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State/Territory Name: United States Virgin Islands State

Plan Amendment (SPA) #: VI-17-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

Diane Capehart, Medicaid Program Administrator
Medicaid Program
Department of Human Services
41-B Marshill
Frederiksted, VI 00840

AUG 04 2017

Dear Ms. Capehart:

Your title XXI Children's Health Insurance Program (CHIP) State plan amendment (SPA), VI-17-0010, submitted on June 29, 2017, has been approved. This SPA provides title XXI funds for Medicaid expansion children up to age 19 in families with incomes above 73 percent of the federal poverty level (FPL) and up to and including 130 percent of the FPL. These children became eligible under the Medicaid state plan through SPA VI-17-0001. This CHIP SPA has a retroactive effective date of April 1, 2017.

A copy of the approved state plan page (CS3) is attached, as well as a supplemental page related to the United States Virgin Island's methodology for converting its eligibility level from the local poverty level to the FPL. The United States Virgin Islands will continue to use title XXI funds for Medicaid covered children up to 73 percent of the FPL when the territory's Medicaid funds are exhausted and the program becomes territory-only funded, in accordance with the special rule at section 2110(b)(3) of the Social Security Act.

Your title XXI project officer is Ms. Kristin Edwards. She is available to answer questions concerning this amendment and other title XXI related issues. Ms. Edwards' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
E-mail: kristin.edwards@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Edwards and to Mr. Michael Melendez, Associate Regional Administrator (ARA) in our New York Regional Office. Mr. Melendez's address is:

Page 2- Ms. Dianne Capehart

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health
Jacob K. Javits Federal Building
26 Federal Plaza, Room 3811
New York, NY 10278-0063

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello /

Anne Marie Costello
Director

Enclosure

cc: Mr. Michael Melendez, ARA, Region II

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

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.

VI-17-0010

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

04/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a)(2) and (3)

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$ 2578078.00

Federal Funds: \$ 5156156.00

Please attach a revised CHIP budget.

Document

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 114 out of 2000

To establish a VI Medicaid CHIP Expansion Program for children 0-19 above 73% FPL up to and including 130% of FPL.

Signature of State Agency Official

Submitted By: Diane Capehart

Last Revision Date: Aug 4, 2017

Date:

Submit Date: Jun 29, 2017

BACK

CONTINUE



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0010

Eligibility for Medicaid Expansion Program **CS3**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	19	73	130	X

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 50 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.20160722

Not Peer Reviewed

USVI CHIP Expansion Poverty Level Chart Explanation

1. The VI is allowed to set its own local VI poverty level (VIPL) for Medicaid program purposes.
2. The VI sets its poverty level and Medicaid income threshold percentage at a level it believes its budgetary resources can support, maximize Medicaid eligibility for its population, and comply with Federal requirements.
3. Once the VIPL and the Medicaid income threshold percentage are set VI determines its income threshold for Medicaid as a percentage of the VIPL to comply with Federal requirements.
4. In the most recent Medicaid expansion (VI-17-0001) that CMS approved on May 11, 2017, with an effective date of April 1, 2017, the VI Governor elected to set the VIPL at \$11,770 and the income threshold for a Medicaid household size of 1 at 133% of the VIPL (\$15,654) for all categorically eligible groups. The table below illustrates this calculation and we also included the current FPL conversion percentages as these were used in the CHIP Medicaid Expansion SPA table that was provided and which is discussed further below.

A	B	C	D	E	F	G
Household Size	Gross Annual VIPL As Set By Governor	Medicaid Income Threshold Percentage	Medicaid Gross Income Threshold (BxC)	2017 Gross Annual FPL As Set By US HHS	VIPL as a % of FPL (B/E)	Medicaid Gross Income Threshold As Percentage of FPL (D/E)
1	\$ 11,770	133%	\$ 15,654	\$ 12,060	98%	130%

5. Prior to the most recent Medicaid expansion the VI had set the VIPL at \$6,581 and the income threshold for a Medicaid household size of 1 at 133% of the VIPL (\$8,753) for all categorically eligible groups. The table below illustrates this calculation and we also included the current FPL conversion percentages as these were used in the CHIP Medicaid Expansion SPA table that was provided and which is discussed further below.

A	B	C	D	E	F	G
Household Size	Gross Annual VIPL As Set By Governor	Medicaid Income Threshold Percentage	Medicaid Gross Income Threshold (BxC)	2017 Gross Annual FPL As Set By US HHS	VIPL as a % of FPL (B/E)	Medicaid Gross Income Threshold As Percentage of FPL (D/E)
1	\$ 6,581	133%	\$ 8,753	\$ 12,060	55%	73%

6. Therefore, as a result of the most recent Medicaid expansion the VI had increased its income threshold for a household of 1 from \$8,753 to \$15,654 for all categorical groups, including the children under 19 that are the subject of the most recent Medicaid CHIP expansion SPA VI-17-0010.
7. The purpose of that SPA (VI-17-0010) is to convert the Medicaid Children under 19 expansion program that were included as part of SPA V1-17-0001 into a Medicaid CHIP Expansion Program by submitting SPA template CS3 with an effective date of April 1, 2017.
8. However, SPA template CS3 only allows for the use of the FPL to set the household income ranges. Therefore, the VI had to convert it's previous and new Medicaid household income ranges from the VIPL to the current FPL percentages for inclusion in the SPA template it submitted. These are the numbers that are highlighted in red in the tables above to establish the household income ranges included in SPA VI-17-0010.
9. In the table we previously submitted we simply expanded this calculation to various household income sizes using the current VIPL and the current FPL. We have added footnote explanations to that chart to more fully explain the calculations and it is attached.

USVI Medicaid CHIP Expansion Poverty Levels.										
A	B	C	D	E	F	G	H	I	J	K
Household Size	Income Threshold for Children Aged 0-19 Above 73% of the Federal Poverty Level Prior to 04/01/17	2017 Federal Poverty Levels	% of FPL (B/C)	VI Poverty Level	% of VI Poverty Level (B/E)	Income Threshold for Children Aged 0-19 Up To & Including 130% of the Federal Poverty Level Effective 04/01/17	2017 Federal Poverty Levels	% of FPL (G/H)	VI Poverty Level	% of VI Poverty Level (G/J)
1	\$ 8,753	\$ 12,060	73%	11,770	74%	15,654	12,060	130%	11,770	133%
2	\$ 11,798	\$ 16,240	73%	15,849	74%	21,080	16,240	130%	15,849	133%
3	\$ 14,843	\$ 20,420	73%	19,929	74%	26,506	20,420	130%	19,929	133%
4	\$ 17,888	\$ 24,600	73%	24,008	75%	31,931	24,600	130%	24,008	133%
5	\$ 20,933	\$ 28,780	73%	28,088	75%	37,357	28,780	130%	28,088	133%
6	\$ 23,978	\$ 32,960	73%	32,167	75%	42,783	32,960	130%	32,167	133%
7	\$ 27,023	\$ 37,140	73%	36,247	75%	48,208	37,140	130%	36,247	133%
8	\$ 30,029	\$ 41,320	73%	40,326	74%	53,634	41,320	130%	40,326	133%
9	\$ 33,074	\$ 45,500	73%	44,406	74%	59,060	45,500	130%	44,406	133%
10	\$ 36,119	\$ 49,680	73%	48,485	74%	64,486	49,680	130%	48,485	133%
11	\$ 39,164	\$ 53,860	73%	52,565	75%	69,911	53,860	130%	52,565	133%
12	\$ 42,209	\$ 58,040	73%	56,644	75%	75,337	58,040	130%	56,644	133%
13	\$ 45,254	\$ 62,220	73%	60,724	75%	80,763	62,220	130%	60,724	133%
14	\$ 48,299	\$ 66,400	73%	64,803	75%	86,188	66,400	130%	64,803	133%
15	\$ 51,344	\$ 70,580	73%	68,883	75%	91,614	70,580	130%	68,883	133%
16	\$ 54,389	\$ 74,760	73%	72,962	75%	97,040	74,760	130%	72,962	133%
17	\$ 57,434	\$ 78,940	73%	77,042	75%	102,466	78,940	130%	77,042	133%

Footnotes:

Column A reflects the various household sizes.
Column B reflects the Medicaid income thresholds in effect prior to April 1, 2017 applicable to children under 19 years of age.
Column C reflects the 2017 FPLs as established by HHS ASPE.
Column D reflects the percentage the prior VI income threshold represents of the FPL which is 73% and which is included in SPA VI-17-010.
Column E reflects the current VIPL.
Column F reflects the percentage the VI prior income threshold represents of the VIFPL which is simply for illustration purposes but not used for SPA VI-17-010.
Column G reflects the Medicaid income thresholds effective April 1, 2017 applicable to children under 19 years of age.
Column H reflects the 2017 FPLs as established by HHS ASPE.
Column I reflects the percentage the current VI income threshold represents of the FPL which is 130% and which is included in SPA VI-17-010.
Column J reflects the current VIPL.
Column K reflects the percentage the current VI income threshold represents of the VIFPL which is simply for illustration purposes but not used for SPA VI-17-010.