

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 1 1 - 0 0 2	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 October 1, 2011	
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: Section 2501 of the Affordable Care Act, amended section 1927(a) of the Social Security Act		7. FEDERAL BUDGET IMPACT: <i>paid on by bus 2/21/12</i> a. FFY <u>2011</u> <u>2012</u> nominal <i>1.0</i> b. FFY <u>2012</u> <u>2013</u> nominal <i>1.0</i>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3 1-A and 3 1-B, Page3 and Attachment 4.19-B, Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3 1-A and 3 1-B, Page3 and Attachment 4.19-B, Page 5	
10. SUBJECT OF AMENDMENT: This state plan amendment complies with Section 2501 of the Affordable Care Act. This plan covers selected active pharmaceutical ingredients ("API") and excipients used in extemporaneously compounded prescriptions and selected over-the-counter vitamin and mineral supplements when dispensed by a participating pharmacy provider pursuant to a prescription issued by a licensed prescriber following all state and federal laws.			
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: 	15. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301		
13. TYPE AND NAME: Nancy V. Atkins, RN, MSN, NP-BC	14. TITLE: Commissioner		
15. DATE SUBMITTED: <i>n/28/11</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <i>12/28/2011</i>		18. DATE APPROVED MAR 22 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>10/01/2011</i>		20. 	
21. TYPED NAME: <i>Francis McCullough</i>		22. TITLE: <i>(Assignee) Regional Administrator Division of Medical & Children's Health Operations</i>	
23. REMARKS:			

paid on by bus 2/21/12
BM 3/19/12