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**HOUSE BILL NO. 366**

Offered January 12, 2000

*A BILL to amend and reenact § 32.1-351 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 32.1-351.1, relating to the Virginia Children's Medical Security Insurance Plan.*

Patrons—Brink, Diamonstein and Melvin

Referred to Committee on Health, Welfare and Institutions

**Be it enacted by the General Assembly of Virginia:**

**1. That § 32.1-351 of the Code of Virginia is amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 32.1-351.1 as follows:**

§ 32.1-351. Virginia Children's Medical Security Insurance Plan established.

A. The Department of Medical Assistance Services shall develop, implement and administer the Virginia Children's Medical Security Insurance Plan (CMSIP) to provide coverage for individuals, up to the age of nineteen, when such individuals (i) have family incomes at or below 200 percent of the federal poverty level, as set forth in the appropriation act, and (ii) are otherwise eligible for such benefits in compliance with Title XXI of the Social Security Act, as amended, and the Commonwealth's plan for the State Children's Health Insurance Program (SCHIP) as established in Subtitle J of the federal Balanced Budget Act of 1997 (P. L. 105-33).

B. The Department of Medical Assistance Services shall develop and submit to the federal Secretary of Health and Human Services a Title XXI plan for this program and may revise such plan as may be necessary. Such plan and any subsequent revisions shall comply with the requirements of federal law, this chapter, and any conditions set forth in the appropriation act. *In addition, the plan shall provide for coordinated implementation of publicity, enrollment and service delivery with existing local programs throughout the Commonwealth that provide health care services, educational services, and case management services to children.*

C. Funding for this program shall be provided through state and federal appropriations and may include appropriations of any funds which may be generated through the Virginia Children's Medical Security Insurance Plan Trust Fund.

D. The Board of Medical Assistance Services shall promulgate such regulations pursuant to the Administrative Process Act (§ 9-6.14:1 et seq.) as may be necessary for the implementation and administration of the program.

*The Board's regulations shall include a comprehensive, statewide community-based outreach plan to enroll eligible children in the Virginia Children's Medical Security Insurance Plan (CMSIP) and, if so eligible, in Medicaid. The plan shall be developed and implemented in cooperation with the Department of Social Services and local social services agencies and other private and public outreach programs in order to inform the parents of eligible children about this and other programs administered by the Department of Medical Assistance Services. The outreach plan shall include, but need not be limited to, (i) a requirement that each regional social services agency hire an outreach coordinator; (ii) a blueprint, developed with the Department of Education and the local school division superintendents, for conducting outreach through the public schools of the Commonwealth; (iii) a procedure for directly contacting families who have received Temporary Assistance to Needy Families (TANF) at any time since June 1997, whose children are not enrolled in Medicaid or CMSIP, to provide such families with information and applications for CMSIP; (iv) a requirement that, in any locality in which 1,000 or more children are estimated to be eligible for CMSIP and enrollment is less than the statewide average enrollment, at least one caseworker shall be identified as the Children's Health Insurance Eligibility Specialist; and (v) such other strategies for informing the parents of eligible children as may be appropriate, such as educational activities, public service announcements, targeted mailings, and local community activities.*

§ 32.1-351.1. Outreach Oversight Committee.

The Department of Medical Assistance Services shall establish an Outreach Oversight Committee composed of representatives from community-based organizations engaged in outreach activities, social services eligibility workers, the provider community, and consumers which shall meet on a quarterly basis to discuss strategies to improve outreach activities. As may be appropriate, the Committee shall make recommendations regarding state-level outreach activities, the coordination of regional and local outreach activities, and procedures for streamlining and simplifying the application process, brochures, other printed materials, forms, and applicant correspondence.

INTRODUCED

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