Revision: HCFA-PM-91-4 (BPD)

OMB No. 0938-

AUGUST 1991

State/Territory: West Virginia

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. Effective Date

HCFA ID: 7982E

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Citation

## Nondiscrimination 7.2

45 CFR Parts 80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

JUN 3 0 1995 Supersedes 79-03 Effective Date | | 1 1000 Approval Date TN No.

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TN No. 94-15
Supersedes 7/1980 Approval Date JUN 3 0 1995 Effective Date JUL 0 1 1994
TN No. 7/1980

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Revision:	HCFA-PM-91- AUGUST 1991	4 (SPD)		90 . ON BMO	38-
	State/Territ	ory:	Mest Virginia		<u></u>
Citation	7.4	State Govern	or's Review		
42 CFR 430	·	Office of the long-range periodic repetatistical, made will be	e Governor to rogram planni orts thereon, budget and f	provide opportureview State projections, excluding periscal reports. to the Health C	lan amendments, and other odic Any comments
		// Not ap	plicable. Th	e Governor	
		<u>/</u> / Doe	s not wish to	review any pla	n material.
		T Ala	hes to review cified in the	only the plan enclosed docum	materials ent.
I hereby certify that I am authorized to submit this plan on behalf of					
West Virginia Bureau for Medical Services					
(Designated Single State Agency)					
Data: August 24, 1994					
for Ann M. Stottlemyer, Commissioner					
		•	Bureau for	Medical Service	s
				(Title)	
TN No. G	94-15 \$A-15 Appro	val Date	2 2 1995	Effective Date	JUL 0 1 1994