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State/Territory Name: The United States Virgin Islands

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) 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 OPERATIONS

May 11, 2017

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

Dear Ms. Capehart,

Enclosed is an approved copy of United States Virgin Islands State Plan Amendment 17-0001, which was submitted to CMS on March 21, 2017 and found acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA proposes to increase the USVI Local Poverty Level.

Please note that the approval date of this SPA is May 11, 2017 with and effective date of April 1, 2017.

We are enclosing the summary page (formerly CMS 179) and the amended plan pages S14T. It is also noted that this SPA supersedes S14T in SPA 14-0005-MM1.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Melendez", written over a horizontal line.

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

Cc: Martin Burian
Stephanie Kaminsky

logged in as ISALCE(CMS CO Staff)

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application rev c01

Medicaid State Plan Eligibility

VI.3397.R00.00 - Apr 01, 2017

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Summary

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.

VI-17-0001

Proposed Effective Date

04/01/2017

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.118. 42 CFR 435.116. 42 CFR 435.222

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	2017	\$ 13993174.00
Second Year	2018	\$ 27986348.00

Subject of Amendment

Character Count:118 out of 2000

Territory-USVI Increase of VI Poverty Level from \$6,581.00 to \$11,770.00.

This SPA supersedes S14T TN no 14-0005-MM1

Governor's Office Review

☒ Governor's office reported no comment☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal☐ Other, as specified

Describe:

TN: 17-0001
VIRGIN ISLANDSAPPROVAL DATE: 05/11/2017
S14T

EFFECTIVE DATE: 04/01/2017

Signature of State Agency Official

Submitted By:	Diane Capehart
Last Revision Date:	Mar 21, 2017
Submit Date:	Mar 21, 2017

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Medicaid Eligibility

State Name: U.S. Virgin Islands

Transmittal Number: VI - 17 - 0001

Income Standards - Territories

S14T

Indicate which type of poverty level the territory uses:

- ☐ The Federal Poverty Level (FPL)
- ☒ The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
+	1	\$980.83	X
+	2	\$1,320.79	X
+	3	\$1,660.75	X
+	4	\$2,000.70	X
+	5	\$2,340.66	X
+	6	\$2,680.62	X
+	7	\$3,020.58	X
+	8	\$3,360.53	X
+	9	\$3,700.49	X
+	10	\$4,040.45	X
+	11	\$4,380.40	X
+	12	\$4,720.36	X
+	13	\$5,060.32	X
+	14	\$5,400.28	X
+	15	\$5,740.23	X
+	16	\$6,080.19	X
+	17	\$6,420.15	X
+	18	\$6,760.11	X

Indicate whether the amounts entered above are monthly or yearly:

TN: 17-0001
VIRGIN ISLANDS

APPROVAL DATE: 05/11/2017
S14T

EFFECTIVE DATE: 04/01/2017



Medicaid Eligibility

☒ Monthly

☐ Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	117	X
+	2	177	X
+	3	237	X
+	4	297	X
+	5	357	X
+	6	417	X
+	7	478	X
+	8	537	X
+	9	597	X
+	10	658	X



Medicaid Eligibility

+	11	706	X
+	12	753	X
+	13	801	X
+	14	849	X
+	15	897	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	100	X
+	2	154	X
+	3	209	X
+	4	263	X
+	5	317	X
+	6	371	X
+	7	426	X



Medicaid Eligibility

+	8	480	X
+	9	534	X
+	10	589	X
+	11	631	X
+	12	673	X
+	13	715	X
+	14	757	X
+	15	799	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement



Medicaid Eligibility

☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region



Medicaid Eligibility

- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way
- The dollar amounts increase automatically each year
- ☐ Yes ☐ No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
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The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way
- The dollar amounts increase automatically each year
- ☐ Yes ☐ No

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