension

○ Eligibility suspension

☐ The state assures that it redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination and restores coverage for child health assistance to eligible children upon their release.

☐ Within the 30 days prior to release (or within one week of release, or as soon as practicable after release), the state assures that it provides eligible children with any screenings, diagnostic services, or case management services that would otherwise be available to children under the CHIP state plan (or waiver of such plan).

Additional information regarding implementation of mandatory provisions of section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023), including providing screenings, diagnostic services, or case management services:

Under section 5122 of the CAA, 2023, states may consider otherwise eligible children who are inmates pending disposition of charges as eligible for CHIP and provide all services covered under the CHIP state plan.

☐ The state elects to provide all CHIP state plan benefits (or waiver of such plan) to eligible children who are inmates pending disposition of charges.

PRA Disclosure Statement

CHIP Eligibility

Children Determined Eligible for CHIP While Incarcerated

Generally, children who apply for CHIP when they are in a carceral facility are not eligible because of the eligibility exclusion for inmates of a public institution under section 2110(b) of the Act. However, section 2110(b)(7) of the Act provides an exception to this eligibility exclusion for children who are within 30 days prior to their release.

☐ The state assures that they will process any application submitted on behalf of a child and make an eligibility determination for child health assistance upon their release from the institution.

☐ Children who apply and are found eligible within 30 days prior to their release will be provided screening and diagnostic services, and case management services that are otherwise available under the CHIP state plan (or waiver of such plan).

Targeted Low-Income Pregnant Women Who Become Incarcerated

☒ The state assures that it does not terminate eligibility for pregnant women enrolled in a separate CHIP because the pregnant woman is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to pregnant women who are incarcerated. States that elect to suspend CHIP coverage for the duration of a pregnant woman's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a pregnant woman's incarceration: Yes

If yes, then check an option below:

- (•) Benefits suspension
- ( ) Eligibility suspension

PRA Disclosure Statement