

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 9 - 0 1	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1-Jul-09	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1902(a)(2) 1921 Social Security Act 1902(a)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 79,658 b. FFY 2010 \$ 318,630	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8a to Attachment 2.6-A - page 1 Supplement 12 to Attachment 2.6-A - page 1 Attachment 2.2A-page 14 14		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8a to Attachment 2.6-A - page 1 Supplement 12 to Attachment 2.6-A - page 1 Attachment 2.2A-page 14 14	
10. SUBJECT OF AMENDMENT: The purpose and rationale for this plan amendment is to ensure that individuals temporarily employed as census workers maintain access to Medicaid.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Marsha K. Morris</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Marsha K. Morris			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 6/18/09			
17. DATE RECEIVED: <i>6/19/09</i>			
18. DATE APPROVED: <i>6/19/09</i>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>07/1/2009</i>			
21. TYPED NAME: <i>Debra G. ...</i>		22. TITLE: <i>...</i>	
23. REMARKS: <i>...</i>			