



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: WV - 13 - 0017

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

W. Va. Code § 9-1-2(n) (defining "state medicaid agency" as "the division of the department of health and human resources that is the federally designated single state agency charged with administration and supervision of the state medicaid program"); W. Va. Code § 9-2-5 (general authority of DHHR to administer "welfare assistance programs"); W. Va. Code § 9-2-6(12) (authorizing the Secretary to submit state plans); W. Va. Code § 9-2-6(18) (authorizing DHHR Secretary to delegate powers and authority); W. Va. Code § 9-2-13(a)(3) (defining BMS as the "single state agency for Medicaid services in West Virginia"); and Appalachian Regional Healthcare, Inc. v West Virginia Dept. of Health and Human Resources, 232 W. Va. 388, 391, 752 S.E.2d 419, 422 (2013) (recognizing that BMS is the single state agency)

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.



Medicaid Administration

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 09/30/15

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Office of Inspector General Board of Review

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Bureau for Medical Services delegates the authority to conduct all fair hearings and issue final decisions to the Board of Review.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

Pursuant to WV Code §9-2-6 (13) and (14), the Board of Review conducts fair hearings.

The Bureau for Medical Services will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process, how to contact the Board of Review, and how to obtain information about fair hearings from that agency.

The Bureau for Medical Services in conjunction with the Board of Review will ensure compliance with all federal and state laws, regulations and policies related to Medicaid.

The Bureau for Medical Services retains oversight of the State Plan; the development and issuance of policies, rules, and regulations on program matters.

The Bureau for Medical Services has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the Board of Review.

The Board of Review rules allow for and encourage a pre-hearing conference to be held prior to the actual appeal. This pre-hearing conference allows the member or applicant to present any additional documentation and to



Medicaid Administration

discuss the appeal with the Bureau for Medical Services. Any applicant or recipient requesting a hearing shall be advised, in writing, on the "Request for Hearing" form or on the notice of adverse action of his or her right to have a pre-hearing conference with an employee of the Department who was involved in the decision making process on the applicant's or recipient's case.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration
Organization and Administration

A2