



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS, JD
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219

May 6, 2025

Ms. Ticia Jones
CMS/CMSO
Mail Stop S2-01-16
7500 Security Blvd.
Baltimore, MD 21244-1850

Dear Ms. Jones

Attached for your review and approval is the State Plan Amendment for the Virginia State Children's Health Insurance Program, VA-25-0008. DMAS has provided both tracked and clean pages. This document includes the following changes:

- Formatting adjustments on pages 6 & 7
- An updated list of SPAs on page 8
- Number of Poison Control centers funded in part via a CHIP Health Services Initiative, from three centers to two (following the closure of National Capital Poison Center) on page 10
- Replacement of references to the Federally-Facilitated Marketplace, with references to Virginia's Insurance Marketplace (state-based Marketplace) on pages 65 & 77
- Removal of references to FAMIS and Cover Virginia Facebook and Twitter pages, which have been removed upon DMAS's rebranding of its Medicaid/FAMIS programs ("Cardinal Care") on pages 75 & 77
- Updates to outreach processes involving Virginia businesses on page 76

Updated budget information is included on page 135.

I request that your office approve the document as quickly as possible. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".


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

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



Janet V. Kelly, Secretary of Health and Human Resources
Commonwealth of Virginia



Date

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: <u>Janet V. Kelly</u>	Title: <u>Secretary of Health and Human Resources</u>
Name: <u>Cheryl J. Roberts</u>	Title: <u>Director, Department of Medical Assistance Services; CHIP Director</u>

*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.

Effective Date: 07/01/2024

1

Approval Date:

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

STATE: Virginia

Page 2-6

SUD amendments (not including peer supports) have an implementation date of 04/01/17.

All other items (including peer supports) have an implementation date of 07/01/17.

SPA #VA-18-0012

Purpose of SPA: Compliance with Mental Health Parity and Addiction Equity Act - Effective and implementation date 07/01/17;

Removal of Outpatient Behavioral Health Co-payments – Effective and implementation date: 07/01/19

Moved (insertion) [1]

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

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: 07/01/21

SPA #VA-21-0027

Purpose of SPA: Extend coverage for unborn children whose mothers are uninsured pregnant women up to 200% FPL not otherwise eligible for Medicaid, FAMIS MOMS, or FAMIS, regardless of immigration status requirements; Fund a Health Services Initiative to provide fee-for-service health services up to 60 days postpartum to mothers covered under the unborn child option, called FAMIS Prenatal.

Effective and implementation date: 07/01/21

Effective Date: 07/01/2024

6

Approval Date:

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

STATE: Virginia

Page 2-7

SPA #VA-22-0010

Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost-sharing in CHIP.

Effective and implementation date: 03/11/21

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

SPA #VA-24-0006

Purpose of SPA: Add 12-month continuous coverage for children.

Proposed effective date: 1/1/24

Proposed implementation date: 1/1/24

SPA #VA-24-0012

Purpose of SPA: Update school services language; add case management for individuals with traumatic brain injury; add language clarifying nursing facility coverage; revise dental language to make it clearer.

Proposed effective and implementation date: July 1, 2023

Moved up [1]: SPA #VA-18-0012¶

Purpose of SPA: Compliance with Mental Health Parity and Addiction Equity Act - Effective and implementation date 07/01/17;¶

Removal of Outpatient Behavioral Health Co-payments – Effective and implementation date: 07/01/19¶

¶ 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¶

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: 07/01/21¶

¶ SPA #VA-21-0027¶

Purpose of SPA: Extend coverage for unborn children whose mothers are uninsured pregnant women up to 200% FPL not otherwise eligible for Medicaid, FAMIS MOMS, or FAMIS, regardless of immigration status requirements; Fund a Health Services Initiative to provide fee-for-service health services up to 60 days postpartum to mothers covered under the unborn child option, called FAMIS Prenatal.¶

Effective and implementation date: 07/01/21¶

Moved (insertion) [2]

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

STATE: Virginia

Page 2-8

SPA #VA-25-0008

Purpose of SPA: Update Poison Center language; update references to Federally Facilitated Marketplace to reflect Virginia's Insurance Marketplace (state-based exchange); update outreach strategies and channels to reflect state's new Cardinal Care brand.

Proposed effective and implementation date: July 1, 2024

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- 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 May 20, 2025, 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-25-0008 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.

Moved up [2]: 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¶
SPA #VA-24-0006¶
Purpose of SPA: Add 12-month continuous coverage for children. Proposed effective date: 1/1/24¶
Proposed implementation date: 1/1/24¶

Moved up [3]: SPA #VA-24-0012¶
Purpose of SPA: Update school services language; add case management for individuals with traumatic brain injury; add language clarifying nursing facility coverage; revise dental language to make it clearer.¶
Proposed effective and implementation date: July 1, 2023¶

Moved (insertion) [4]

Effective Date: 07/01/2024

8

Approval Date:

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

STATE: Virginia

Page 2-10

Medicaid covers children 0 through 5 up to 133% and covers children ages 6 through 18 up to 100% of poverty. Effective 9/01/02, Virginia's Medicaid program was expanded through Title XXI to cover additional targeted low-income children ages 6 through 18 with family income equal to or less than 133% of FPL. Effective January 1, 2014, this changed to 143% of FPL.

- 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)

Postpartum Services

Virginia will use additional CHIP funds, up to 10 percent of federal CHIP expenditures (after administrative costs for the CHIP populations), for other child health assistance as authorized under § 2105(a)(2) of the Act. Such assistance will provide for the payment of 60 days postpartum services, for services that are provided on a fee-for-service basis to mothers of children covered under FAMIS Prenatal, the unborn child option. The FAMIS Prenatal program's benefit package is the same as that provided under the FAMIS MOMS CHIP 1115 Demonstration, which reflects the Medicaid state plan covered benefits for pregnant women, with the exception of long-term services and supports (LTSS). Enrollees with FAMIS Prenatal coverage will be provided continuous eligibility for the entire 60-day postpartum period.

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. The Commonwealth assures that it will report annually on metrics regarding how the HSI improves the health of low-income children.

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 ~~two~~ poison control centers—Virginia Poison Center, ~~and~~ Blue Ridge 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.

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

STATE: Virginia

Page 3-65

streamlined application telephonically and electronically. This application is used for both the Medicaid and FAMIS programs.

Changes to the Medicaid and FAMIS eligibility methodology aligned with the federal open enrollment period of October 1, 2013. DMAS modified an existing contract with Xerox (now Conduent) to launch the Cover Virginia Call Center to accept the single streamlined application used to make determinations of eligibility and enrollment in all insurance affordability programs. This call center supports electronic and telephonic application and signature. The call center answers eligibility and covered services questions for the general Medicaid and FAMIS population. The Cover Virginia website (coverva.dmas.virginia.gov) went live to provide users a self-directed eligibility screener, based on MAGI methodologies, and a link to an online application.

Beginning with renewals due in April 2014, FAMIS cases were converted monthly into the new eligibility system, renewed by the LDSS where the child resides, and maintained by the LDSS where the child resides. Steps were taken in 2014 to bring up a new Central Processing Unit function through Cover Virginia, using the state's new eligibility system for determinations of eligibility for MAGI cases. This process is monitored by co-located state staff. Cover Virginia now processes telephonic applications and those transferred from Virginia's Insurance Marketplace.

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FAMIS and Medicaid cases are reviewed annually to determine continued eligibility. At the time of redetermination and/or renewal, a child found ineligible for either Medicaid or FAMIS will have his eligibility automatically determined in the other program. The ex parte renewal process is used for the majority of Medicaid and FAMIS MAGI cases. In instances where that is not possible, the family is mailed a pre-filled renewal packet with instructions to either call Cover Virginia or go to CommonHelp (state online portal) to complete their renewal or review and return the paper document to their local department of social services.

No Entitlement: In accordance with § 2102(b)(4) of the Social Security Act and § 32.1-353 of the Code of Virginia, the Family Access to Medical Insurance Security Plan shall not create any individual entitlement for payment of medical services or any right or entitlement to participation.

Beginning January 1, 2020, in the event of a federally-declared or Governor-declared disaster and at the Commonwealth's discretion:

(1) Requirements related to timely processing of applications may be temporarily waived for FAMIS applicants who reside and/or work in the State or federally

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

STATE: Virginia

Page 5-75

enrollment forms, case management and other targeting activities to inform families of low-income children of the availability of the health insurance program under the plan or other private or public health coverage.

The description should include information on how the State will inform the target of the availability of the programs, including American Indians and Alaska Natives, and assist them in enrolling in the appropriate program.

- 5.3. Strategies. Describe the procedures used by the State to accomplish outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program. (Section 2102(c)(1)) (42 CFR 457.90)

Pursuant to the 2004 amendment to § 32.1-351.2 of the Code of Virginia, DMAS has established the Children's Health Insurance Program Advisory Committee (CHIPAC). The Committee consists of no more than 20 members and shall include membership from appropriate entities, as follows: one representative of the Joint Commission on Health Care, the Department of Social Services, the Department of Health, the Department of Education, the Department of Behavioral Health and Developmental Services, the Virginia Health Care Foundation, various provider associations and children's advocacy groups; and other individuals with significant knowledge and interest in children's health insurance. The Committee may report on the current status of FAMIS and FAMIS Plus and make recommendations as deemed necessary to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources. The Committee is staffed by DMAS Policy Planning and Innovation staff.

DMAS maintains Community Outreach staff to conduct statewide outreach, oversee campaigns, attend community events, sit on coalitions, and design and print flyers, brochures, posters, and other support materials in English and Spanish. This staff also oversees content for the Cover Virginia website.

The marketing and outreach efforts promote FAMIS and Medicaid and may include the following:

Coordination with Other State Agencies -- Assistance is sought from other agencies, including Virginia's Department of Education, Department of Health, and Department of Social Services to promote the program to potential new enrollees. Utilizing the highly successful annual Back to School Campaign in conjunction with the Free and Reduced School Lunch Program, school systems

Deleted: and FAMIS and Cover Virginia Facebook pages and Twitter accounts

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

STATE: Virginia

Page 5-76

are a primary vehicle for sending information home to parents about the FAMIS program. This campaign usually results in a 25% increase in applications during the month of September. In addition, State agencies are routinely educated and trained about the program, informed of any changes or new initiatives, and are provided with informational fact sheets, website links, and other materials.

Coordination with Other Community Based Organizations -- The Commonwealth actively encourages participation of a wide range of organizations including, but not limited to, those organizations that target high concentrations of uninsured children. DMAS has partnered with a network of Community Based Organizations (CBO) to promote and facilitate enrollment of children in the FAMIS and Medicaid programs. DMAS will continue to build coalitions and infrastructure at the state and local level that will provide awareness and application assistance in both FAMIS and Medicaid. DMAS continues to work closely with its contractor, the Virginia Health Care Foundation, in coordinating local outreach efforts through various CBO that have expertise in providing outreach and application assistance, including translation services to reach eligible families with limited English speaking abilities. All outreach materials are available in both English and Spanish. DMAS continues to provide these organizations with the support and tools needed to reach these families.

Coordination with the Business Community -- DMAS provides educational resources and guidance to Virginia businesses and business associations at their request to ensure they are supported in enrolling employees' children, sponsoring educational opportunities, advertising partnerships, and supporting the State's child health insurance programs. These groups are provided with materials outlining the importance and benefits of the program so that they can make informed decisions on their ability and level of participation.

Coordination with the Health Care Associations and Providers -- The Commonwealth partners with health care associations and requests their cooperation in performing outreach for Virginia's child health insurance programs. Outreach information is provided to health care associations and health care providers so that they can distribute FAMIS and Medicaid information to their members.

Cover Virginia Call Center -- Effective since October 2013, the Commonwealth, through a contractor, provides a call center with a toll-free number that provides general program information, assists callers with completing new and renewal applications, documents reported changes in status, provides status updates on pending applications, and helps enrollees with selecting a MCO as needed. Online resources are available to support customer service representatives in assisting callers and making referrals to other programs. DMAS continues to coordinate

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

STATE: Virginia

Page 5-77

outreach efforts in conjunction with the call center and works to develop better outreach evaluation methods. The call center provides translation services for non-English-speaking callers in 148 of the most commonly spoken languages.

coverva.dmas.virginia.gov-- This web site, in tandem with the Cover Virginia Call Center, provides program information as well as information about DMAS contracted MCOs. The site is a resource for consumers, navigators, and community partners. It provides information on eligibility, training for community partners who assist with enrollment, and an online portal where partners can order materials. The site provides an online eligibility screening tool using MAGI income methodologies, and if the user is found eligible, a link to the CommonHelp application. If the user is not eligible, information on other sources of care is available, as is a link to [Virginia's Insurance Marketplace](#). The site is also a source of health information for populations served by public insurance.

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Cardinal Care Social Media – Virginia rebranded its Medicaid and FAMIS programs as “Cardinal Care” in 2024. DMAS monitors and updates Cardinal Care accounts on Facebook, Instagram, and LinkedIn. These accounts were established to capitalize on social media as a method of communicating with Medicaid/FAMIS members and stakeholders. They raise awareness of the programs through member stories, resource highlights, and key program updates.

The Commonwealth has not received any gifts or in-kind contributions from the business community to support the Commonwealth's Child Health Insurance Program. Any gifts, donations, or in-kind contributions that have been provided have been given directly to the outreach efforts (as described above) or have been provided directly to the grantees providing/supporting the outreach efforts. As stated above, none of these funds are used to draw down the Title XXI federal match.

Deleted: FAMIS and Cover Virginia Facebook -- DMAS monitors and updates FAMIS and Cover Virginia Facebook and Cover Virginia Twitter accounts which were established to capitalize on social media as a method of communicating with applicants and enrollees. They serve as great tools for promoting current health-related messages to pregnant women and families with children.¶

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

STATE: Virginia

Page 9-135

CHIP Budget Plan

	Federal Fiscal Year Costs - <u>FFY</u> <u>2025</u>
Enhanced FMAP rate	66.11%
Benefit Costs	
Insurance Payments	
Managed Care	<u>\$434,084,222</u>
per member/per month rate @# of eligible	<u>\$193.08 @ 187,348 avg elig/mo over 12 mos</u>
Fee for Service	<u>\$105,206,968</u>
Cost of proposed SPA changes	<u>\$0</u>
Total Benefit Costs	<u>\$539,291,190</u>
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	<u>\$539,291,190</u>
Administration Costs	
Personnel	<u>\$10,313,330</u>
General administration	<u>\$103,855</u>
Contractors/Brokers (e.g., enrollment contractors)	<u>\$6,528,620</u>
Claims Processing	<u>\$623,608</u>
Outreach/marketing costs	<u>\$248,065</u>
Health Services Initiatives	<u>\$3,150,063</u>
Other	
Total Administration Costs	<u>\$20,967,540</u>
10% Administrative Cap	<u>\$59,921,343</u>
Federal Share (Multiplied by enh-FMAP rate)	<u>\$368,033,960</u>
State Share	<u>\$192,224,770</u>
Total Program Costs	<u>\$560,258,730</u>

Funding:

State funding comes from state General Funds and the Family Access to Medical Insurance Security (FAMIS) Plan Trust Fund.

The 1997 General Assembly established the Virginia Children's Medical Security Insurance Plan (CMSIP) Trust Fund in anticipation that a children's health insurance

Effective Date: 07/01/2024

135 Approval Date:

From: [Roller, Emily \(DMAS\)](#)
To: TribalOffice@MonacanNation.com; [Ann Richardson](#); Pamelathompson4@yahoo.com; rappahannocktrib@aol.com; regstew007@gmail.com; Richard.matens@pamunkey.org; chief@monacannation.gov; chiefstephenadkins@gmail.com; bradbybrown@gmail.com; tabitha.garrett@ihs.gov; Kara.Kearns@ihs.gov; administrator@nansemond.gov; info@afwellness.com; info@fishingpointnc.com; contact@Nansemond.gov; brandon.custalow@mattaponination.com; admin@umitribe.org; lorraine.reels-pearson@ihs.gov; remedios.holmes@ihs.gov; lindsey.taylor@ihs.gov; joni.lyon@ihs.gov; [Howard, Joanne](#); Chief@Nansemond.gov; AssistantChief@Nansemond.gov
Subject: Tribal Notice - CHIP State Plan changes (1 of 2)
Date: Tuesday, May 20, 2025 12:06:00 PM
Attachments: [image001.png](#)
[Tribal Notice Letter 05-20-25.docx](#)

Dear Tribal Leaders and Indian Health Programs,

Attached is a letter from Virginia Medicaid Director Cheryl Roberts related to a Children's Health Insurance Program (CHIP, known as FAMIS in Virginia) state plan amendment, which includes language-only changes.

Please let me know if you have any questions.

Thank you,

Emily Roller

Senior Management Analyst

Policy Division

Department of Medical Assistance Services

emily.roller@dmass.virginia.gov | (804) 371-2912

Hours: Monday – Friday 8:30 – 5:00

www.dmass.virginia.gov





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

May 20, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – Virginia Children’s Health Insurance Program (CHIP) State Plan Amendment.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia Children’s Health Insurance Program (CHIP, known in Virginia as “FAMIS”) State Plan with the Centers for Medicare and Medicaid Services (CMS). Typically, CHIP State Plan Amendments (SPA) may be filed by June 30 of each year to incorporate changes made on or after July 1 of the previous year. These changes are submitted together as an “annual” CHIP SPA. In accordance with CMS rules, these changes will have an effective date of July 1, 2024 in the CHIP State Plan.

The changes to the CHIP State Plan include language-only updates to account for:

- A change in the number of Poison Control centers funded in part via a CHIP Health Services Initiative, as outlined in Chapter 725, item 292.T. of the 2025 Acts of Assembly;
- Replacement of references to the Federally-Facilitated Marketplace, with references to Virginia’s Insurance Marketplace (state-based Marketplace);
- Updates to outreach strategies, including alignment with Virginia’s rebranding of its Medicaid/FAMIS programs (now known collectively as “Cardinal Care”) and updates to the strategies used to promote FAMIS among Virginia’s business community.

We realize that the changes in this SPA may impact FAMIS members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through June 19, 2025. You may submit your comments directly to Emily Roller, DMAS Policy Division, by phone (804) 371-2912, or via email: Emily.Roller@dmas.virginia.gov. Finally, if you prefer regular mail, you may send your comments or questions to: Virginia Department of Medical Assistance Services, Attn: Emily Roller, 600 East Broad Street, Richmond, VA 23219.

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".

Director

From: [OneMAC no-reply](#)
To: [Roller, Emily \(DMAS\)](#)
Subject: Your CHIP SPA VA-25-0008 has been submitted to CMS
Date: Monday, June 23, 2025 12:37:09 PM



This is confirmation that you submitted a CHIP State Plan Amendment to CMS for review:

State or Territory:	VA
Name:	Emily Roller
Email Address:	emily.roller@dmass.virginia.gov
CHIP SPA Package ID:	VA-25-0008

Summary:

No additional information submitted

This response confirms the receipt of your CHIP State Plan Amendment (CHIP SPA). You can expect a formal response to your submittal from CMS at a later date.

If you have questions or did not expect this email, please contact
CHIPSPASubmissionMailBox@CMS.HHS.gov

Thank you.

U.S. Centers for Medicare & Medicaid Services

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