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State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 17-0014

This file contains the following documents in the order listed:

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- 2) Approved 179
- 3) Approved SPA Pages



November 7, 2017

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

Dear Mr. Smith:

Enclosed for your records is an approved copy of the United States Virgin Islands' (USVI) Presumptive Eligibility State Plan amendment (SPA) 17-0014. This SPA which was submitted through the Regional Office (RO) SPA mail box on October 24, 2017, incorporates Presumptive Eligibility conducted by the Department of Health Clinics into the USVI's Medicaid state plan in accordance with federal regulations in 42 CFR subpart L. This SPA is approved effective as of September 1, 2017 as requested by the USVI.

As a result of the Public Health Emergency (PHE), declared due to Hurricane Maria and Hurricane Irma, CMS is temporarily allowing the USVI to use a single application form to determine eligibility for Medicaid and Presumptive eligibility. The USVI is aware that while the territory is in a public health emergency and their eligibility system is not operable, the Presumptive Eligibility (PE) application will function as an initial application for Medicaid and that the completion of a signed PE application will indicate the individual's intent to apply for full Medicaid. This will ensure that individual's PE period can continue until the USVI completes a determination of eligibility and preserves individual's application date. Once the eligibility system is functional, the USVI will request any additional information needed from the applicants in order to complete their determination of eligibility.

Enclosed are the approved state plan pages to be incorporated within a separate section at the end of the USVI's approved state plan.

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,

[Redacted Signature]

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

CC: Stephanie Bell
Stephanie Kaminsky

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> <u>7</u> — <u>0</u> <u>0</u> <u>14</u>	2. STATE US 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 09/01/2017	

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 42 CFR 435.1001-1003, 1100-1102, and 1110 & Section 1020A & B	7. FEDERAL BUDGET IMPACT a. FFY <u>2017</u> \$ <u>\$ 0</u> b. FFY <u>2018</u> \$ <u>\$ 0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A

10. SUBJECT OF AMENDMENT

This SPA allows VI Department Of Health Clinics to perform Medicaid Presumptive Eligibility for categorical eligibility groups

11. GOVERNOR'S REVIEW (Check One)


☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Gary A. Smith Medicaid Director Department Of Human Services 1303 Hospital Ground Knud Hansen Complex, Buidling A St. Thomas, United States Virgin Islands, 00802
13. TYPED NAME GARY A. SMITH	
14. TITLE MEDICAID DIRECTOR	
15. DATE SUBMITTED 10/24/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED NOVEMBER 07, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL SEPTEMBER 01, 2017	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME MICHAEL MELENDEZ	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS	



Medicaid Eligibility

State Name: U.S. Virgin Islands

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ 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:

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☐ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☐ Options relating to the definition of caretaker relative (select any that apply):

☒ Options relating to the definition of dependent child (select the one that applies):

- ☒ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☒ Have household income at or below the standard established by the state.

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

☒ Income standard used for this group

☒ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

☒ Maximum income standard



Medicaid Eligibility

- ☐ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☒ A percentage of the federal poverty level: %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's 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, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard
- ☐ The state's 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. The standard is described in S14 AFDC Income Standards.
- ☐ Another income standard in-between the minimum and maximum standards allowed

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility



Medicaid 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

☐ 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 or representative.

☒ Yes ☐ No

☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

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

☐ The individual must be a caretaker relative, as described at 42 CFR 435.110.

☐ Household income must not exceed the applicable income standard described at 42 CFR 435.110.

☒ State residency

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

☐ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17



Medicaid Eligibility

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Frederiksted Health Care Inc.	FQHC	X
+	East End Medical Center	FQHC	X
+	DOH Community Health Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Immunization Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X



Medicaid Eligibility

	Name of entity	Description	
+	DOH WIC Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 4605 Tutu Mall Suite 254, STT, VI 00802	DOH Clinic	X
+	DOH MCH Clinic, DOHMCH 3241 Estate Constant 78-8I, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Family Planning Clinic 3241 Estate Constant 78-8I, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Communicable Disease (STD/HIV) Clinic 1303 Hospital Ground, Moorehead Complex, STT, VI 00802	DOH Clinic	X
+	DOH Charles Harwood Clinics 3500 Estate Richmond, Christiansted, STX, VI 00820	DOH Clinic	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and ☒ has provided adequate training to the entities and organizations involved. 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.

V.20160722



Medicaid Eligibility

State Name: U.S. Virgin Islands

Transmittal Number: VI - 17 - 0014

Eligibility Groups - Mandatory Coverage - Territories

S28

42 CFR 435.116

1902(a)(10)(A)(i)(III) and (IV)

1902(a)(10)(A)(ii)(I), (IV) and (IX)

1931(b) and (d)

1920

☒ Pregnant Women - Territories

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

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

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan S25 - Parents and Other Caretaker Relatives.

Yes

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

☒ Income standard used for this group

☒ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

☐ The minimum income standard

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.



Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.
- ☒ Another income standard higher than the minimum standard allowed.

The amount of the income standard for this eligibility group is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.
- ☒ A percentage of the poverty level: %
- ☐ A dollar amount by family size

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

- ☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.



Medicaid Eligibility

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

Yes

☒ 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.

☒ There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.

Yes

☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

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

☒ The woman must be pregnant

☒ Household income must not exceed the applicable income standard described above for this eligibility group.

☒ State residency

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

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990



Medicaid Eligibility

- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Frederiksted Health Care Inc.	Federally Qualified Health Center	X
+	East End Medical Center	Federally Qualified Health Center	X
+	DOH Community Health Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Immunization Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 4605 Tutu Mall Suite 254, STT, VI 00802	DOH Clinic	X
+	DOH MCH Clinic, DOHMCH 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Family Planning Clinic 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X



Medicaid Eligibility

	Name of entity	Description	
+	DOH Communicable Disease (STD/HIV) Clinic 1303 Hospital Ground, Moorehead Complex, STT, VI 00802	DOH Clinic	X
+	DOH Charles Harwood Clinics 3500 Estate Richmond, Christiansted, STX, VI 00820	DOH Clinic	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

V.20160722



Medicaid Eligibility

State Name: U.S. Virgin Islands

Transmittal Number: VI - 17 - 0014

Eligibility Groups - Mandatory Coverage - Territories

S301

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

1920A

- ☐ **Infants and Children under Age 19 - Territories** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

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

☐ Children qualifying under this eligibility group must meet the following criteria:

☐ Are under age 19

☐ Have household income at or below the standard established by the state.

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

☐ Income standard used for infants under age one

☐ Minimum income standard

The minimum income standard used for infants under age one is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

☐ Income standard chosen

The state's income standard used for infants under age one (which cannot be less than the highest effective income level for coverage of infants under age one in the state plan as of March 23, 2010) is:

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

☐ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- ☒ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for infants under age one is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.

☒ A percentage of the poverty level: %

☐ A dollar amount by family size

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard

The minimum income standard used for children age one through five is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ Income standard chosen

The state's income standard used for children age one through five (which cannot be less than the highest effective income level for coverage of children age one through five in the state plan as of March 23, 2010) is:



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- ☒ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age one through five is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.

☒ A percentage of the poverty level: %

☐ A dollar amount by family size



Medicaid Eligibility

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for children age six through eighteen is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ Income standard chosen

The state's income standard used for children age six through eighteen (which cannot be less than the highest effective income level for coverage of children age six through eighteen in the state plan as of March 23, 2010) is:

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- ☒ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age six through eighteen is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ 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. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.



Medicaid Eligibility

- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.
- ☒ A percentage of the poverty level: %
- ☐ A dollar amount by family size

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes

☒ The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:

If the state has elected to cover S54-Optional Targeted Low-Income children (42 CFR 435.229), the ☒ income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard selected above for this eligibility group, for the child's age.

If the state has not elected to cover S54-Optional Targeted Low-Income children (42 CFR 435.229), the ☒ income standard for presumptive eligibility is the standard selected above for this eligibility group, for the child's age.

☒ Children under the following age may be determined presumptively eligible:

Under age

☒ 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:



Medicaid Eligibility

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

☒ Yes ☐ No

- ☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

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

- ☐ Household income must not exceed the applicable income standard described above, for the child's age.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☐ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



Medicaid Eligibility

- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Frederiksted Health Care Inc.	FQHC	X
+	East End Medical Center	FQHC	X
+	DOH Community Health Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Immunization Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 4605 Tutu Mall Suite 254, STT, VI 00802	DOH Clinic	X
+	DOH MCH Clinic, DOHMCH 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Family Planning Clinic 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Communicable Disease (STD/HIV) Clinic 1303 Hospital Ground, Moorehead Complex, STT, VI 00802	DOH Clinic	X
+	DOH Charles Harwood Clinics 3500 Estate Richmond, Christiansted, STX, VI 00820	DOH Clinic	X

- ☒ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.



Medicaid Eligibility

An attachment is submitted.

V.20160722



Medicaid Eligibility

State Name: U.S. Virgin Islands

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0014

Eligibility Groups - Mandatory Coverage

Adult Group

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

☐ 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 or representative.

☒ Yes ☐ No

☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

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

☐ The individual must meet the categorical requirements of 42 CFR 435.119.

☐ Household income must not exceed the applicable income standard described at 42 CFR 435.119.

☒ State residency.

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

☐ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act



Medicaid Eligibility

- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Frederiksted Health Care Inc.	FQHC	X
+	East End Medical Center	FQHC	X
+	DOH Community Health Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Immunization Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 4605 Tutu Mall Suite 254, STT, VI 00802	DOH Clinic	X
+	DOH MCH Clinic, DOHMCH 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X



Medicaid Eligibility

	Name of entity	Description	
+	DOH Family Planning Clinic 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Communicable Disease (STD/HIV) Clinic 1303 Hospital Ground, Moorehead Complex, STT, VI 00802	DOH Clinic	X
+	DOH Charles Harwood Clinics 3500 Estate Richmond, Christiansted, STX, VI 00820	DOH Clinic	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
☒ and has provided adequate training to the entities and organizations involved. 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.

V.20160722



Medicaid Eligibility

Eligibility Groups - Mandatory Coverage Former Foster Care Children

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- ☒ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.
- ☒ The state attests that it operates this eligibility group under the following provisions:
- ☒ Individuals qualifying under this eligibility group must meet the following criteria:
 - ☒ Are under age 26
 - ☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
 - ☒ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☐ Yes ☒ No

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

- ☒ 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:



Medicaid Eligibility

The state requires that a written application be signed by the applicant or representative.

☒ Yes ☐ No

☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

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

☒ The individual must meet the categorical requirements of 42 CFR 435.150.

☒ State residency

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

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act

☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



Medicaid Eligibility

- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Frederiksted Health Care Inc. & East End Medical Center	FQHC	X
+	East End Medical Center	FQHC	X
+	DOH Community Health Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Immunization Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 9048 Estate Thomas, RLS Hospital 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH WIC Clinic 4605 Tutu Mall Suite 254, STT, VI 00802	DOH Clinic	X
+	DOH MCH Clinic, DOHMCH 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Family Planning Clinic 3241 Estate Constant 78-81, 2&3 Elaineco Bldg. 2nd Floor, STT, VI 00802	DOH Clinic	X
+	DOH Communicable Disease (STD/HIV) Clinic 1303 Hospital Ground, Moorehead Complex, STT, VI 00802	DOH Clinic	X
+	DOH Charles Harwood Clinics 3500 Estate Richmond, Christiansted, STX, VI 00820	DOH Clinic	X

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.