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State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 15-0009

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

March 10, 2016

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:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 15-0009 on December 12, 2015. This MAGI state plan submitted in the Medicaid Model Data Lab (MMDL) specifies options for presumptive eligibility conducted by hospitals according to the Patient Protection and Affordable Care Act (PPACA) and 42 Code of Federal Regulations (CFR) 435.1110.

Transmittal Number 15-0009 was approved on March 10, 2016 with an effective date of October 1, 2015. A copy from the MMDL of the HCFA-179, Transmittal No. 15-0009 is enclosed along with the approved plan pages in MMDL format.

CMS appreciate the significant amount of work your staff dedicated in 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,

[redacted]

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

Medicaid Eligibility

State Name: U.S. Virgin Islands

OMB Control Number: 0938-1148

Transmittal Number: VI - 15 - 0009

Expiration date: 10/31/2014

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(•) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

■ A qualified hospital is a hospital that:

■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

(•) Yes ( ) No

■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

■ Pregnant Women

■ Infants and Children under Age 19

■ Parents and Other Caretaker Relatives

■ Adult Group, if covered by the state

■ Individuals above 133% FPL under Age 65, if covered by the state

■ Individuals Eligible for Family Planning Services, if covered by the state

■ Former Foster Care Children

■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

(•) Yes ( ) No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: The Memorandums of Understanding (MOUs) that have been signed by both hospitals include the requirement that 85% of PE members complete a full application during their PE period. Currently, all applicants for Medicaid must make an appointment for an eligibility system in one of the Medicaid offices. The hospital training materials indicate that hospital staff should assist PE members in making the appointment with the Medicaid department to determine full eligibility, or make the appointment for them and provide documentation of it, before discharge when possible. The territory intends to monitor performance for 6-12 months, and will determine whether to adjust the standard or implement a structured plan for correcting deficiencies after that period.

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: The Memorandums of Understanding (MOUs) that have been signed by both hospitals include the requirement that 85% of PE members who complete a full application are determined eligible for Medicaid. The training materials that will be presented to the hospitals explain and stress this requirement, as well as the necessary financial, residency, and citizenship requirements. The implementation will require hospital staff to enter the data collected from the applicant into the eligibility system (VIMS), for a system determination. The territory intends to monitor performance for 6-12 months, and will determine whether to adjust the standard or implement a structured plan for correcting deficiencies after that period.

■ The presumptive period begins on the date the determination is made.

■ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

■ Periods of presumptive eligibility are limited as follows:

( ) No more than one period within a calendar year.

( ) No more than one period within two calendar years.

(•) No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

( ) Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

( ) Yes (•) No

Medicaid Eligibility

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☒ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

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.

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