Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101(a)(1)); (42 CFR 457.70):

1.1.1 ☐ Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

1.1.3. ☒ A combination of both of the above. (Section 2101(a)(2))

Effective 09/01/02.

1.2 ☒ Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 ☒ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42 CFR 457.130)

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: 10/26/98; Implementation Date: 10/26/98

Amendment Effective Dates: Amend. 1: 07/01/01. Amend. 2: 12/01/01. Amend. 3: 7/01/01. Amend. 4: 09/01/02. Amend. 5: 08/01/03. Amend. 6: Withdrawn.

Amend. 7: delete ESHI premium assistance program and exempt pregnant children from waiting period 08/01/05; allow for disease management in fee-for-service program 07/01/06. Amend. 8: Changes to the CHIP State Plan to outline coverage of school services and to add language regarding private funding. Amend. 9: FAMIS MOMS to 200% FPL and MCO opt in 07/01/09; Medicaid Expansion Immigrants 04/01/09. Amend. 10: Translation for Dental Care 07/01/09; Hospice Concurrent with Treatment 03/23/10; Early Intervention and prospective payment for FQHCs and RHCs 10/01/09; Citizenship Documentation 01/01/10; Mental Health Parity and No Cost Sharing for Pregnancy-Related Assistance 07/01/10. Amend. 11: Administrative Renewal Process 10/01/10; Virginia Health Care Fund 07/01/10. Amend. 16: Behavioral Therapies added 07/01/16. Amend. 17: Temporary Adjustments to Enrollment and Redetermination for Individuals Living or Working in a Declared Disaster Area at the Time of a Disaster Event 01/01/17. Amend. 19: Managed Care Final Rule Compliance Assurances; Technical Updates 07/01/18. Amend. 20: CHIP Disaster Relief – Temporary Waiver of Co-payments; Flexibilities Related to Processing and Renewal Requirements for State or Federally Declared Disaster Area 01/01/20. Amend. 22: Health Services Initiative – Poison Control Centers 07/01/21.

Amendment Implementation Dates: Amend. 1: 08/01/01; Amend. 2: 12/01/01; Amend. 3: 12/01/01; Amend. 4: 09/01/02; Amend. 5: 08/01/03; Amend. 6: Withdrawn; Amend. 7: 07/01/06; Amend. 8: 07/01/07, and 02/14/09 implementation date of language regarding the RWJ Grant funding and private funding; Amend. 9: 07/01/09, and Medicaid Expansion Immigrants: 04/01/09; Amend. 10: Translation for Dental Care: 07/01/09; Hospice Concurrent with Treatment: 03/23/10; Early Intervention and prospective payment for FQHCs and RHCs: 10/01/09; Citizenship Documentation: 01/01/10; and Mental Health Parity, No Cost Sharing for Pregnancy-Related Assistance, and Virginia Health Care Fund: 07/01/10. Amend. 11: Administrative Renewal Process: 10/01/10; and Virginia Health Care Fund: 07/01/10. Amend. 12: Discontinue primary care case management: 05/01/12; Expand eligibility under lawfully residing option: 07/01/12; Add coverage for early intervention case management: 10/01/11; and Discontinue Virginia Health Care Fund funding: 07/01/12. Amend. 13: Outreach Procedures 07/01/12; and Performance Plan: 07/01/12. Amend. 14: Delivery system change (Sec. 6 and 12) Behavioral Health Service Administrator: 01/01/14. Amend. 16: Behavioral Therapies 07/01/16. Amend. 17: Temporary Adjustments to Enrollment and Redetermination for Individuals Living or Working in a Declared Disaster Area at the Time of a Disaster Event 01/01/17. Amend. 19: Managed Care Final Rule Compliance Assurances; Technical Updates 07/01/18. Amend. 20: CHIP Disaster Relief – Temporary Waiver of Co-payments; Flexibilities Related to Processing and Renewal Requirements for State or Federally Declared Disaster Area 03/12/20. Amend. 22: Health Services

Initiative – Poison Control Centers 07/01/21.

Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
VA-13-15 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7 CS13 CS15 CS10	Eligibility – Targeted Low Income Children Eligibility - Deemed Newborns MAGI-Based Income Methodologies Eligibility – Children Who Have Access to Public Employee Coverage	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Incorporate under section 4.3 Incorporate within a separate subsection under section 4.3 Supersedes language in regard to dependents of public employees in Section 4.1.9
VA-14-0002 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
VA-14-0025 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within subsection 4.4.1
VA-13-0018 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
VA-13-19 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17 CS18	Non-Financial Eligibility – Residency Non-Financial – Citizenship	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0; 4.1.1-LR

Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
		CS19	Non-Financial – Social Security Number	Supersedes the current section 4.1.9
		CS23	Other Eligibility Standards	Supersedes the current section 4,1.6, 4.1.7, 4.1.8, 4.1.9
VA-13-19-01 Effective/Implementation Date: July 3, 2014		CS20	Substitution of Coverage	Supersedes the current section 4.4.4

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: 7/1/17
SUD amendments (not including peer supports) have an effective date of 04/01/17.
All other items (including peer supports) have an effective date of 07/01/17.

SPA #VA-18-0012 -- PENDING
Purpose of SPA: Compliance with Mental Health Parity and Addiction Equity Act
Proposed effective and implementation date: 07/01/17

SPA #VA-19-0010
Purpose of SPA: Update for SFY 2019; Managed Care Final Rule Compliance Assurances; Technical Updates
Effective and implementation date: 07/01/18

SPA #VA-20-0001
Purpose of SPA: CHIP Disaster Relief – Temporary Waiver of Co-payments; Flexibilities Related to Processing and Renewal Requirements for State or Federally Declared Disaster Area
Effective date: 01/01/2020
Implementation date: 03/12/2020

SPA #VA-20-0015 -- PENDING
Purpose of SPA: Update for SFY2020; SUPPORT Act Section 5022 Compliance
Effective and implementation date: 10/24/19

SPA #VA-21-0010
Purpose of SPA: Health Services Initiative – Poison Control Centers
Effective and implementation date: 7/1/21

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 February 25, 2021, 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-21-0010 and notifying Tribal and IHP officials 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 to DMAS. Virginia does not anticipate that this SPA will impact the Tribes or IHP differently than other residents of the Commonwealth.

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 Control Centers. As permitted under Section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, Virginia will establish a health services initiative (HSI) that will use CHIP funds, within the 10 percent federal administrative expenditures cap allowed for states, to support Virginia's poison control centers.

Virginia is served by three poison control centers—Virginia Poison Center, Blue Ridge Poison Center, and National Capital Poison Center. There is an annual appropriation in the state budget for the poison centers and funding is allocated to the three centers based on the proportion of Virginia's population served by each center. The 2020 Appropriations Act allotted a total of $875,000 in state general funds for the poison control centers starting in state fiscal year 2022 and directs DMAS to establish a HSI for the poison control centers to draw down CHIP federal matching funds at Virginia's enhanced FMAP, effective July 1, 2021.

Virginia's poison control centers work collaboratively to provide 24-hour, immediate response to acute and chronic poisoning. Specialists in poison information (healthcare professionals with special training in toxicology) triage and respond to poisonings and inquiries from the public and healthcare providers. Each center has board-certified clinical toxicologists immediately available to assist with complicated cases or to consult with clinicians at the bedside.

Comprehensive education programs include didactic and clinical teaching to students, resident and fellow housestaff and physicians in pediatrics, emergency medicine and other specialties; in FY2020, 522 professional education programs were delivered, and 735 healthcare students and providers received on-site training by the poison centers.

The poison control centers' community-based outreach targets caregivers of children, since children are at highest risk of unintentional poisoning. Outreach is also targeted to medically underserved areas of the Commonwealth. In FY2020, Virginia's poison centers were represented at 194 health fairs and disseminated 827,424 poison prevention materials, the majority of which targeted pediatric poisoning. Due to COVID-19, many outreach efforts transitioned to social and digital media, including 813,218 social media contacts and 11,002,766 website page encounters in FY2020. Examples of outreach campaigns specifically targeting children and underserved communities include:

- PoisonHelp kits (poison prevention advice, poison hotline magnets, face masks) were included with Richmond Public Schools meal distribution.
- A poison center educator led a youth development committee for a Rural Substance Abuse

Awareness Coalition that put on a virtual conference that reached 2,500 parents and youth.

- Centers provided targeted social media outreach to Spanish-speaking communities; the largest event, "Conversaciones en Espanol" reached 2,500 people.
- Centers worked with the Hanover County Cares Coalition to focus on OTC medication safety in Latinx youth.

In 2019, Virginia's poison control centers responded to 68,000 calls for assistance, 61,700 of which were human poisoning exposures. Of these calls, 56 percent of cases involved children. Seventy-five percent of all pediatric cases were safely managed at the site of exposure, as opposed to a health care facility. If the poison center was called prior to any other action (e.g., calling 911 or self-referral to a hospital), then 90 percent of children were safely managed by the poison center, thereby preventing unnecessary emergency care. As these statistics demonstrate, most children with accidental poisoning can be safely managed by poison centers, preventing unnecessary 911 calls and emergency department visits. Prior studies indicate that up to 50 percent of callers would self-refer to an ED if a poison center was not available. According to research by the American Association of Poison Control Centers (AAPCC), poison centers save $1.8 billion annually in medical costs in the United States. Costs are saved by managing poisonings at home and reducing unnecessary ambulance rides, hospital days, and hospital transfer costs. Virginia estimates that in 2019 at least 12,000 pediatric ED visits were averted. Assuming an average cost of $1,000 (facility plus physician fee), prevention of 12,000 ED visits results in a conservative estimate of $12 million in annual savings to the Commonwealth.

According to U.S. Census Bureau American Community Survey estimates, approximately 31.5 percent of Virginia children are in households with incomes at or below 200% FPL. Applying these percentages to pediatric cases handled by Virginia's Poison Control Centers, the Centers serve an estimated 10,350 low-income children per year.

The Commonwealth assures that 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.

CHIP Budget Plan

	Federal Fiscal Year Costs – FFY 2021	Federal Fiscal Year Costs – FFY 2022
Enhanced FMAP rate	**68.26%**	**65.00%**
Benefit Costs		
Insurance payments		
Managed care	$366,989,805	$387,602,282
per member/per month rate @ # of eligible	$203.02 @ 150,638 avg elig/mo	$210.67 @ 153,321 avg elig/mo
Fee for Service	$77,401,175	$81,397,662
Cost of proposed SPA changes - Benefits	*$0*	*$0*
Total Benefit Costs	**$444,390,980**	**$468,999,944**
(Offsetting beneficiary cost sharing payments)	$1	$1
Net Benefit Costs	**$444,390,980**	**$468,999,944**
Administration Costs		
Personnel	$2,822,841	$3,037,786
General administration	$625,221	$672,828
Contractors/Brokers (e.g., enrollment contractors)	$19,664,576	$21,161,936
Claims Processing	$6,137,094	$6,604,403
Outreach/marketing costs	$510,521	$549,394
Health Services Initiatives	$625,000	$2,500,000
Other	$0	$0
Cost of proposed SPA changes - Administration	***$625,000***	***$2,500,000***
Total Administration Costs	**$30,385,252**	**$34,526,348**
10% Administrative Cost Ceiling	$49,376,776	$52,111,105
Federal Share (multiplied by enh-FMAP rate)	**$324,082,256**	**$327,292,090**
State Share	$150,693,976	$176,234,202
TOTAL PROGRAM COSTS	$474,776,232	$503,526,292