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State/Territory Name: Virginia

State Plan Amendment (SPA) #: VA-23-0027

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Children and Adults Health Programs Group

February 20, 2024

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

Dear Cheryl Roberts:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number VA-23-0027, submitted on December 28, 2023, has been approved. Through this SPA, Virginia has demonstrated compliance with both the Inflation Reduction Act (IRA) Section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. This SPA has an effective date of October 1, 2023.

Section 11405(b)(1) of the IRA requires states with separate CHIPs that include coverage for adults to provide coverage and payment for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing. Current regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the ACIP without cost sharing. The state provided the necessary assurances to demonstrate compliance with both requirements.

In addition, under the state's Virginia Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS *Select* section 1115 demonstration, the state covers targeted low-income pregnant individuals. The state provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing, for individuals enrolled in coverage through the FAMIS MOMS and FAMIS *Select* section 1115 demonstration. Because vaccine coverage is through the demonstration, the state was not required to check the box indicating coverage for targeted low-income pregnant individuals in section 6.5 of the state's CHIP state plan.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her 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

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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 2101(b)))

State/Territory: 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)),

/Redacted/

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

11/29/23
Date Signed

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 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-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.

**STATE CHILD HEALTH PLAN
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

STATE: Virginia

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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

- 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 November 27, 2023, 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-23-0027 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 to DMAS. No comments were submitted by the Tribal members or IHP contacts. Virginia does not anticipate that this SPA will have a direct impact on the Tribes or IHP.

**STATE CHILD HEALTH PLAN
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

STATE: Virginia

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6.5-Vaccine coverages

Guidance: States are required to provide coverage for age-appropriate vaccines and their administration, without cost sharing. States that elect to cover children under the State plan (indicated in Section 4.1) should check box 6.5.1. States that elect to cover pregnant individuals under the State plan should also check box 6.5.2. States that elect to cover the from-conception-to-end-of-pregnancy population (previously referred to as the “unborn”) option under the State plan should also check box 6.5.3.

6.5.1 Vaccine coverage for targeted-low-income children. The State provides coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP), without cost sharing. (Section 2103(c)(1)(D)) (42CFR 457.410(b)(2) and 457.520(b)(4)).

6.5.2 Vaccine coverage for targeted-low-income pregnant individuals. The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12))

FAMIS MOMS, Virginia’s coverage for targeted low-income pregnant individuals, is provided under Section 1115 demonstration authority. Under the terms of the demonstration, the benefit package for FAMIS MOMS reflects the Medicaid state plan covered benefits for pregnant women. The state provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing, to FAMIS MOMS beneficiaries.

6.5.3 Vaccine coverage for from-conception-to-end-of-pregnancy population option. The state provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost-sharing, to benefit the unborn child.