Table of Contents

State/Territory Name: West Virginia

State Plan Amendments (SPA) #: WV-19-0005

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Children and Adults Health Programs Group

SEP 2 7 2019

Jean Kranz
Executive Director
West Virginia Children's Health Insurance Program
350 Capitol Street, Room 251
Charleston, WV 25301

Dear Ms. Kranz:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number WV-19-0005, with an effective date of July 1, 2019, has been approved. This SPA permits West Virginia to implement a health services initiative (HSI) to support the West Virginia Poison Center.

Section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §457.10 authorize use of title XXI administrative funding for expenditures for HSIs under the plan for improving the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR §457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI funding, within the state's 10 percent administrative limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your title XXI project officer is Ticia Jones. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

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

Official communication regarding program matters should be submitted simultaneously to Ticia Jones and Francis McCullough, Director, Division of Medicaid Field Operations East. Francis McCullough's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid Field Operations East
JFK Federal Building, Suite 2325
Boston, MA 02203-0003

We look forward to continuing to work with you and your staff.

Sincerely,

/signed Anne Marie Costello/

Anne Marie Costello
Director

cc: Francis McCullough, Director, Division of Medicaid Field Operations East

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

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: State of West Virginia
(Name of State/Territory)

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

Bill Crouch, State of West Virginia, Signed 
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved 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: Jean Kranz — Position/Title: Executive Director
Name: Jeremiah Samples — Position/Title: Deputy Secretary, DHHR
Name: Bill Crouch — Position/Title: Cabinet Secretary, DHHR

*Disclosure. In accordance with the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #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, 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, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan
Effective Date: July 1, 1998

Implementation Date: July 1, 1998

SPA #16 Purpose of SPA: WV-19-0005 Poison Treatment Advice and Prevention
Proposed effective date: July 1, 2019

Proposed implementation date: July 1, 2019

Effective: July 1, 1998 Implemented: July 1, 1998		A Medicaid expansion for children ages 1 to 5 from 134% up to 150% PFL
Amendments		General Description
#1	Effective: April 1, 1999 Implemented: April 1, 1999	Expanded coverage for children ages 6 to 18 from 101% to 150% FPL under a benchmark coverage program based on state's public employees insurance program
#2	Effective: October 1, 2000 Implemented: October 1, 2000	Combines Medicaid expansion (Phase 1- Ages 1 to 5) with benchmark coverage (Phase II – Ages 6 to 18) into one program under benchmark coverage
#3	Effective: November 1, 2000 Implemented: October 23, 2000	Expands coverage to 200% FPL and includes cost sharing through copayments
#4	Effective: July 1, 2002 Implemented: July 1, 2002	Technical amendments to comply with federal statute of August 24, 2001. Also, expansion of pharmacy copayments to families below 150% FPL; and inclusion of annual and lifetime benefit limits.

#5	Effective: Implemented:	January 1, 2006 January 1, 2006	Institutes a formulary for generic and/or preferred brand drugs for all therapeutic classes (with medical necessity exceptions when demonstrated by physicians) and grandfathering exceptions to changes for seven drug classes related to mental conditions.
#6	Effective: Implemented:	January 1, 2007 January 1, 2007	Expansion from 201% to 220% FPL through the addition of premium sharing with a limited dental benefit. Also, copayments for sick visits are excluded when a medical home is designated.
#7	Submitted: Withdrawn:	June 11, 2007 August 31, 2007	A special Health Services Initiative to allow for paid comprehensive wellness exams for uninsured children about to enter Kindergarten which included a basic coverage guarantee for subsequent diagnosis and treatment related to any conditions detected as a result of the exams and/or related screens.
#8	Effective: Implemented:	September 1, 2008 January 1, 2008	A special Health Services Initiative allowing for paid comprehensive wellness exams for uninsured children about to enter Kindergarten which includes referral but no coverage guarantee for subsequent diagnosis and treatment related to conditions detected as a result of the exam and/or related screens.
#9	Effective: Implemented:	January 1, 2009 January 1, 2009	Expanded coverage from 220% to 250% FPL through premium sharing. Also, eliminated use of income disregards when determining maximum upper income limit.
#10	Effective: Implemented:	July 1, 2010 July 1, 2010	This amendment combines provisions made effective the prior year to comply with CHIPRA provisions along with an expansion of CHIP dental services to the premium sharing group (above 200% FPL income) which had previously had a maximum $150 annual limit.
	Effective: Implemented:	July 1, 2011 July 1, 2011	Expanded coverage from 251% FPL to a maximum gross income limit of 300% FPL. Makes other changes to comply with CHIPRA provisions including elimination of annual and lifetime plan limits, and assurance of mental health parity accompanied by service limit changes necessary for this

			assurance.
#11	Effective: Implemented:	October 1, 2011 October 1, 2011	To change to a prospective payment system reimbursement methodology for Federally Qualified Health Centers (FQHC's) and Rural Health Centers (RHC's).
#12	Effective: Implemented:	October 1, 2013 October 1, 2013	Incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act.
#13	Effective: Implemented:	January 1, 2014 January 1, 2014	Coverage for eligible PEIA children.
#14	Effective: Implemented: Approved:	October 2, 2017 October 2, 2017 December 6, 2018	Mental Health Parity
#15	Effective: Implemented: Approved:	July 1, 2019 July 1, 2019 ????	Managed Care
#16	Effective: Implemented: Approved:	July 1, 2019 July 1, 2019 ????	WV-19-0005 Poison Treatment Advice and Prevention

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.

TN No: Approval Date Effective Date

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

health services initiatives must meet the requirements of 42 CFR 457.10.

2.2. **Health Services Initiatives-** Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Poison Treatment Advice and Prevention. West Virginia will use CHIP HSI funds, within the 10 percent federal administrative expenditures cap allowed for states, to support the West Virginia Poison Center (WVPC).

The WVPC provides 24-hours per day, 7 days a week, emergency telephone poisoning/overdose assessment, treatment, and referral recommendations to both the public and health care professionals in WV. Emergency phone lines are staffed by nurses with additional toxicology training, Specialists in Poison Information (SPIs), who must pass a national certification examination to become Certified Specialists in Poison Information (CSPI) to maintain employment. At all times, SPIs and CSPIs are backed up by a team of Medical Toxicologists (physicians with board certification in emergency medicine and additional board certification in medical toxicology) and a Clinical Toxicologist (a fellowship-trained Doctor of Pharmacy with board certification as an applied toxicologist).

Types of poisonings/overdoses managed by the WVPC include: unintentional poisonings (e.g., accidental ingestions of drugs, cleaners, household products); therapeutic errors; drug/product misuse exposures; self-harm exposures; environmental exposures (e.g., carbon monoxide poisonings, chemical spills); biologic exposures (e.g., snakebites, spider bites, stings, plant or mushroom ingestions); substance abuse toxicity; chronic lead poisoning; and occupational exposures (at the worksite or occupational chemicals migrating into the home).

The service is available to all citizens and health care professionals in all of WV's 55 counties. Over 16,000 exposure case records are generated each year in addition to over 5,000 information case records. Exposure cases result in approximately 19,000 follow-up calls by the Poison Specialists for continued evaluation and management recommendations. For non-English speaking residents, the WVPC has a contract with an agency that can translate over 150 languages; the WVPC can also communicate with the deaf community via telecommunications devices for the deaf and hearing impaired (TDD).

According to the US Census Bureau, 2017 American Community Survey estimates, approximately 20.5% of WV total population is under 18. 66% of WV children are in households with incomes at 300% FPL or lower. In calendar years 2016 through 2018 the WVPC reported that children under 19 averaged 60% of all case exposure records with 45% of all case exposure records involving children under age 6. CHIP funding under this HSI is targeted to cover the cost of providing WVPC services to the approximately 40% (66% of 60%) of cases that involve children under age 19 in families at or below 300% FPL.

For every $1 spent on poison control efforts, there is a return on investment of $18. In WV, the savings is approximately $25 to $30 million each year. Nationally, poison centers saved $1.8 billion in medical costs in the United States in 2016. Costs are saved by managing poisonings at home, decreasing unnecessary ambulance rides, decreasing hospital days, and decreasing hospital transfer costs. Decreasing hospital transfer costs is especially important for children in WV due to the number of hospitals in the state that do not routinely care for pediatric patients.

The WVPC toll-free number is promoted throughout the state via poison center publications, the WVPC website, WV emergency number listings, pediatrician offices, listed in all West Virginia telephone directories.

The WVPC Director has a strong working relationship with the WV Office of Healthy Schools. Through this affiliation, students in 755 WV schools, throughout all of WV's 55 counties, receive WVPC awareness information. Public schools in WV are required to report use of naloxone or epinephrine auto-injectors and any poisonings, overdoses, or therapeutic errors to the WVPC. Other WVPC collaborations, overseen by the WVPC Community Outreach Coordinator, include: WV Birth to Three, Parents as Teachers, Help Me Grow, the Family Resource Network, and the Bureau for Children and Families through River Valley Child Development Services. The WVPC also consults with the Violence and Injury Prevention Program. The WVPC Director is a regular participant in the Emergency Medical Services for Children (EMSC) Advisory Committee.

The WVPC Community Outreach Coordinator, runs the WVPC poison prevention and outreach program. In addition to brochures on core poison prevention information, the WVPC created brochures as a result of poisoning trends seen in WV. For example, brochures aimed at children and adolescents cover jimson weed abuse, caffeine overuse, and inhalant abuse. For smaller children, brochures covering prevention of poisonous plant exposures are popular. Brochures on poisonous snakes of WV and bites & stings are also commonly requested. The WVPC also created a "Letter to Grandparents" to warn grandparents about the risks their medications can pose for their grandchildren. Monthly and emergency press releases are used to inform the public about real-time poisoning concerns that have been identified via real-time review of emergency telephone case records. Educational materials targeted to families are disseminated widely at various settings and programs that include not only the collaborative partners identified above, but also schools, Head Start programs, daycares, local health departments, Mothers of Preshoolers (MOPS) groups, community baby showers, community based health fairs (many rural areas have large health fairs that reach many families), and mailings to public libraries and pediatrician offices.

CHIP provides $225,000 in annual funding that is used 90% for the call center operations ($203,000) and 10% for materials ($22,000), with all funds targeting services for children at or below 300% FPL. WVPC has annual costs of approximately $1.3 million. CHIP HSI funding covers around 17% of total WVPC costs and 29% of costs attributable to providing services to children under 19 (60% of $1.3 million, or $780,000). Further prorating WVPC costs to the 66% of WV children at or below 300% FPL, (66% of $780,000, or $514,000), CHIP HSI funding contributes 44% of the total WVPC serving this targeted child population.

Funding under this HSI will not supplant or match CHIP federal funds with other Federal funds, nor will it allow other Federal funds to supplant or match CHIP Federal funds. Funding under this HSI is dedicated to children 18 years of age or younger.

"Kids First": A Health Services Initiative

The goal of this initiative is to assure that West Virginia children start Kindergarten healthy and ready to learn.

The Kids First Initiative is a collaborative among three state government agencies; Department of Education, Department of Administration, and Department of Health and Human Resources, that enlists the West Virginia medical community, families, and community-based supports to improve child health and early learning.

All West Virginia children entering kindergarten will receive a health screen to identify risks to healthy growth and development. The West Virginia medical community, which includes private practicing physicians, community health centers, hospital-based clinics, and local health departments, is a participating partner in Kids First. Medical clinicians will be offering wellness screenings at their service sites, or alternate school settings, using the Kids First protocol, which meets the Bright Futures, American Academy of Pediatric standards. The offering of wellness screens in children's medical homes supports West Virginia's efforts to encourage primary medical homes for all children.

For populations who do not receive wellness screenings in their selected medical homes, screenings will be made available by participating community medical providers on-site at Kindergarten Round-ups (enrollment). On-site school screenings will be offered to all unscreened children presenting to Kindergarten regardless of insurance status. Caveat: WVCHIP resources will not be used to offset screening costs for children who are insured, nor will they be used to supplant school funding or resources for wellness screenings. The school is serving as an additional screening site for children who were not screened prior to Kindergarten Round-ups and is offered at the school for the convenience of parents and participating providers. No funds to providers for this project will come from schools, or their districts. Conversely, no funds from WVCHIP, Title XXI , will go to schools to cover costs of alternate service sites for wellness screenings, or for the screening services. Payments for wellness screenings for insured kids, including those covered by WVCHIP or Medicaid, will be made by the appropriate payer according to its benefit plan. WVCHIP, Title XXI Health Service Initiative (HSI) funding will pay for screening services for uninsured children only. Parents of children who are covered by private insurance are responsible to pay for the screen if the private insurance does not cover the cost for any reason. The West Virginia Office of Maternal, Child, and Family Health (OMCFH) will act as a "central depository" for provider billings of these wellness exams for uninsured children. OMCFH will access Medicaid and WVCHIP enrollment files to determine if the child was subsequently enrolled in either program. If so, the claim form for the exam will be forwarded to the appropriate Agency for payment. The remaining claim forms will then be forwarded to WVCHIP to check against commercial insurance files. If it is determined the child has commercial insurance, the claim will be returned to the provider instructing them

STATE: WV	FFY Budget – without HSI	FFY Budget – with HSI
Federal Fiscal Year	**2019**	**2019**
State's enhanced FMAP rate	**93.96%**	**93.96%**
Benefit Costs		
Insurance payments	0	0
Managed care	20,700,000	20,700,000
per member/per month rate	Varies	Varies
Fee for Service	51,071,891	51,071,891
Total Benefit Costs	**71,771,891**	**71,771,891**
(Offsetting beneficiary cost sharing payments)	(1,529,958)	(1,529,958)
Net Benefit Costs	**70,241,933**	**70,241,933**
Cost of Proposed SPA Changes – Benefit	**0**	**0**
Administration Costs		
Personnel	625,500	625,500
General administration	585,000	585,000
Contractors/Brokers	1,000,000	1,000,000
Claims Processing	4,500,000	4,500,000
Outreach/marketing costs	471,749	471,749
Health Services Initiatives	0	225,000
Other	0	0
Total Administration Costs	**7,182,249**	**7,407,249**
10% Administrative Cap	7,804,659	7,804,659
Cost of Proposed SPA Changes	0	225,0000
Federal Share	72,747,761	72,959,171
State Share	4,676,421	4,690,011
Total Costs of Approved CHIP Plan	**77,424,182**	**77,649,182**

NOTE: Include the costs associated with the current SPA.

The Source of State Share Funds: General appropriations

Section 10. Annual Reports and Evaluations

Guidance: The National Academy for State Health Policy (NASHP), CMS and the states developed framework for the annual report that states have the option to use to complete the required evaluation report. The framework recognizes the diversity in State approaches to