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State/Territory Name: Virginia

State Plan Amendment (SPA) #: VA-24-0012

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

September 5, 2024

Cheryl Roberts
Director
Virginia Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Director Roberts:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), VA-24-0012, submitted on June 28, 2024, has been approved. This SPA has an effective date of July 1, 2023.

Through this SPA, Virginia makes the following benefit changes:

- Adds case management services for individuals 18 years of age with a Traumatic Brain Injury. This change aligns with Medicaid SPA VA-23-0008 approved on November 24, 2023.

- For school-based services, clarifies that services are provided regardless of whether a student receiving services has an individualized education program, or whether the health care service is included in a student's individualized education program. This change aligns with Medicaid SPA VA-21-0017 approved on September 25, 2023.

- Revises language in the CHIP state plan related to dental, disposable medical supplies, and nursing facilities services to ensure that the definition of these existing benefits is clear. The SPA does not change the scope of these benefits.

In addition, the SPA updates website addresses and removes outdated references to postpartum coverage.

Your Project Officer is Ticia Jones. Ticia is available to answer your questions concerning this amendment and other CHIP-related matters. Ticia's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
E-mail: Ticia.Jones@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 210l(b)))

State/Territory: Virginia

As a condition for receipt of Federal funds under Title XXI of the Social Security Act (42 CFR 457.40(b)),

/Signed by John E. Littel/

John E. Littel, Secretary of Health and Human Resources
Commonwealth of Virginia

6/11/24
Date

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: John E. Littel Title: Secretary of Health and Human Resources
Name: Cheryl J. Roberts Title: Director, Department of Medical Assistance Services; CHIP Director

*Disclosure. In accordance with the Paperwork Reduction Act of l995, no persons are required to respond to a collection of information unless it displays a valid 0MB control number. The valid 0MB control number for this information collection is 0938-1148 (CMS-10393 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:
CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Effective Date: 07/01/2023 Approval Date: _____

Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
VA-13-19-01 Effective/Implementation Date: July 3, 2014		CS20	Substitution of Coverage	Supersedes the current section 4.4.4
VA-21-0021 Effective/Implementation Date: July 1, 2021	MAGI Eligibility & Methods Non-Financial Eligibility	CS9 CS27	Coverage from Conception to Birth Continuous Eligibility	
VA-24-0006 **Effective/Implementation Date: January 1, 2024**	Non-Financial Eligibility	CS27	Continuous Eligibility	Supersedes the current CS27 SPA MMDL template under SPA #VA-21-0021

SPA #15
Purpose of SPA: Update for SFY 2015
Effective date: 07/01/14
Implementation dates:
Remove waiting period for eligibility: 07/03/14; Allow eligibility for dependents of state employees: 01/01/15

SPA #16
Purpose of SPA: Update for SFY 2016
Effective date: 07/01/15
Implementation date:
Benefits - add Behavioral Therapy services: 07/01/16

SPA #17
Purpose of SPA: Temporary Adjustments to Enrollment and Redetermination for Individuals Living or Working in a Declared Disaster Area at the Time of a Disaster Event.
Effective date and implementation date: 01/01/17

~~SPA #VA-17-0012~~

Purpose of SPA: Update for SFY 2017
Effective date: 7/1/16
SUD amendments (not including peer supports) have an implementation date of 04/01/17.
All other items (including peer supports) have an implementation date of 07/01/17.

SPA #VA-22-0011
Purpose of SPA: Enhanced Behavioral Health Services, Hardship Exception Analysis, and Updated Performance Objectives
Effective date: 07/01/21
Implementation date:

- **For Mental Health Intensive Outpatient Services, Mental Health Partial Hospitalization, Assertive Community Treatment, and updates to Sections 4 and 9 (Hardship Exception Analysis and Strategic Objectives and Performance Goals): 07/01/21**
- **For Multi-systemic Therapy, Functional Family Therapy, and Crisis Intervention and Stabilization services under Section 6.3.5.1- BH: 12/01/21**

SPA #VA-22-0021
Purpose of SPA: Removal of Co-Payments
Effective and implementation date: 07/01/22

SPA #VA-23-0027
Purpose of SPA: The state is assuring that it covers age-appropriate vaccines and their administration, without cost-sharing.
Proposed effective date: October 1, 2023
Proposed implementation date: October 1, 2023

SPA #VA-24-0012
Purpose of SPA: Update school services language; add case management for individuals with traumatic brain injury; add language clarifying nursing facility coverage; revise dental language to make it clearer.
Proposed effective and implementation date: July 1, 2023

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On May 28, 2024, a Tribal notification letter was sent to representatives of each of Virginia's seven federally recognized Indian Tribes, as well as to contacts at the Indian Health Program (IHP) office, describing the provisions of CHIP SPA #VA-24-0012 and notifying Tribal and IHP leadership of the 30-day Tribal comment period. Tribal members and IHP contacts were invited to provide input on the SPA, and contact information was provided for submitting any comments

Virginia offers the FAMIS MOMS program for pregnant women ~~(through 60 days postpartum),~~ through a CHIP 1115 demonstration waiver. FAMIS MOMS covers uninsured low-income pregnant women up to 200% FPL who do not qualify for Medicaid.

Effective July 1, 2021, under the unborn child option, called FAMIS Prenatal, Virginia's separate CHIP program covers uninsured pregnant women with incomes from 0-200% FPL not otherwise eligible for Medicaid, FAMIS, or FAMIS MOMS, regardless of immigration status requirements.

4.1.2.1-PC ☐ Age: through birth (SHO #02-004, issued November 12, 2002)

4.1.3 ☒ Income of each separate eligibility group (if applicable):

See SPA pages CS7 and CS9 for income standards under the CHIP State Plan.

4.1.3.1-PC ☐ 0% of the FPL (and not eligible for Medicaid) through % of the FPL (SHO #02-004, issued November 12, 2002)

4.1.4 ☐ Resources of each separate eligibility group (including any standards relating to spend downs and disposition of resources):

4.1.5 ☒ Residency (so long as residency requirement is not based on length of time in state):

Eligible persons must be Virginia residents. See approved template effective January 1, 2014: CS17 (Non-financial Eligibility – Residency).

4.1.6 ☐ Disability Status (so long as any standard relating to disability status does not restrict eligibility):

4.1.7 ☒ Access to or coverage under other health coverage:

Please see approved template effective January 1, 2014: CS7 (Eligibility – Targeted Low-Income Children).

4.1.8 ☒ Duration of eligibility, not to exceed 12 months:

streamlined application telephonically and electronically. This application is used for both the Medicaid and FAMIS programs.

Changes to the Medicaid and FAMIS eligibility methodology aligned with the federal open enrollment period of October 1, 2013. DMAS modified an existing contract with Xerox (now Conduent) to launch the Cover Virginia Call Center to accept the single streamlined application used to make determinations of eligibility and enrollment in all insurance affordability programs. This call center supports electronic and telephonic application and signature. The call center answers eligibility and covered services questions for the general Medicaid and FAMIS population. The Cover Virginia website (~~www.coverva.org~~ coverva.dmas.virginia.gov) went live to provide users a self-directed eligibility screener, based on MAGI methodologies, and a link to an online application.

Beginning with renewals due in April 2014, FAMIS cases were converted monthly into the new eligibility system, renewed by the LDSS where the child resides, and maintained by the LDSS where the child resides. Steps were taken in 2014 to bring up a new Central Processing Unit function through Cover Virginia, using the state's new eligibility system for determinations of eligibility for MAGI cases. This process is monitored by co-located state staff. Cover Virginia now processes telephonic and FFM applications.

FAMIS and Medicaid cases are reviewed annually to determine continued eligibility. At the time of redetermination and/or renewal, a child found ineligible for either Medicaid or FAMIS will have his eligibility automatically determined in the other program. The ex parte renewal process is used for the majority of Medicaid and FAMIS MAGI cases. In instances where that is not possible, the family is mailed a pre-filled renewal packet with instructions to either call Cover Virginia or go to CommonHelp (state online portal) to complete their renewal or review and return the paper document to their local department of social services.

No Entitlement: In accordance with § 2102(b)(4) of the Social Security Act and § 32.1-353 of the Code of Virginia, the Family Access to Medical Insurance Security Plan shall not create any individual entitlement for payment of medical services or any right or entitlement to participation.

Beginning January 1, 2020, in the event of a federally-declared or Governor-declared disaster and at the Commonwealth's discretion:

(1) Requirements related to timely processing of applications may be temporarily waived for FAMIS applicants who reside and/or work in the State or federally

Section 5. Outreach and Coordination

5.1. (formerly 2.2) Describe the current State efforts to provide or obtain creditable health coverage for uninsured children by addressing sections 5.1.1 and 5.1.2. (Section 2102(a)(2)) (42 CFR 457.80(b))

Guidance: The information below may include whether the state elects express lane eligibility and a description of the State's outreach efforts through Medicaid and state-only programs.

5.1.1. (formerly 2.2.1.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Prior to October 1, 2013, determinations of eligibility for the state child health insurance program, the Family Access to Medical Insurance Security (FAMIS) Plan (Title XXI), were completed at a Central Processing Unit or Local Department of Social Services (LDSS). The Central Processing Unit screened applicants for Medicaid eligibility prior to completing a FAMIS eligibility determination. LDSS determines eligibility for Medicaid first and then determines FAMIS eligibility for children denied Medicaid due to excess income. Families may apply by mail, by phone, fax or web; there is no requirement for a face-to-face interview.

In addition, many community groups have trained volunteers to help parents of potential Medicaid (Title XIX) and FAMIS (Title XXI) eligible individuals by answering questions and helping to complete applications and gather verifications needed to process cases.

Effective October 1, 2013, DMAS launched the Cover Virginia Call Center. This call center accepts the new MAGI single streamlined application and signature by telephone. At the same time, the existing Central Processing Unit stopped handling new applications for FAMIS. The call center answered eligibility and covered services questions for the general Medicaid and FAMIS population. The Cover Virginia website (~~www.coverva.org~~ coverva.dmas.virginia.gov) also went live to provide users a self-directed eligibility screener, based on MAGI methodologies, and a link to an online application.

FAMIS provides comprehensive health benefits for children from birth through age 18 who are not covered under health insurance. Effective July 3, 2014, children no longer need a four-month uninsured waiting period to be eligible for FAMIS. Effective January 1, 2015, dependents of state employees who have access to subsidized health insurance may enroll in FAMIS. The application addresses specific questions about other current health insurance coverage.

outreach efforts in conjunction with the call center and works to develop better outreach evaluation methods. The call center provides translation services for non-English-speaking callers in 148 of the most commonly spoken languages.

~~www.coverva.org~~coverva.dmas.virginia.gov **-- This web site, in tandem with the Cover Virginia Call Center, provides program information as well as information about DMAS contracted MCOs. The site is a resource for consumers, navigators, and community partners. It provides information on eligibility, training for community partners who assist with enrollment, and an online portal where partners can order materials. The site provides an online eligibility screening tool using MAGI income methodologies, and if the user is found eligible, a link to the CommonHelp application. If the user is not eligible, information on other sources of care is available, as is a link to the FFM. The site is also a source of health information for populations served by public insurance.**

FAMIS and Cover Virginia Facebook **-- DMAS monitors and updates FAMIS and Cover Virginia Facebook and Cover Virginia Twitter accounts which were established to capitalize on social media as a method of communicating with applicants and enrollees. They serve as great tools for promoting current health-related messages to pregnant women and families with children.**

The Commonwealth has not received any gifts or in-kind contributions from the business community to support the Commonwealth's Child Health Insurance Program. Any gifts, donations, or in-kind contributions that have been provided have been given directly to the outreach efforts (as described above) or have been provided directly to the grantees providing/supporting the outreach efforts. As stated above, none of these funds are used to draw down the Title XXI federal match.

program.

6.2.7. ☐ Over-the-counter medications (Section 2110(a)(7))

Optional - May be covered at the discretion of the health plan.

6.2.8. ☒ Laboratory and radiological services (Section 2110(a)(8))

Outpatient diagnostic tests, x-rays, and laboratory services covered in a physician's office, hospital, independent and clinical reference lab.

6.2.9. ☒ Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))

Maternity service including routine prenatal care is covered. Pre-pregnancy family services include coverage for prescription drugs and devices approved by the U.S. Food and Drug Administration for use as contraceptives. Contraceptive drugs and devices eligible for reimbursement are oral contraceptives, Depo-Provera, cervical caps, diaphragms, intrauterine devices and transdermal implants.

6.2.10. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices). (Section 2110(a)(12))

Durable medical equipment, prosthetic devices, hearing aids, and eyeglasses are covered when medically necessary with certain limitations.

6.2.11. ☒ Disposable medical supplies. (Section 2110(a)(13))

Medically necessary disposable medical supplies provided in an inpatient or outpatient setting are covered as part of the inpatient or outpatient service.

Guidance: Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.

6.2.12. ☒ Home and community-based health care services (Section 2110(a)(14))

Includes coverage of up to 90 visits per calendar year. Includes

nursing and personal care services, home health aides, physical therapy, occupational therapy, and speech, hearing, and inhalation therapy.

6.2.13. ☒ Nursing care services (Section 2110(a)(15))

Nurse practitioner services, nurse midwife services, and private duty nursing services are covered. Skilled nursing services provided ~~for special education students are covered with limitations~~ by Local Education Agencies (LEAs) are covered and include medical evaluations and/or assessments, state-mandated health screenings, and other nursing services that are determined to be necessary to assess, monitor, and provide nursing interventions to treat or maintain health or a medical condition, under the scope of practice of a licensed school nurse (RN or LPN working under the supervision of an RN).

Nursing facility services are covered for up to 180 days in accordance with the base benchmark plan.

6.2.14. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2110(a)(16))

Abortion only if necessary to save the life of the mother.

6.2.15. ☒ Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009)

Coverage includes diagnostic, preventive, primary, prosthetic and complex restorative services. Coverage does not include ~~routine bases under restorations.~~ Items such as bases or protective liners under restorations. Those measures are incidental and included in the restoration fee.

Coverage shall include full-banded orthodontics and related services to correct abnormal and correctable malocclusion for enrollees. Post-treatment stabilization retainers and follow-up visits are included in the orthodontic services. Effective 12/1/02, the benefit limits for orthodontic services increased to mirror Medicaid.

6.2.16. ☐ Vision screenings and services (Section 2110(a)(24))

6.2.17. ☐ Hearing screenings and services (Section 2110(a)(24))

6.2.18. ☒ Case management services (Section 2110(a)(20))

The State may elect to offer benefits for an approved, alternative treatment plan for a recipient who would otherwise require more expensive services. These services will be offered on a case-by-case basis. Effective October 1, 2011, targeted case management is provided by a certified Early Intervention Case Manager and reimbursed directly by DMAS for children from birth up to age three years who are in need of early intervention services.

Effective July 1, 2023, targeted case management for persons with traumatic brain injury is covered in accordance with the coverage set forth in the Medicaid state plan.

6.2.19. ☐ Care coordination services (Section 2110(a)(21))

6.2.20. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

Medically necessary services used to treat or promote recovery from an illness or injury are covered with limitations.

6.2.21. ☒ Hospice care (Section 2110(a)(23))

Hospice services include a program of home and inpatient care provided directly under the direction of a licensed hospice.
Hospice care programs include palliative and supportive physician, psychological, psychosocial, and other health services to individuals utilizing a medically directed interdisciplinary team. Hospice care services are available if the enrollee is diagnosed with a terminal illness with a life expectancy of six months or fewer. Effective 3/23/10, hospice care is available concurrently with care related to the treatment of the child's condition with respect to which a diagnosis of terminal illness has been made.

6.2.26. ☐ Enabling services (such as transportation, translation, and outreach services (Section 2110(a)(27))

6.2.27. ☒ Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

Enhanced Services Provided Beyond Secretary-approved coverage modeled after the state employee plan:

The services described above are the services included in the Key Advantage State Employee Benefit Package in effect in June 2000. FAMIS Secretary-approved coverage modeled after the state employee plan will include all of the Key Advantage benefits plus the additional benefits listed below:

1. **Well-child care from age 6 through 18 including visits, laboratory services as recommended by the American Academy of Pediatrics Advisory Committee, and any immunizations as recommended by the Advisory Committee on Immunization Practice (ACIP). (Well-child care from birth through age 5 is covered under Key Advantage.)**
2. **The following services ~~for special education~~ provided by Local Education Agencies (LEAs) to students~~, when provided in a school setting pursuant to a student's Individualized Education Program (IEP),~~ are covered under this State Plan: physical therapy, occupational therapy, and speech-language therapy; audiology; skilled nursing; psychiatric and psychological services; adaptive behavior treatment; substance use disorder treatment; personal care; medical evaluations; well-child visits and health-related screenings; and specialized transportation.~~ Assessments are covered as necessary to determine special education and related services needed in the IEP. The Department of Medical Assistance Services (DMAS) reimburses Local Education Agencies (LEAs) directly for services provided pursuant to the IEP.~~**

3. **Blood lead testing.**

COVID-19 Vaccines, Testing, and Treatment:

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child

CHIP Budget Plan

	Federal Fiscal Year Costs — FFY 2022
Enhanced FMAP rate	69.34%
Benefit Costs	
Insurance payments	
Managed care	$391,161,620
per member/per month rate @ # of eligible	$197.67 @ 164,903 avg elig/mo
Fee for Service	$75,484,543
Cost of Proposed SPA changes	0
Total Benefit Costs	**$466,646,163**
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	**$466,646,163**
Administration Costs	
Personnel	$3,622,107
General administration	$116,252
Contractors/Brokers (e.g., enrollment contractors)	$16,562,021
Claims Processing	$2,745,791
Outreach/marketing costs	$451,314
Health Services Initiatives	$5,950,173
Other	
Total Administration Costs	**$29,447,657**
10% Administrative Cap	$51,849,574
Federal Share (multiplied by enh FMAP rate)	$343,991,455
State Share	$152,102,365
TOTAL PROGRAM COSTS	**$496,093,820**

	Federal Fiscal Year Costs - FFY 2024
Enhanced FMAP rate	66.11%
Benefit Costs	
Insurance Payments	
Managed Care	$ 386,656,040
per member/per month rate @# of eligible	$208.24 @168,800 avg elig/mo over 11 mos
Fee for Service	$ 99,333,353
Cost of proposed SPA changes	$ 2,847,407
Total Benefit Costs	**$ 488,836,800**
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	**$ 488,836,800**
Administration Costs	
Personnel	$ 2,701,687
General administration	$ 364,618
Contractors/Brokers (e.g., enrollment contractors)	$ 13,962,759
Claims Processing	$ 1,243,645
Outreach/marketing costs	$ 499,334
Health Services Initiatives	$ 3,383,911
Other	
Total Administration Costs	**$ 22,155,954**
10% Administrative Cap	$ 54,315,200
Federal Share (Multplied by enh-FMAP rate)	$ 337,817,310
State Share	$ 173,175,444
Total Program Costs	**$ 510,992,754**

Funding:

State funding comes from state General Funds and the Family Access to Medical Insurance Security (FAMIS) Plan Trust Fund.

The 1997 General Assembly established the Virginia Children's Medical Security Insurance Plan (CMSIP) Trust Fund in anticipation that a children's health insurance