

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Karen Bowling Cabinet Secretary

August 13, 2013

Ms. Jennifer Ryan Acting Director, Children and Adults Health Programs Group Center for Medicaid and CHIP Services, CMS By electronic mail: jennifer.ryan@cms.hhs.gov

Dear Jennifer:

In response to CMS' guidance regarding streamlined strategies for enrolling individuals in Medicaid, West Virginia is requesting a section 1115 waiver to implement early use of MAGI rules.

We have been working to ensure proper implementation of the often complex rules surrounding determination of income thresholds for the various eligibility groups. We know that CMS recognizes this complexity, and is available to assist states with determining income thresholds that meet federal requirements, while taking into account state policy goals and minimizing administrative burden. We also know that CMS has suggested that states, particularly those with early MAGI waivers, talk with CMS individually about this issue. West Virginia has requested such a meeting and looks forward to our discussion. However, we are mindful of the very tight timeframe the state is facing in order to implement the provisions of this waiver October 1, 2013, given the requirements governing the approval process. To ensure we meet our deadline, we are formally submitting our waiver request at this time, confident that we can continue to work with CMS to correct any deficiencies.

Generally we made an effort to use the same standard that would be applied January 1, 2014, to avoid confusion among workers and the public and to simplify system development. West Virginia has used converted current MAGI percentage of FPL or dollar figures. These are also the figures that West Virginia proposes to use January 1, with the exception of the threshold for children 6-18, which will increase to 133% of FPL at that time.

This submission differs from the draft waiver previously provided to CMS in that converted MAGI standards for adults have been updated to reflect new data provided by CMS. Additionally, in order to ensure that in no instance does an individual need to be assessed by two sets of eligibility rules, we are requesting permission to use MAGI standards to determine retroactive eligibility. We understand that to assure individuals who experience changes in circumstances during the waiver period are protected from losing eligibility unduly; we may need to submit a separate state plan amendment implementing temporary income disregards and seek CMS guidance on this issue. There is also additional information documenting the state's public notice and input process.

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We appreciate your expeditious review of this request. As always, my staff and I are ready to provide you with any additional information and clarification as requested. I look forward to your response.

Sincerely,

Nancy V. Atkins, RN, MSN, NP-BC Commissioner

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