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State/Territory Name: Virgin Islands

State Plan Amendment (SPA) #: 23-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# VI - Submission Package - VI2023MS0004O - (VI-23-0001) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 601 E 1th Room t Kansas City, MO 64106



#### **Center for Medicaid & CHIP Services**

June 16, 2023

Gary Smith Medicaid Director US Virgin Islands Department of Human Services 1303 Hospital Ground Knud Hansen Complex, Bldg. A St. Thomas, VI 00802

Re: Approval of State Plan Amendment VI-23-0001

Dear Gary Smith,

On March 20, 2023, the Centers for Medicare and Medicaid Services (CMS) received U.S. Virgin Islands State Plan Amendment (SPA) VI-23-0001, in which the territory proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve U.S. Virgin Islands State Plan Amendment (SPA) VI-23-0001 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

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# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | VI2023MS00040 | VI-23-0001

♣ Spell Check Instructions | ② Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

## **Package Header**

Package ID VI2023MS0004O
Submission Type Official
Approval Date 06/16/2023

Superseded SPA ID N/A

**SPA ID** VI-23-0001

Initial Submission Date 3/20/2023

Effective Date N/A

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**VIEW ALL RESPONSES** 

#### **State Information**

Collapse

Collapse

Collapse

State/Territory Name: U.S. Virgin Islands Medicaid Agency Name: US Virgin Islands Department of Human Services

### **Submission Component**

State Plan Amendment

Medicaid

CHIP

## **Submission Type**

Allow this official package to be viewable by other states?

Official Submission Package

Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

Yes

O No

#### **Key Contacts**

Collapse

Name	Title	Phone Number	Email Address	Program
Smith, Gary	Medicaid Director	(340)642-6278	gary.smith@dhs.vi.gov	Medicaid
Virgil, Karen	Assistant Director	(340)774-0930	karen.virgil@dhs.vi.gov	Medicaid
Hart, Sally	Consultant	(708)205-8977	shart@csgdelivers.com	Medicaid

#### **SPA ID and Effective Date**

#### SPA ID VI-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	New
Former Foster Care Children	1/1/2023	VI-17-0008

Page Number of the Superseded Plan Section or Attachment (If Applicable):

#### **Executive Summary**

Collapse

Summary Description Including Youth who were in foster care and eligible for Medicaid in a state other than their current state or territory should be now eligible Goals and Objectives for Medicaid in their new state of residence, as long as they meet the eligibility requirements. USVI's goal in obtaining approval for this SPA is to be able to provide Medicaid to individuals who were formally in Foster Care in any state or territory and who now reside in the US Virgin Islands up until age 26. The FFCC population is especially vulnerable and they need continued access to health coverage including both physical and behavioral services is essential for these young adults to live healthy and succesful

## **Dependency Description**

Collapse

Description of any dependencies between this submission package and any other submission package undergoing review

#### **Disaster-Related Submission**

Collapse

This submission is related to a disaster

Yes

No

### Federal Budget Impact and Statute/Regulation Citation

Collapse

#### **Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2023	\$1731
Second	2024	\$4618

#### Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(i)(IX) of the Social Security Act (the Act) and Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Pub. L. No. 115-271) and 42 CFR 435.150.

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No ite	ns available

#### **Governor's Office Review**

No comment
Comments received
No response within 45 days

Other

## **Authorized Submitter**

Collapse

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Sally Hart

Phone number

Email address shart@csgdelivers.com

Authorized Submitter's Signature Sally Hart

☑ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# VI - Submission Package - VI2023MS0004O - (VI-23-0001) - Eligibility



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 $\leftarrow$  Submission - Tribal Input | Former Foster Care Children  $\rightarrow$ 

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# **Medicaid State Plan Eligibility**

**Mandatory Eligibility Groups** 

MEDICAID | Medicaid State Plan | Eligibility | VI2023MS00040 | VI-23-0001

♣ Spell Check Instructions | ② Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

**Package Header** 

Package ID VI2023MS0004O

Submission Type Official

Approval Date 06/16/2023

Superseded SPA ID New

User-Entered

**SPA ID** VI-23-0001

Initial Submission Date 3/20/2023

Effective Date 1/1/2023

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## **Mandatory Coverage**

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### **Families and Adults**

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type 😯
Infants and Children under Age 19 - Territories	<b>9</b>			0	CONVERTED
Parents and Other Caretaker Relatives	<b>@</b>	✓		0	CONVERTED
Pregnant Women - Territories	<b>P</b>	✓		0	CONVERTED
Deemed Newborns	<b>9</b>	✓		0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Ø			0	NEW
Former Foster Care Children	P	$\checkmark$	✓	0	APPROVED
Extended Medicaid due to Spousal Support Collections	<b>9</b>	✓		0	NEW

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

#### **Families and Adults**

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type 🛭
Adult Group - Territories	<b>9</b>	$\checkmark$		0	CONVERTED

C. Additional Information (optional)

### **Eligibility Groups Deselected from Coverage**

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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← Mandatory Eligibility Groups

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# **Medicaid State Plan Eligibility**

Eligibility Groups - Mandatory Coverage

#### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | VI2023MS00040 | VI-23-0001

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

♣ Spell Check Instructions | ② Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

### **Package Header**

Package ID VI2023MS0004O
Submission Type Official

Approval Date 06/16/2023

VI-17-0008 User-Entered

Superseded SPA ID VI-17-0008

Initial Submission Date 3/20/2023

Effective Date 1/1/2023

SPA ID VI-23-0001

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**VIEW ALL RESPONSES** 

The state covers the mandatory former foster care children group in accordance with the following provisions:

#### A. Characteristics

Collapse

Individuals qualifying under this eligibility group must meet the following criteria:

- 1. Are under age 26
- 2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- 3. Are described under either Section B. or C.

## B. Individuals Covered

Collapse

For individuals who turn 18 before January 1, 2023:

- 1. The state covers individuals who:
- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
- 2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:
- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

🔲 b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration proj	ect
when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.	

c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

#### C. Individuals Covered

Collapse

For individuals who turn 18 on or after January 1, 2023:

#### 1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
- 2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:
- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

#### **D. Additional Information (optional)**

Collapse

US Virgin Islands will provide training to Eligibility staff so they understand the eligibility requirements that are part of the FFCC SPA, including how to identify an individual who may have been in foster care in the Virgin Islands or in another State or Territory who may meet the eligibility requirements outlined in this SPA. USVI has recently updated their Medicaid Policy manual and made it electronically available for all eligibility staff and they will add the policy surrounding FFCC SPA and the steps the workers need to take to execute on this SPA. This is a work in progress.

The Virgin Islands confirms that they will implement the requirements of section 1002 (a) of the Support Act according to the requirements stated by CMS as follows: to 1) eliminate the requirement that an individual not be eligible for another mandatory eligibility group (other than the adult group) to be eligible for the former foster care children (FFCC) eligibility group; 2) cover under the FFCC eligibility group individuals who aged out of foster care in a state or territory other than the territory where they currently live and are seeking Medicaid coverage, as long as they otherwise meet the eligibility requirements for this group; and 3) apply the above FFCC eligibility group policy changes exclusively to individuals who turned age 18 on or after January 1, 2023.

The Virgin Islands has not had any outreach activities yet to inform interested parties specifically of the changes to the FFCC Eligibility Group, since they are focused on outreach and communication regarding the PHE Unwind and initiating Medicaid Renewals for the entire Medicaid population. Once the Virgin Islands has solidified their renewal process, they will look to do outreach regarding the FFCC changes.

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