



Children and Adults Health Programs Group

May 8, 2020

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-20-0001 submitted on March 16, 2020 has been approved. This amendment provides temporary adjustments to the state's policies related to processing applications and renewals, acting on changes in circumstances, extending the reasonable opportunity period, and cost sharing requirements in response to disaster events. This SPA has an effective date of January 1, 2020.

This amendment, as it applies to the COVID-19 public health emergency, makes the following changes effective March 12, 2020 through the duration of the emergency declaration:

- Waive requirements related to timely processing of applications and renewals;
- Delay acting on changes in circumstances affecting eligibility, other than changes related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid;
- Provide an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status as long as the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period; and
- Waive cost-sharing for all services.

In the event of a future disaster, this SPA provides Virginia with the authority to implement the aforementioned temporary policy adjustments by simply notifying CMS of its intent, the effective date and duration of the provision, and a list of applicable Governor or federally-declared disaster or emergency areas. While the state must provide notice to CMS, this option provides an administratively streamlined pathway for the state to effectively respond to an evolving disaster event.

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:

Page 2 - Ms. Cindy Olson

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Center for Medicaid and CHIP Services
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Baltimore, MD 21244-1850
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E-mail: Ticia.Jones@cms.hhs.gov

If you have any questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Lutzky". The signature is written in a cursive style with a large, looped initial "A".

Amy Lutzky
Acting Deputy Director

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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.

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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.**

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.**

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Transmittal Number	SPA Group	PDF	Description	Superseded Plan Section(s)
VA-13-15 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
VA-14-0020 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
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	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)
VA-13-19-01 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.

SPA #VA-18-0012 -- PENDING

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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

- 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.

Tribal consultation was not required as part of this CHIP SPA submission. This SPA is not anticipated to have a direct impact on Virginia's American Indian tribes or tribal members.

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the following findings with standards in its plan: (Section 2102(b)(1)(B) and 42 CFR 457.320(b))

4.2.1-DS These standards do not discriminate on the basis of diagnosis.

4.2.2-DS Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.

4.2.3-DS These standards do not deny eligibility based on a child having a pre-existing medical condition.

- 4.3. Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350)

Prior to October 2013, Virginia had a single child health insurance application form. Effective October 1, 2013, Virginia began accepting the new MAGI single 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 (www.coverva.org) 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 and FFM applications.

FAMIS and Medicaid cases are reviewed annually to determine continued eligibility. At the time of redetermination and/or renewal, a child found ineligible

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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, 2017, in the event that all or a portion of the Commonwealth is declared a disaster area by the Governor or FEMA, the Virginia FAMIS program, in consultation with the Departments of Health and Social Services, will have the option of extending the renewal grace period an additional 90 days for families living and/or working in the affected disaster area during the time of the disaster.~~

~~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-declared disaster area.~~

~~(2) Requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for FAMIS beneficiaries who reside and/or work in a State or federally-declared disaster area.~~

~~(3) Requirements related to timely processing changes in circumstances may be temporarily waived for FAMIS beneficiaries who reside and/or work in a State or federally declared disaster area. The Commonwealth will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.~~

~~(4) The Agency may provide for an extension of the reasonable opportunity period for noncitizens declaring to be in satisfactory immigration status, if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification~~

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process within the 90-day reasonable opportunity period due to the State or federally-declared disaster or public health emergency.

DMAS will notify CMS in the event of a declared disaster and Virginia's intent to implement **this one or more of these** policy modifications. The CMS notification will include the intent to modify the **application and/or** renewal processes, the areas affected by the disaster, and the effective dates of the policy modification. The next twelve-month continuous eligibility period will begin the month after the renewal completion date.

Please see the approved template CS24 and associated attachments. See also approved templates effective January 1, 2014: CS13 (Deemed Newborns) and CS15 (MAGI-Based Income Methodologies).

Guidance: The box below should be checked as related to children and pregnant women. Please note: A State providing dental-only supplemental coverage may not have a waiting list or limit eligibility in any way.

4.3.1. Limitation on Enrollment Describe the processes, if any, that a State will use for instituting enrollment caps, establishing waiting lists, and deciding which children will be given priority for enrollment. If this section does not apply to your state, check the box below. (Section 2102(b)(2)) (42CFR, 457.305(b))

Check here if this section does not apply to your State.

Guidance: Note that for purposes of presumptive eligibility, States do not need to verify the citizenship status of the child. States electing this option should indicate so in the State plan. (42 CFR 457.355)

4.3.2. Check if the State elects to provide presumptive eligibility for children that meets the requirements of section 1920A of the Act. (Section 2107(e)(1)(L)); (42 CFR 457.355)

Guidance: Describe how the State intends to implement the Express Lane option. Include information on the identified Express Lane agency or agencies, and whether the State will be using the Express Lane eligibility option for the initial eligibility determinations, redeterminations, or both.

4.3.3-EL Express Lane Eligibility Check here if the state elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of CHIP eligibility. The state agrees to comply with the requirements of sections 2107(e)(1)(E) and 1902(e)(13) of the Act for this option.

Effective Date: [01/01/20]

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Approval Date _____/20

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Section 8. Cost Sharing and Payment (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42 CFR 457.505)

8.1.1. YES

8.1.2. NO, skip to question 8.8.

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate.
(Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. Premiums:

None. Effective April 15, 2002, Virginia temporarily suspended premiums until further notice. Effective September 1, 2002, the FAMIS program no longer charges premiums.

8.2.2. Deductibles:

None.

8.2.3. Coinsurance or copayments:

Co-payments shall not be imposed on any of the children covered under the Secretary-approved coverage offered through fee-for-service.

In Secretary-approved coverage modeled after the state employee plan, no co-payments are required for well-baby and well-child and other preventive services.

Effective 7/1/10, no co-payments are required for pregnancy-related services.

In the event of a federally-declared or Governor-declared disaster and at the Commonwealth's discretion, the Commonwealth may temporarily waive co-payments for FAMIS beneficiaries who reside and/or work in the State or federally declared disaster area.

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9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
- Projected amount to be spent on health services;
- Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
- Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

The budgetary impact of implementing provisions to alter application and renewal processes and/or waive co-payments for enrollees living in federally-declared or Governor-declared disaster areas is dependent on the specific easements that are put in place for each disaster period. In the event of a disaster, the Commonwealth will notify CMS of the intent to make temporary adjustments to enrollment, redetermination, or cost sharing policies, the effective dates of such adjustments, and the declared disaster areas where these adjustments will be in effect.