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State/Territory Name: The United States Virgin Islands

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 16, 2022

Gary Smith
Medicaid Director
Department of Human Services
Medical Assistance Program
1303 Hospital Ground
Knur Hansen Complex, Building A
St. Thomas, Virgin Islands 00802

RE: United States Virgin Islands State Plan Amendment (SPA) # 22-0001

Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) VI-22-0001. This amendment increases the ABD resource limit for ABD and Medically Needy populations from \$1,500 per person to \$10,000.

We conducted our review of your submittal according to statutory regulations in Title XIX of the Social Security Act and implementing regulation Section 42 CFR 435.120; 42 CFR 435.201; 42 CFR 435.320,322, and 324. This letter informs you that the U.S. Virgin Islands Medicaid SPA 22-0001 was approved on December 14, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Ivelisse Salce at (212) 616-2411 or via e-mail at Ivelisse.Salce@CMS.HHS.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Katherine Berland
Gene Coffey
Marc Steinberg

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 1</u>	2. STATE <u>VI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 01, 2022</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>42CFR435.120;42CFR435.201; 42CFR435.320,322, and 324</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>FY 2022</u> \$ <u>9,624</u> b. FFY <u>FY 2023</u> \$ <u>115,485</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 1. Supplement 6 to Attachment 2.6-A, Page 1. 2. Supplement 3 to Attachment 2.6-A, Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) TN No. 13-002, Supplement 6 to Attachment 2.6 A. Page 1. TN No. 91-6 Supplement 3 to Attachment 2.6, Page 4.
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9. SUBJECT OF AMENDMENT
Increase ABD resource limit for ABD and Medically Needy from \$1,500 per person to \$10,000


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF THE GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER AS SPECIFIED:

11. AGENCY OFFICIAL 	15. RETURN TO Gary A. Smith, Medicaid Director VI Department of Human Services 1303 Hospital Ground Knud Hansen Complex, Building A St. Thomas, USVI 00802
12. TYPED NAME Gary A. Smith	
13. TITLE Medicaid Director	
14. DATE SUBMITTED 09/21/22	

FOR CMS USE ONLY	
16. DATE RECEIVED 09/21/2022	17. DATE APPROVED 12/14/2022

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2022	19. SIGN 
20. TYPED NAME OF THE APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Territory: Virgin Islands

Resource Levels (Continued)

B Medically Needy

Applicable To All Groups

Family Size	Resource Level
1	\$10,000
2	\$10,100
3	\$10,200
4	\$10,300
5	\$10,400
6	\$10,500
7	\$10,600
8	\$10,700
9	\$10,800
10	\$10,900

For Each Additional Person, \$100

Territory: United States Version Islands
More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act

Citations

1902(a)(10)(A)(ii)(I) &
1902(a)(10)(A)(ii)(IV)

1. Countable resources between the resource standard for the appropriate cash assistance program and \$10,000 are disregarded for the aged, blind, and disabled.