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**State/Territory Name:** Virginia

**State Plan Amendment (SPA) #:** VA-21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

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**

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June 24, 2021

Cindy Olson  
Director  
Eligibility and Enrollment Services Division  
Virginia Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Ms. Olson:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) VA-21-0010 submitted on May 4, 2021, has been approved. This CHIP SPA establishes a Health Services Initiative (HSI) to support Virginia's poison control centers. VA-21-0010 has an effective date of July 1, 2021.

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 administrative funding, within the state's 10 percent 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 Ms. 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  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-8145  
E-mail: [Ticia.Jones@cms.hhs.gov](mailto:Ticia.Jones@cms.hhs.gov)

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If you have any 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 Amy Lutzky/

Amy Lutzky  
Deputy Director

**STATE CHILD HEALTH PLAN  
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**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.**

Effective Date: [07/01/21]

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Approval Date \_\_\_\_\_

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**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**

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**Initiative – Poison Control Centers 07/01/21.**

<b>Transmittal Number</b>	<b>SPA Group</b>	<b>PDF</b>	<b>Description</b>	<b>Superseded Plan Section(s)</b>
<b>VA-13-15</b> Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
<b>VA-14-0020</b> Effective/Implementation Date: January 1, 2015		CS13	Eligibility - Deemed Newborns	Incorporate under section 4.3
		CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
		CS10	Eligibility – Children Who Have Access to Public Employee Coverage	Supersedes language in regard to dependents of public employees in Section 4.1.9
<b>VA-14-0002</b> Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
<b>VA-14-0025</b> 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
<b>VA-13-0018</b> Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
<b>VA-13-19</b> Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5
		CS18	Non-Financial – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR

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Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
<b>VA-13-19-01</b> Effective/Implementation Date: July 3, 2014		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
		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.**

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**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.**



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- 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. 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 house-staff 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.**

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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.

Virginia's 2020 Appropriations Act allocates a combined \$2.5 million in state general funds and federal 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.

Total CHIP HSI funding to the Poison Control Centers (combined federal and state) will not exceed the share of the centers' budgets that goes toward providing services to children. This maximum amount is calculated by applying the percentage of calls involving children 0-18 in the most recent year for which data is available (e.g., 56% in 2019) to the combined total budgeted expenditures for the three centers. Subject to this cap, the amount allocated in the state budget will be distributed among the three centers using the state's established methodology, i.e., based on each center's share of total statewide call volume from the most recent annual report. Only Virginia calls are included in the totals.

HSI funding is only available to the extent that funds remain under the state's 10% CHIP administrative cap after accounting for all CHIP administrative expenses. 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.

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**CHIP Budget Plan**

	<b>Federal Fiscal Year Costs – FFY 2021</b>	<b>Federal Fiscal Year Costs – FFY 2022</b>
Enhanced FMAP rate	<b>68.26%</b>	<b>65.00%</b>
<b>Benefit Costs</b>		
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
<i>Cost of proposed SPA changes - Benefits</i>	<i>\$0</i>	<i>\$0</i>
<b>Total Benefit Costs</b>	<b>\$444,390,980</b>	<b>\$468,999,944</b>
(Offsetting beneficiary cost sharing payments)	\$1	\$1
<b>Net Benefit Costs</b>	<b>\$444,390,980</b>	<b>\$468,999,944</b>
<b>Administration Costs</b>		
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
<i>Cost of proposed SPA changes - Administration</i>	<b><i>\$625,000</i></b>	<b><i>\$2,500,000</i></b>
<b>Total Administration Costs</b>	<b>\$30,385,252</b>	<b>\$34,526,348</b>
10% Administrative Cost Ceiling	\$49,376,776	\$52,111,105
Federal Share (multiplied by enh-FMAP rate)	<b>\$324,082,256</b>	<b>\$327,292,090</b>
State Share	\$150,693,976	\$176,234,202
<b>TOTAL PROGRAM COSTS</b>	<b>\$474,776,232</b>	<b>\$503,526,292</b>