

Table of Contents

State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

June 1, 2015

Renee Joseph Rhymer
Medicaid Director
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, United States Virgin Islands 00802

Dear Ms. Joseph-Rhymer:


Enclosed is an approved copy of United States Virgin Islands' state plan amendment (SPA) 15-0003, which was submitted to CMS on May 4, 2015. SPA 15-0003 incorporates MAGI Based Eligibility Groups, Individuals below 133% of FPL (S32), into United States Virgin Islands state plan in accordance with the Affordable Care Act. The effective date of this SPA is June 1, 2015.

Enclosed is a copy of the new state plan pages to be incorporated into United States Virgin Islands state plan.

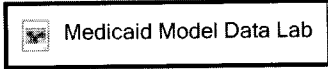
- S32, pages S32-1 and S32-2

CMS appreciate the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse Salce at 212-616-2411 or at Ivelisse.Salce@cms.hhs.gov.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health
Enclosure



- logged in as ISALCE(CMS CO Staff)
- read only mode
- application rev c01

Medicaid State Plan Eligibility
VI.1757.R00.00 - Jun 01, 2015

- [Home](#)
- [Logout](#)
- [Finder](#)
- [Save](#)
- [Validate](#)
- [Print](#)
- [Help](#)
- [Contact Email](#)
- [Control Panel](#)
- [General Information](#)
- [File Management](#)
- [Tribal Input](#)
- [Summary \(CMS179\)](#)

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:
Virgin Islands
- Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

15-003

- Proposed Effective Date
06/01/2015 (mm/dd/yyyy)

- Federal Statute/Regulation Citation
42 CFR 435.119 1902(e)

- Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	



Medicaid Eligibility

State Name: U.S. Virgin Islands

OMB Control Number: 0938-1148

Transmittal Number: VI - 15 - 0003

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage

Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No



Medicaid Eligibility

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

V.20140415