

**VIRGINIA FAMIS MOMS AND FAMIS *Select***  
**SECTION 1115 DEMONSTRATION**  
**FACT SHEET**

<b>Name of Section 1115 Demonstration:</b>	FAMIS MOMS and FAMIS <i>Select</i>
<b>Waiver Number:</b>	21-W-00058/3
<b>Date Proposal Submitted:</b>	October 12, 2004
<b>Date Proposal Approved:</b>	June 30, 2005
<b>Date Implemented:</b>	August 1, 2005
<b>Date Extension Submitted:</b>	October 15, 2009
<b>Date Extension Approved:</b>	June 29, 2010
<b>Date Expires:</b>	June 30, 2013
<b>Date Extension Submitted:</b>	June 29, 2012
<b>Date Extension Approved:</b>	May 16, 2013
<b>Date Expires:</b>	June 30, 2016

**SUMMARY**

On June 30, 2005, Virginia's formal proposal for the FAMIS MOMS and FAMIS Select Section 1115(a) Demonstration was approved and implemented August 1, 2005. The FAMIS MOMS and FAMIS *Select* Section 1115(a) Demonstration has two objectives. First, it expands Title XXI coverage to uninsured pregnant women, including those who are citizens and lawfully residing in the United States, with family income up to 200 percent of the federal poverty level (FPL) and who are not eligible for Medicaid, through the FAMIS MOMS program. Second, it uses Title XXI funds to support the FAMIS *Select* health insurance premium assistance program. Virginia's Title XXI Children's Health Insurance Program (CHIP) covers children with family income from 143 percent of the FPL under a separate child health plan known as the Family Access to Medical Insurance Security Plan (FAMIS). Children must first be found eligible and enroll in FAMIS before electing coverage through FAMIS *Select*.

By targeting these two populations, Virginia expects to see the following outcomes:

- A decrease in the rates of uninsurance among pregnant women,
- An increase in participation in premium assistance in CHIP,
- An increase in access to appropriate medical services, and
- An improvement in certain health outcomes of children.

**AMENDMENTS**

**Amendment #1**

<b>Date Amendment Submitted:</b>	April 17, 2012
<b>Date Amendment Approved:</b>	August 16, 2012

The state requested to provide coverage of lawfully residing pregnant women in FAMIS MOMS, consistent with the guidance set forth in the State Health Official letter dated 07/01/2010. Coverage for this population will be applicable only for periods when Medicaid coverage of lawfully residing pregnant women is in effect.

**Amendment #2**

**Date Amendment Submitted:** June 26, 2013  
**Date Amendment Approved:** December 31, 2013

The state requested approval to phase out the FAMIS MOMS program beginning January 1, 2014. New applications for FAMIS MOMS were not accepted after December 31, 2013. Women enrolled in FAMIS MOMS on or prior to December 31, 2013, retained eligibility for the duration of their coverage period. Any application received for pregnancy coverage on or after January 1, 2014, is currently screened for Medicaid under pregnant women eligibility. If the applicant's income is above 143 percent of the FPL, the applicant is referred to the Federally Facilitated Marketplace for coverage.

**Amendment #3**

**Date Amendment Submitted:** August 20, 2014  
**Date Amendment Approved:** October 24, 2014

The state requested approval to reinstate new enrollment into its existing FAMIS MOMS component of the demonstration and change the income eligibility threshold to 200 percent of the FPL to be consistent with the CHIP eligibility levels for children. This amendment became effect on November 1, 2014.

**Amendment #4**

**Date Amendment Submitted:** December 22, 2014  
**Date Amendment Approved:** April 3, 2015

The state requests approval to expand FAMIS MOMS coverage to include pregnant women with income from 143 percent of the FPL up to and including 200 percent of the FPL with access to state employee's health benefit coverage in accordance with the hardship exception provided in section 2110(b)(6)(C) of the Social Security Act. Additionally, this amendment provides comprehensive dental services to pregnant women age 21 and over in FAMIS MOMS, who currently receive emergency dental services only. This amendment has an effective date of April 3, 2015.

**ELIGIBILITY**

The FAMIS MOMS and FAMIS *Select* Demonstration includes two populations.

**Demonstration Population I: FAMIS MOMS**

The FAMIS MOMS covers pregnant women, including those who are citizens and lawfully residing in the United States, without credible health insurance coverage in families with income up to and including 200 percent of the FPL. Coverage is up to 60 days post partum.

The state implemented eligibility for pregnant women through 200 percent of the FPL in increments. The State initially provided coverage to pregnant women who were not eligible for Medicaid with incomes through 150 percent of the FPL. The second increment, implemented August 26, 2006, covered pregnant women with incomes through 165 percent of the FPL. The third increment was implemented October 1, 2007, covered pregnant women through 185 percent of the FPL. The next increment occurred in June 2010, covering pregnant women through 200 of the FPL. The final increment was implemented July 1, 2012, covering pregnant women including those who are citizens and lawfully residing in the United States, with income through 200 percent of the FPL.

### **Demonstration Population II: FAMIS *Select***

The FAMIS *Select* program provides uninsured children in families with income from 143 percent up to and including 200 percent of the FPL, with the option of voluntarily enrolling in a premium assistance program. Enrollment in a private or employer sponsored plan is voluntary and the child may elect to switch to direct State coverage at any time.

### **DELIVERY SYSTEM**

The benefits for this Demonstration are offered through a managed care organization (MCO) model.

### **BENEFITS**

Pregnant women enrolled in FAMIS MOMS receive the Medicaid prenatal benefit package.

Enrollment in the FAMIS *Select* premium assistance program is in lieu of receiving benefits through the CHIP State plan. There is no minimum benefit package required by the State but the plan must provide creditable coverage. Wrap-around coverage is only provided for immunizations. Childhood immunizations are provided at no cost to the participants if the service is not covered by the health plan. If the child's private plan does not cover vaccines, the child can go to any Medicaid or CHIP participating physician to receive the vaccine. The premium assistance amount paid per child will be up to \$100 per month, per child with the maximum not to exceed the employee's total monthly premium. Premium assistance payments are paid directly to the family based on verified payroll withholding amounts.

### **QUALITY AND EVALUATION PLAN**

As required under applicable federal laws and regulations, quality of care furnished under FAMIS MOMS and FAMIS *Select* is subject to managed care organization and State quality assurance monitoring and external quality review.

An evaluation plan has been implemented to assure the health and welfare of participants and continuous program improvement.

### **COST SHARING**

The cost sharing requirements for the FAMIS MOMS program are consistent with those described in the title XIX State plan, with cost-sharing limits consistent with those described in the title XXI State plan. There are no monthly premiums or copayments for prenatal care and services for medical conditions that may complicate the pregnancy. Other medical services are covered, but enrollees may be responsible for copayments based on Medicaid rules.

The FAMIS *Select* enrollees receive coverage through a premium assistance program; therefore, cost-sharing requirements are set by the employer's health care plan. Enrollees will be responsible for all cost sharing associated with the employer's plan.

### **State Funding Source**

The State of Virginia certifies that State/local monies are used as matching funds for the Demonstration and that such funds shall not be used as matching funds for any other Federal grant or contract, except as permitted by Federal law.

Last Updated: April 2015