

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
13 - 003

2. STATE
United States Virgin Islands

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~OCTOBER 1, 2012~~ **January 1, 2013**

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

Section 203(a), Public Law 111-3

7. FEDERAL BUDGET IMPACT

a. FFY 2013 \$ 1 million
b. FFY 2014 \$ 2 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 2.2-A, page 6a (NEW)
Attachment 2.2-A, page 6.b. (NEW)
Attachment 2.2-A, page 6.c. (NEW)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

N.A.

****Please see remarks**

10. SUBJECT OF AMENDMENT

With State Plan Amendment 13—002, the United States Virgin Islands embarked on a program expansion by creating a categorical, non-cash coverage group for children and pregnant women with household incomes above the current income eligibility level for medically needy coverage (\$6,500/year for a household of 1, adjusted for household size). With this amendment, the United States Virgin Islands will implement an Express Lane eligibility determination process for those children who will qualify under the new categorical group based on the income eligibility determination in the SNAP program.

11. GOVERNOR'S REVIEW (Check One)

NEW STATE PLAN OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Lennox Zamore

14. TITLE
Director of Family Assistance Programs, USVI Department of Human Services

15. DATE SUBMITTED
3-28-13

16. RETURN TO

**Lennox Zamore, Director of Family Assistance programs
Bureau of Health Insurance and Medical Assistance
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex
Building A
Charlotte Amalie, St. Thomas
United States Virgin Islands 00802**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

June 24, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Michael Melendez

22. TITLE

**Associate Regional Administrator
Division of Medicaid and State Operations**

23. REMARKS

By means of this SPA, USVI will implement an Express Lane eligibility determination for children who qualify under the new categorical group identified in SPA-13-002 based on the income eligibility determination in the SNAP program.

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