

## **Table of Contents**

**State/Territory Name:** **Virgin Islands**

**State Plan Amendment (SPA) #:** **17-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages
- 3) ATTACHMENTS



July 31, 2017

Gary Smith  
Medicaid Program Administrator  
Medicaid Program  
Department of Human Services  
41-B Marshill  
Frederiksted, VI 00840

Dear Mr. Smith,

Enclosed is an approved copy of The United State Virgin Islands' state plan amendment (SPA) 17-0008, which was submitted to CMS on May 4, 2017. SPA 17-0008 incorporates Presumptive Eligibility conducted by Federally Qualified Hospitals Centers (FQHCs) into The United State Virgin Island's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is June 1, 2017.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of The United State Virgin Islands' approved state plan:

- S25, pages S25-1, S25-2, S25-3 and S25-4
- S28T, pages S28T-1, S28T-2, S28T-3 and S28T-4
- S30T, pages S30T-1, S30T-2, S30T-3, S30T-4, S30T-5 and S30T-6
- S32, pages S32-1, S32-2 and S32-3
- S33, pages S33-1, S33-2 and S33-3
- Attachment 1- Notice of denials
- Attachment 2- Hospitals MOU
- Attachment 3 - Presumptive Eligibility Training Document for Providers/Determining Entities

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](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely

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

cc: Sarah O'Connor  
Jessica Stephens



# Medicaid Eligibility

State Name:

Transmittal Number: VI - 17 - 0008

**Eligibility Groups - Mandatory Coverage - Territories** **S28T**

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.

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

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:

Transmittal Number: VI - 17 - 0008

**Eligibility Groups - Mandatory Coverage - Territories** **S30T**

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.

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.



# Medicaid Eligibility

- 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

- 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



# Medicaid Eligibility

- 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	
<input checked="" type="checkbox"/>	Frederiksted Health Care Inc.	FQHC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	East End Medical Center	FQHC	<input checked="" type="checkbox"/>

- 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.
- 

**An attachment is submitted.**

V.20160722



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0008

## 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):

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

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.**



# Medicaid Eligibility

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

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.



# Medicaid Eligibility

- 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

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

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:

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0008

## Eligibility Groups - Mandatory Coverage Adult Group

S32

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:

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

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



# Medicaid Eligibility

- 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
- 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.	FQHC	X
+	East End Medical Center	FQHC	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:

OMB Control Number: 0938-1148

Transmittal Number: VI - 17 - 0008

<b>Eligibility Groups - Mandatory Coverage</b>	<b>S33</b>
<b>Former Foster Care Children</b>	

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

	Name of limitation	Description	
+			X

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



# 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. & East End Medical Center	FQHC	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 PROGRAM**

---



Your application for Presumptive Eligibility has been successfully processed. \_\_\_\_\_

Based on the answers you provided, **the household is ineligible for Presumptive Eligibility because of the following reasons:**

- You are not a U.S. citizen or an eligible alien. If you need emergency services, please contact your DHS District office as certain aliens may be eligible for Medicaid coverage of emergency services even if they are not otherwise eligible for Medicaid due to alien status. Under Section 19 of the USVI Code, you may also be able to receive care regardless of your ability to pay at one of the hospitals or at one of the clinics operated by the Department of Health. Contact DHS or the Department of Health for further information.
- You do not qualify for Presumptive Eligibility because your countable income is over the Medicaid income limit for your household size.
- You are not a resident of the United States Virgin Islands.
- You are not eligible for Presumptive Eligibility coverage as you are currently in receipt of Medicaid, the Children's Health Insurance Program (CHIP), or have other creditable health coverage.
- You are not eligible for Presumptive Eligibility because you are eligible for Medicare.

You cannot appeal the hospital's decision however, you can still apply for regular Medicaid by completing a full Medicaid application. Please contact your local DHS office at #41B Mars Hill, Frederiksted, St. Croix or 1303 Hospital Ground Knud Hansen Complex Building A Charlotte Amaile, St. Thomas.

**MEMORANDUM OF UNDERSTANDING**

**REGARDING**

**TERMS AND CONDITIONS GOVERNING**

**MEDICAID PRESUMPTIVE ELIGIBILITY  
DETERMINATIONS AUTHORITY**

**GRANTED**

**BY**

**THE VIRGIN ISLANDS  
DEPARTMENT OF HUMAN SERVICES**

**TO**

**East End Medical Center**

## TABLE OF CONTENTS

<i>Description</i>	<i>Page</i>
Parties .....	3
Background .....	3
I. Terms and Conditions .....	4
A. Department of Human Services Responsibilities .....	4
1. Training and Assistance .....	4
2. Performance Standards and Oversight .....	5
3. Department Services and Support .....	5
B. East End Medical Center Responsibilities .....	6
1. Procedures for Conducting Presumptive Eligibility Determinations	6
2. Training .....	8
3. Confidentiality of Information .....	8
4. Developing and Complying With Performance Standards .....	8
5. Potential for Disqualification .....	9
6. Liability .....	9
7. Compensation .....	10
8. East End Medical Center Contact Persons.....	10
C. Termination of MOU .....	10
D. Notice .....	11
E. Signatures .....	11

## **PARTIES**

*This Memorandum of Understanding (MOU)* is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_ 2017, by and between the **GOVERNMENT OF THE VIRGIN ISLANDS, DEPARTMENT OF HUMAN SERVICES (DHS)** and the **East End Medical Center (EAST END)**. This agreement constitutes a formal Memorandum of Understanding regarding Federally Qualified Health Center (FQHC) presumptive eligibility (HPE) for Medicaid coverage to patients without health coverage or Medicaid. This *MOU* shall remain in effect unless terminated in accordance with the policies and procedures outlined herein.

## **BACKGROUND**

Medicaid is a medical assistance program jointly financed by state and federal governments for low income individuals and is embodied in 42 U.S.C. §1396 *et seq.* It was first enacted in 1965 as an amendment to the Social Security Act of 1935. Today, Medicaid is a major social welfare program and is administered by the Centers for Medicare and Medicaid Services.

Among the services that Medicaid covers are: in-patient hospital services, out-patient hospital services, laboratory and x-ray services, skilled nursing home services, physicians' services, physical therapy, hospice care, and rehabilitative services. Patients are restricted when selecting who will take care of their needs by selecting from pre-approved physicians and other providers of medical care.

The Government of the Virgin Islands, Department of Human Services (“DHS”), is the single state Medicaid authority in the United States Virgin Islands and it provides Medicaid coverage to eligible individuals under federal and territorial laws. Under the Patient Protection and Affordable Care Act (ACA) of 2010 in 42 United States Code (USC) Section 2202 and federal regulations at 42 CFR 435.1100, qualified hospitals or other Qualified Entities may determine whether certain individuals can qualify as presumptively eligible for Medicaid at the time the individual arrives at the Qualified Entity for medical services. By conducting presumptive eligibility determinations in accordance with the ACA of 2010, federal regulations set forth in 42 CFR 435.1110, Section 1902(e) of the Social Security Act

and DHS requirements, **East End**, as an FQHC that is funded under Section 330 of the Public Health Service Act, is a Qualified Entity that can assist individuals in securing temporary coverage on a timely basis and provide them with a pathway to ongoing health coverage.

This *Memorandum of Understanding* outlines the terms and conditions of the presumptive eligibility process, system access requirements, and the administrative functions required as a Qualified Entity. This *Understanding* is not a Medicaid Provider agreement.

The **East End Medical Center** is a “*qualified FQHC*” that participates in Medicaid—either through a state plan or through a Medicaid Section 1115 waiver. FQHCs that elect to make presumptive eligibility (PE) determinations may use it for income-based Medicaid eligibility for children, pregnant women, parents and caretaker relatives, and former foster care children. Hospital PE must also be permitted for adult groups, individuals with income above 133% Federal Poverty Level and under age 65, individuals eligible for family planning services, and certain individuals needing treatment for Breast and Cervical Cancer as covered in the Virgin Islands Medicaid State Plan.

The purpose of this *MOU* is to set forth the role, responsibilities, and other terms for **East End** to conduct Medicaid presumptive eligibility determinations and facilitate enrollment in ongoing coverage, as well as the DHS’ role and responsibilities in supporting and overseeing these activities.

## I.

### **TERMS AND CONDITIONS**

**NOW, THEREFORE**, the parties mutually agree to the terms and conditions set forth herein as follows:

#### **A. DEPARTMENT OF HUMAN SERVICES RESPONSIBILITIES**

In general, the **DHS** will support the FQHC in conducting presumptive eligibility determinations by providing training, oversight, and other **DHS** services required for such determinations. The **DHS** will provide Medicaid coverage to

individuals based on the FQHC's preliminary determination of eligibility as long as it was conducted in accordance with **DHS** policies and procedures. The **DHS** will not hold the FQHC financially responsible if an individual is found ineligible for Medicaid based on a full eligibility determination.

### **1. Training and Assistance**

The **DHS** will provide initial and ongoing training and technical assistance to **East End**, including responding to the Hospital's questions regarding the appropriate policies and procedures to use when conducting presumptive eligibility determinations.

### **2. Performance Standards and Oversight**

In consultation with **East End**, the **DHS** will develop reasonable and appropriate performance standards. In doing so, it will rely on data provided by **East End**. Once the performance measures are established, the **DHS** will gather data from the **East End** and the Virgin Islands Medicaid System (*VIMS*) on the performance measures every *six (6) months*, evaluate the data provided by the **East End**, and provide the **East End** with timely feedback on its performance.

If **East End** fails to meet the **DHS**' performance standards, the **DHS** will notify the FQHC; provide the FQHC additional training; assist the FQHC in developing and implementing a corrective action plan; and, in collaboration with the FQHC, identify a timeline within which to achieve improved results that meet the **DHS** performance standards. If the FQHC is unable to meet performance standards after being given the opportunity, time, and assistance it needs to do so, the **DHS** may terminate this agreement, as described herein.

### **3. Department Services and Support**

The **DHS** will provide **East End** with the materials that are required to conduct presumptive eligibility determinations, including copies of the presumptive eligibility application, copies of the single streamlined application, eligibility determination notices, and temporary enrollment forms that allow beneficiaries to

receive services while they are awaiting their Medicaid cards. In addition, **DHS** will provide **East End** with the protocol for submitting presumptive eligibility determinations and applications for health coverage to the **DHS**. The **DHS** will provide a mechanism through limited online access to *VIMS* for the FQHC to check current Medicaid enrollment and eligibility.

The **DHS** will designate one **DHS** staff member to serve as the point of contact for the FQHC. The **DHS** will update **East End** if the staff member changes.

## **B. EAST END MEDICAL CENTER RESPONSIBILITIES**

The **East End** will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. The FQHC agrees to learn, review and understand the criteria for all Medicaid eligibility categories. As part of conducting such determinations, the FQHC will assist individuals with the presumptive eligibility application; make presumptive eligibility determinations; provide applicants with their eligibility results; and, help individuals complete the single streamlined application for ongoing coverage. **East End** will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

**East End** agrees that as a Qualified Entity that it currently is, and will remain, in good standing as Medicaid Provider and has a current approval from CMS to be a Medicaid Provider. **East End** further agrees that it will follow Federal and U. S. Virgin Islands laws and **DHS** Medicaid Rules and Regulations, as well as terms and conditions agreed upon by the **DHS** and **East End** when determining Medicaid presumptive eligibility.

### **1. Procedures for Conducting Presumptive Eligibility Determinations**

**East End** will conduct presumptive eligibility determinations for patients, family members, and members of the community seeking coverage. FQHC further agrees to perform all of the administrative functions associated with presumptive eligibility, including but not limited to the following:

(a) **East End** agrees that prior to presumptive eligibility enrollment of an individual it will verify, through *VIMS*, that the individual is not enrolled in another category of Medicaid and has not been enrolled as a presumptively eligible individual in the past twelve (12) months.

(b) When conducting presumptive eligibility determinations, the FQHC will evaluate individuals for eligibility under Modified Adjusted Gross Income (or "MAGI") categories, for children, parents and caretaker relatives, pregnant women, former foster care children up to age 26, adults age 19-64 and uninsured individuals seeking treatment with breast and cervical cancer.

(c) **East End** will use a simplified measure of an individual's household composition and income to make presumptive eligibility determinations as described in the Training Manual provided to **East End** by the **DHS**. The FQHC will require applicants to attest to their citizenship or immigration status and residency when completing the presumptive eligibility application.

(d) When conducting presumptive eligibility determinations, the FQHC will rely on information provided by applicants. **East End** will not require or request any documentation or verification of the information, nor will it require any information that is not needed for a presumptive eligibility determination.

(e) **East End** will notify individuals in writing and orally if appropriate, of the outcome of the presumptive eligibility determination within seventy-two (72) hours. ***If the determination is made at the time of the application interview, the FQHC will give the applicant a written Notice of Determination that explains their benefits and responsibilities. If the determination is made subsequent to the application interview, the Notice of Determination will be mailed.*** If the individual is found eligible for Medicaid, the notice will explain the duration of their presumptive eligibility; the services available to them and how to access them; and information on how to submit an application for ongoing coverage and the importance of doing so. If they are not found presumptively eligible, the notice will inform them of the decision; provide a reason for the determination; and advise them how to submit a full application for Medicaid.

(f) **East End** will provide individuals who have applied for presumptive eligibility with information on how to complete a full Medicaid application and assistance in doing so and take all reasonable steps to assist an individual determined to be presumptively eligible to complete and submit a Medicaid application for ongoing coverage to the **DHS**.

(h) **East End** will notify the **DHS** within five (5) working days that an applicant is presumptively eligible for Medicaid. Notification can be either online in *VIMS* or via a dedicated fax line.

(i) **East End** will keep a record of presumptive eligibility determinations for a period of no less than five (5) years ***from the last date of service*** and make the

records available to CMS or **DHS** for any reason, including a federal review or a U. S. Virgin Islands audit.

## **2. Training**

**East End** will require all staff that conducts Medicaid presumptive eligibility determinations to participate in **DHS**-approved training, including ongoing training on *VIMS* and the enrollment process. The FQHC will keep a record of this training for the Department to review as requested. **East End** will provide the **DHS** with the name, title, and contact information for staff that completes the presumptive eligibility training.

## **3. Confidentiality of Information**

When conducting presumptive eligibility determinations, **East End** will comply with all state, federal, and **DHS** rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA). The FQHC agrees to train employees responsible for activity authorized by this *MOU* on all security and privacy laws, regulations and standard, including the consequences for violation. **East End** agrees that all employees acting under authority of this *MOU* are required to sign an acknowledgement stating they received training and understand the consequences of violation of privacy and security laws, regulations, and standards.

## **4. Developing And Complying With Performance Standards**

**East End** will provide the data specified by the **DHS** on performance indicators to assist the **DHS** in developing reasonable and appropriate standards for FQHC-based presumptive eligibility. The **DHS** will use the data from the FQHC and other FQHCs throughout the U. S. Virgin Islands to establish such standards. After the **DHS** has established and informed **East End** of the required performance standards, the FQHC will submit the data needed by the **DHS** to monitor its compliance with these performance standards. The data will be submitted quarterly, or as directed by the **DHS**.

If the data indicate that **East End** is not meeting the specified standards, the **DHS** will notify the FQHC and initiate a process to assist the FQHC in meeting the

standards. As noted in this *MOU*, **DHS** will provide **East End** with additional training, assist the FQHC in developing and implementing a corrective action plan, and provide the FQHC with a reasonable period of time to come into compliance with the standards. If **East End** remains unable to meet the standards after being given a reasonable and appropriate opportunity to do so, the **DHS** may terminate this *Memorandum of Understanding*.

### **5. Potential for Disqualification**

The **DHS** may disqualify **East End** from conducting presumptive eligibility determinations only if the DHS determines that:

(a) **East End** is not making, or is not capable of making, presumptive eligibility determinations in accordance with federal and Virgin Islands laws and regulations;

(b) if **East End** remains unable to meet the performance standards established by the Department after following the process described above in Section III; or

(c) **East End** no longer participates in Medicaid.

If **East End** is disqualified from making presumptive eligibility determinations, it will not have any bearing on whether the FQHC can participate in Medicaid or on any agreements other than this one between the **East End** and the **DHS**.

### **6. Liability**

**East End** agrees that it may be held responsible for the willful conduct of its employees who violate Federal or territorial laws with respect to Medicaid and this presumptive eligibility *MOU* with the **DHS**. The FQHC also understands that any **East End** employee, agent or officer *who knowingly* files a claim containing false, incomplete or misleading essential information to create eligibility for Medicaid or to receive payment from Medicaid may be punishable under Federal or territorial Law.

### **6. Compensation**

**East End** acknowledges it will not receive compensation for the performance of administrative functions associated with enrollment activity.

#### **7. East End Contact Persons**

East End agrees to provide a list of all names, including titles, of employees given the responsibility for enrolling individuals and provide a list of all names, including titles, of employees given access to *VIMS*. ***The FQHC agrees that persons it authorizes to perform presumptive eligibility enrollment, shall not be a person with authority or responsibility to submit claims to the Medicaid program for reimbursement of Medicaid services.***

#### **C. TERMINATION OF MOU**

**East End** agrees that it or **DHS** may terminate authority granted under this acknowledgement with written notice, for any reason supported by evidence of acts or omissions adversely affecting the Medicaid program, including, but not limited to the following:

- (1) revocation or cancellation of **East End** by CMS as a Medicaid facility;
- (2) if fifteen percent (15%) or more of presumptively enrolled individuals fail to file a Medicaid Application for ongoing coverage within two consecutive ninety (90) day periods after the **East End** has determined the individual to be presumptively eligible, **or**
- (3) if 15% or more of individuals who are presumptively enrolled by the **East End in any 180 day period** , and who completed a Medicaid Application for ongoing coverage, are found ineligible for Medicaid by **DHS, or**
- (4) multiple occasions of unauthorized use of *VIMS* by the **East End, or**
- (5) programmatic or systematic changes related to the Medicaid eligibility or enrollment system.

**D. NOTICE**

Notice required to be given by terms of this *MOU* shall be deemed to have been given when the same is sent certified mail, postage prepaid, or personally delivered, addressed to the parties as follows:

**DEPARTMENT OF HUMAN SERVICES:**

Felecia L. Blyden  
*Commissioner*  
**Department of Human Services**  
Knud Hansen Complex, Bldg. A,  
1303 Hospital Ground  
St. Thomas, VI 00802  
[Felecia.Blyden@dhs.vi.gov](mailto:Felecia.Blyden@dhs.vi.gov)  
Telephone: 340-774-0930 X4101  
Fax: 340-774-3466

**Attention: Diane Capehart**  
*Administrator, Public Health Insurance Services*  
[Diane.Capehart@dhs.vi.gov](mailto:Diane.Capehart@dhs.vi.gov)

**EAST END MEDICAL CENTER**

MOLETO A. SMITH JR.  
Executive Director  
**East End Medical Center**  
4605 Tutu Park Mall  
St. Thomas, VI 00802-1736  
Email ???????  
Telephone: 340-775-3700  
Fax: 340-\_\_\_\_ - \_\_\_\_\_

**D. SIGNATURES**

By signing this acknowledgment **East End** and **DHS**, through their named representatives below, agree to all terms, conditions and administrative responsibilities detailed above. The parties further agree that this *MOU* is not intended to alter, amend, or rescind any provisions of Federal or territorial law, and they further agree to be bound by all applicable territorial or Federal laws not expressly outlined in this *MOU* pertaining to the Medicaid eligibility system, presumptive eligibility determinations, security and privacy.

**IN WITNESS WHEREOF**, the parties have hereunto set their hands on the date and year indicated.

**WITNESS:**

**DEPARTMENT OF HUMAN SERVICES**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Felecia L. Blyden**  
*Commissioner*

**East End Medical Center**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Moleto A. Smith Jr.**  
*Executive Director*



# Medicaid-FQHC Presumptive Eligibility Training

PE Training for Qualified FQHCs  
*United States Virgin Islands*  
*Department of Human Services*  
*April, 2017*

# Acronyms

DHS -- Department of Human Services

PE – Presumptive Eligibility

MAP – Medicaid Assistance Program

FQHC – Federally Qualified Health Center

- East End Health Center (St. Thomas)

- Frederiksted Medical Center (St. Croix)

# Introduction to Presumptive Eligibility



# Presumptive Eligibility Defined

- Presumptive eligibility (HPE) is a process that provides immediate access to Medicaid for eligible U.S.V.I. residents.
- Only Medicaid Certified FQHC staff can conduct HPE determinations.
  - FQHC staff must receive certified DHS training on PE before they can begin to grant PE
- Individuals granted PE are covered by Medicaid from the day the PE determination is made until the last day of the following month or full determination by DHS staff.
- During the PE period, they should complete the full Medicaid application process at DHS; upon being determined fully eligible by DHS staff, they will receive a 12 month coverage period.

# How PE Works

- PE provides eligible individuals with Medicaid coverage at the time and place that services are needed.
- It ensures the FQHC will be reimbursed for Medicaid covered services
- **The FQHC is required to assist PE members with applying at DHS for Medicaid coverage beyond the PE period.**

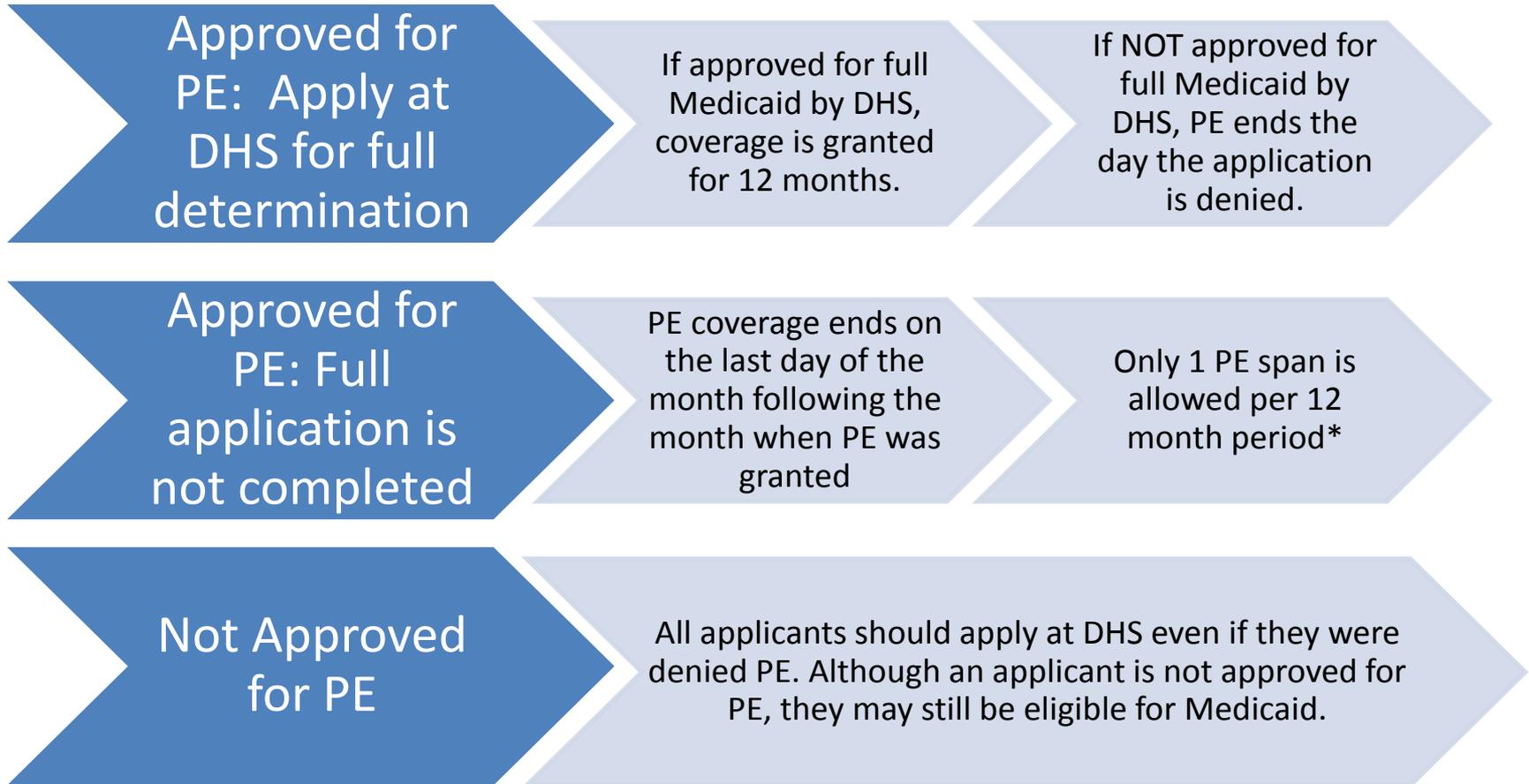
# Who can Make PE Determinations

- Only FQHC employees who are trained and certified by DHS can make PE determinations.
- FQHCs may **not** delegate PE determinations to non-FQHC staff.
- Third party vendors or contractors may **not** make PE determinations or have access to the PE system or data.
- FQHC staff **are responsible** for providing assistance to PE members in completing the full application process with DHS.
- A full Medicaid application is **not** required in order to make a PE determination

# FQHC Staff Training and Certification

- FQHC staff who will make PE determinations must complete training and sign the PE Compliance form
- DHS will require signed training attendance sheets to document participants
- FQHC staff must be certified by DHS to conduct PE determinations

# Overview of PE



\*Exception: Pregnant Women can have 1 HPE span per pregnancy

# **Who is Eligible to Enroll in Medicaid through PE? What are the Benefits?**

# Who can apply?

PE applicants must meet the following criteria:

- Not be currently receiving Medicaid
- Not have had a PE span in the past 12 months (pregnant women are limited to 1 HPE span per pregnancy)
- Be a U.S. citizen or Qualified Non-Citizen
- Be a resident of the U.S.V.I.
- Fall into a PE-eligible group
- Meet financial requirements

# Multiple PE Applications

- Applicants are limited to one PE span in any 12 month period. FQHC staff must verify for each applicant that they have not been granted PE in the previous 12 months.
- For pregnant women, PE can be granted at most one time per pregnancy, even if the spans are within 12 months.

# Qualified Citizens and Non-Citizens

- U.S. citizens, U.S. nationals, or qualified non-citizens who have been residents for a minimum of 5 years may be eligible for HPE.
- The five year waiting period begins from the date that the individual obtained qualifying status
- The following qualified non-citizens are subject to the five-year waiting period: 1) Lawful Permanent Residents; 2) Battered Spouse, Child, or parent; 3) Non-citizens granted parole for at least one-year; and 4) Conditional Entrants
- LPRs who have adjusted from a status exempt from the five-year waiting period are not subject to the five-year waiting period

# Categories of Qualified Non-Citizens Eligible for PE

- Lawful Permanent Residents (LPRs)
- Non-citizens granted parole for at least one-year
- Conditional Entrants (granted before April 1, 1980)
- Battered spouse, child or parent
- Victims of Trafficking including spouses, children, siblings or parents
- Non-citizens receiving SSI
- Members of an Indian Tribe as defined in 25 USC 450B(e)
- Refugees
- Asylees
- Individuals granted withholding deportation/removal
- Cuban/Haitian Entrants
- Amerasian immigrants
- Iraqi or Afghan special immigrant status
- Veterans on active duty, their spouses and their children

# Qualified Non-Citizens(continued)

- Applicants can attest to their lawful presence, and are not required to provide documentation for PE.
- However, applicants **will** be required to provide documentation proving lawful presence when they submit their full Medicaid application to DHS.

# U.S.V.I Residency

- To be eligible for PE, applicants must live in, or intend to live in the U.S.V.I.
- It is not required that they have a fixed address.
- Applicants may attest to their residency, and are not required to provide documentation for PE.
- Applicants **may** be required to provide documentation of residency when they submit their full Medicaid application to DHS.

# PE Groups

To be eligible for PE, applicants must NOT be disabled, and must be:

- Children under age 19 ([Group K07](#))
- Parents or Caretakers of Children under age 19 ([Group R07](#))
- Pregnant Women ([Group P07](#))
- Adults aged 19-64 ([Group I07](#))
- Former Foster Care Children under age 26 ([Group C07](#))

The following are **not** eligible for PE:

- Anyone who is blind or disabled
- Anyone over the age of 64, unless they qualify as a parent or pregnant woman

# Duration of Eligibility under PE

- PE period begins with, and includes, the day on which the hospital makes the HPE determination.
- PE period ends with:
  - The day on which DHS makes the eligibility determination for full Medicaid if a Medicaid application is submitted, or
  - The last day of the month following the month in which the hospital makes the PE determination, if the individual does not file a full application by that time.

# Medicaid Covered Services Under PE

- Benefits are the same as those provided under full Medicaid, with one exception:
  - Pregnant women - benefits limited to ambulatory prenatal care (birthing expenses, including inpatient hospital services, are not covered by PE)
  - If a pregnant woman delivers her baby during the PE period, she will need to be determined eligible for Medicaid retroactively based on the full Medicaid application

# Service Authorizations

- For all Medicaid members, including PE members, all non-emergency medical and dental services other than those provided by the Department of Health and the Federally Qualified Health Centers (Frederiksted and East End) must be pre-authorized by DHS staff.
- All off-island services , including hospital transfers, must be pre-authorized by DHS staff.
- Covered outpatient services rendered by the FQHC on the date the PE determination is made or at any time during the PE period do not require any additional authorization.

# How The PE Process Works

# Determining Household Size

- The PE application asks the applicant to list members of his/her immediate family who live with the applicant, including spouse and children under age 19 (if they live with the applicant), and

# Determining Financial Eligibility

## Income Sources

- The PE application asks the applicant to list all sources and amounts of household income, including:
  - Job income. For example: wages, salaries, and self-employment income.
  - Other income. For example: unemployment checks, alimony, or disability payments from the Social Security Administration (“SSDI”). This should not include any child support, SSI, or veteran’s benefits the applicant receives.
- All statements about income are self-declared (i.e. no documentation is required at the point of determination)

# The PE Determination Process

- FQHC staff may use the paper PE application to collect information, or enter data directly into the VIMS system during an applicant interview.
- If the paper application is used, the information collected must be entered into VIMS to perform the PE eligibility determination.
- If VIMS is inaccessible, the paper application must be signed and dated by the FQHC representative and can serve as documentation to request MAP staff to retroactively adjust effective date once VIMS is accessible.
- A copy of the signed and dated paper application will serve as the Client Notice of Eligibility or Denial in the event that VIMS is not available.

# The FQHC PE Determination Process

At the applicant's visit, the PE worker should take the following steps:

1. If in use, complete or assist individual with completing PE application if not already enrolled in Medicaid
  - Assist individual in completing required questions in sections 1-4
  - Assist individual with calculating monthly family income and household size
2. Verify that applicant has no current Medicaid coverage, and no PE span in the last 12 months by checking VIMS certification history
3. Enter applicant data into VIMS the same day to determine if individual meets PE criteria; if so, confirm eligibility. If not, deny eligibility. (Note: the applicant cannot appeal the PE decision but he/she can still apply for regular Medicaid or other health coverage using the regular Medicaid application.)

# The PE Determination Process (continued)

If eligible, take the following steps:

1. Print/provide the individual with a Notice of Decision (NOD)\* and DHS PE informational handout
2. Summarize Medicaid benefits and answer any questions
3. Encourage and assist with application for full Medicaid (i.e. schedule appointment with MAP)

\* The NOD provides immediate documentation of eligibility to receive Medicaid covered services.

# PE Application Form

- The PE application contains basic information about PE, including contact information and next steps
- Sections 1-4 of the PE application request basic information from the individual in order to determine eligibility
- Section 5 of the PE application is for the FQHC representative signature and date. Applicants must also sign.

# How to Use the PE/Medicaid Application

- The FQHC PE worker is responsible for assisting an applicant in filling out the PE application, which could involve:
  - Answering questions and providing clarifications,
  - Reading the questions to the applicant, in the case of an individual with a visual impairment, and
  - Assisting with marking the applicant's answers on the application, as needed.
- The FQHC PE worker is responsible for assisting an applicant in submitting a full Medicaid application to MAP
  - Schedule an appointment with MAP and provide documentation before discharge
  - Explain what the applicant will need to provide to MAP
  - A full Medicaid application is not required at the point when the applicant is applying for PE. If a full application is submitted the FQHC will submit the application to the DHS District office for a full determination.

# Presumptive Eligibility Application

## 1 Tell us about yourself

We ask for this information so that we can contact you about this application.

Name *(first, middle, last)*

Social Security Number (SSN) *(Not Required for PE determination)*

Date of Birth *(XX/XX/XXXX)*

Home address *(leave blank if you don't have one)*

City State ZIP code

Mailing address *(if different from home address)*

Phone number *(if you have one)* Email address *(if you have one)*

**2 Tell us about your family** List the members of your immediate family who live with you. Include your spouse and your children under *age 19* if they live with you. Do not list other relatives or friends even if they live with you. **Do not include information on individuals who are not applying for Presumptive Eligibility.**

Name <i>(first, middle, last)</i>	Date of birth <i>(XX/XX/XXXX)</i>	Social Security Number (SSN) <b>optional</b>	Relationship to you	Already has Medicaid? <i>(Yes or No)</i>	Applying for PE? <i>(Yes or No)</i>	U.S. Citizen, U.S. National, or eligible immigrant? <i>(Yes or No)</i>	Resident of the Territory? <i>(Yes or No)</i>

# Presumptive Eligibility Application (cont.)

## 3 Other questions

Answer these questions for yourself and any family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant, even if she is **not applying for presumptive eligibility for Medicaid**? Yes No

If yes, who? ..... How many babies does she expect? .....

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative? Yes No

For example, a grandparent who is the main person taking care of a child.

If yes, who? .....

Is anyone who is applying for presumptive eligibility a former foster care child who is currently under the age of 26??

Yes No

If yes, who? .....

# Presumptive Eligibility Application (cont.)

## 4 Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

Job income *For example, wages, salaries, and self-employment income.*

Amount \$.....

How often? (check one)  Weekly  Biweekly  Monthly  Yearly

Other income *For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do not include any child support you receive.*

Amount \$.....

How often? (check one)  Weekly  Biweekly  Monthly  Yearly

## 5 Sign this form here (optional)

We will keep your information secure and private.

**Your signature (optional):**

**Date:**

FQHC Representative Signature

Date



## **Medicaid Presumptive Eligibility: Your Benefits and Responsibilities**

Congratulations!

You have been granted Medicaid Presumptive Eligibility (PE). Unless you applied for PE as a pregnant woman, you are now eligible to receive all of the services and benefits covered under the Medicaid State Plan until the end of your PE eligibility period specified on the Notice of Decision (NOD) attached to this document that you received from the hospital. Those benefits include:

Inpatient and outpatient hospital

Physicians

Dental

Lab and X-Ray

Emergency and Non-Emergency Medical Transportation

Clinics (Department of Health and Federally Qualified Health Centers (FQHCs)) including:

East End Medical Center (St. Thomas)

Frederiksted (St. Croix)

Home Health

Pharmacy

Skilled Nursing Facilities

*If you were granted PE as a pregnant woman, your service coverage is much more limited. You are only eligible to receive services related to your pregnancy (prenatal care, tests, etc.).*



**MEDICAID PROGRAM**

---

Remember to bring the NOD with you to every medical appointment during your PE period as proof of Medicaid eligibility. You will not receive a Medical Assistance Program (MAP) ID Card until you have completed the full Medicaid application and been approved for full Medicaid eligibility. You can receive services from a Primary Care Provider (PCP) at one of the Department of Health Clinics or the FQHCs without a referral. However, for all other services, you must obtain a referral or a prior authorization from the PCP or the MAP office in your District. (See below)

**Department of Human Services**

1303 Hospital Ground, Building A  
Charlotte Amalie  
St. Thomas, VI 00802  
Voice: (340) 774-0930

**Department of Human Services**

Charles Harwood Complex  
3500 Estate Richmond  
St. Croix VI, 00820  
Office: (340) 718-1311 ext. 3287  
Fax: (340) 712-6228

**Department of Human Services**

St. John, VI  
Voice: (340) 776-6334



You can only receive services from a provider who is enrolled with the United States Virgin Islands Medicaid program. Please contact the MAP office nearest you or check the program website at [www.vimmis.com](http://www.vimmis.com) to see if your provider is enrolled.

**VERY IMPORTANT!** Your Medicaid PE will expire on the date listed on the NOD unless you complete the full Medicaid application before the end of your PE eligibility period. Failure to complete the full Medicaid application will result in a break in your Medicaid coverage. Since you can only access Medicaid PE eligibility once every 12 months you must complete the full Medicaid application in order to continue your Medicaid eligibility. If you are approved for full Medicaid eligibility it will extend your Medicaid eligibility for up to 12 months.

Welcome to Medicaid!

# Verification of Eligibility Criteria for PE

- An individual cannot be required to provide proof/documentation of any PE eligibility criteria
  - For example, the PE worker can't require medical verification of pregnancy
- The PE worker and the U.S.V.I. must accept self-attestation of income, citizenship/ immigration status, and residency in the U.S.V.I.
- The FQHC representative must sign the paper application, if used, and the printed NOD

# Non- Applicants

- Please Note
  - Responses from household members who are not applying for PE are not required with regard to:
    - Current Medicaid status
    - Whether or not they are applying for PE
    - Status as a US citizen, national, or an eligible immigrant
    - Residence in the United States Virgin Islands

# How to Make a Determination

- Once the application information is entered into VIMS, if complete, Medicaid presumptive eligibility is determined immediately
- FQHC worker will print a Notice of Decision (NOD) and the DHS Presumptive Eligibility Informational Handout and give both to the applicant so that they are eligible to receive Medicaid covered services that day.
- FQHC staff should schedule an appointment at the Medicaid (MAP) office for the member to complete the full application process

# How to Input/Submit Data

- **Hospital PE workers are responsible for inputting and submitting data directly into the Medicaid eligibility system (VIMS) using the following program codes:**
  - K07 Children Presumptive
  - R07 Parents Presumptive
  - P07 Pregnant Presumptive
  - I07 Childless Adults Presumptive
  - C07 Former Foster Care Children

# Approval and Denial Notices

- FQHCs must provide individuals with a written Notice of Decision, which includes:
  - Whether PE was approved or denied
  - If approved, the member will begin a new eligibility period under a PE Medicaid coverage group
  - If denied, the reason for the denial and the option to submit a standard Medicaid application

# PE Performance Standards

- The territory will use 2 preliminary performance standards to monitor PE:
  - 85% of PE clients will complete a full Medicaid application within the approved PE period.
  - 85% of those clients will ultimately qualify for full Medicaid.
- DHS will monitor compliance based on management reports designed in VIMS
- The participating FQHC agrees to participate in random quality assurance reviews conducted by DHS.
- DHS has the authority to take corrective action against FQHCs, including termination from the PE program, if the FQHC does not follow U.S.V.I. policies or does not meet established standards

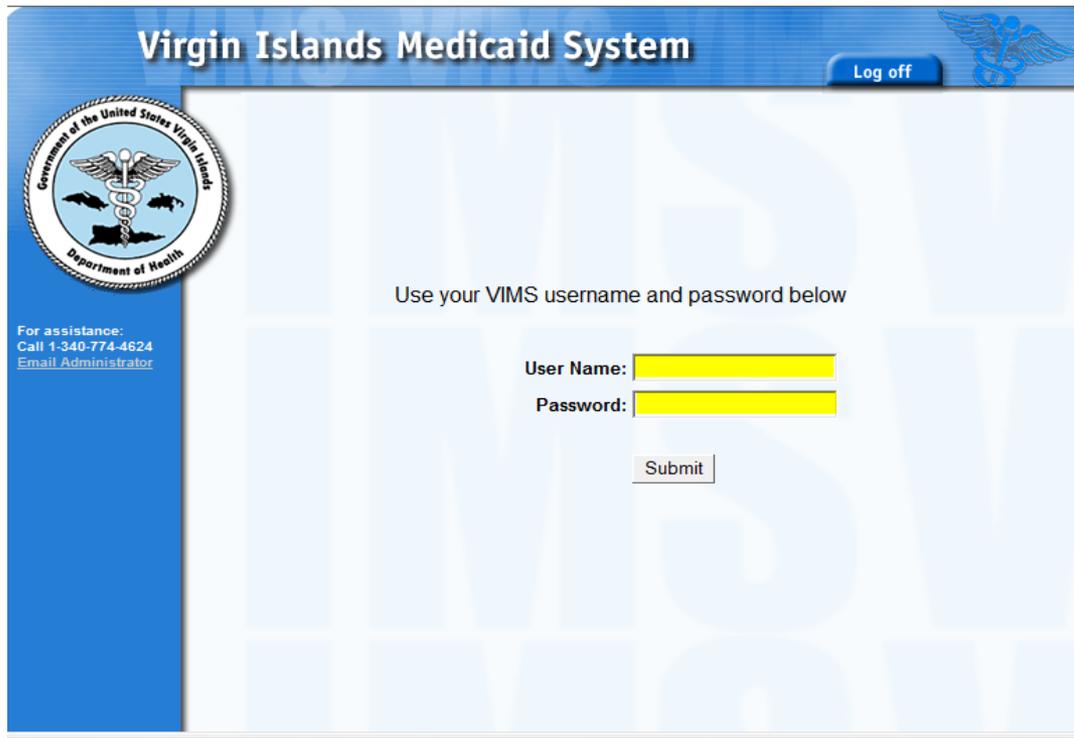
# Introduction to VIMS

# VIMS- Virgin Islands Medicaid System

- VIMS eligibility function allows the Hospital worker to:
  - Add eligibility data to create a new Presumptive Eligibility case
  - View historical eligibility data
  - Document the case record
  - Print a Notice of Decision

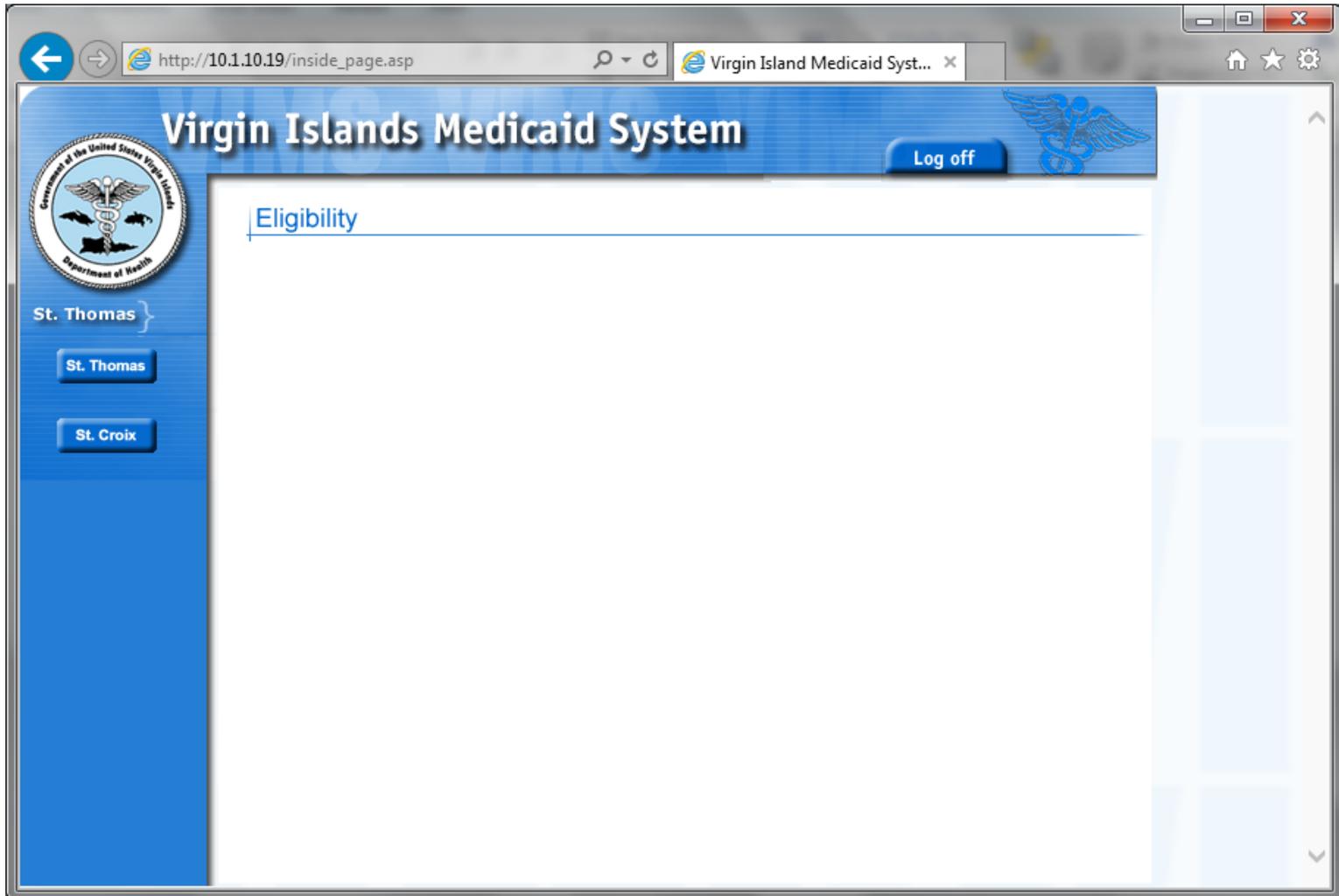
# Accessing VIMS

Enter your User Name and password, then click submit.

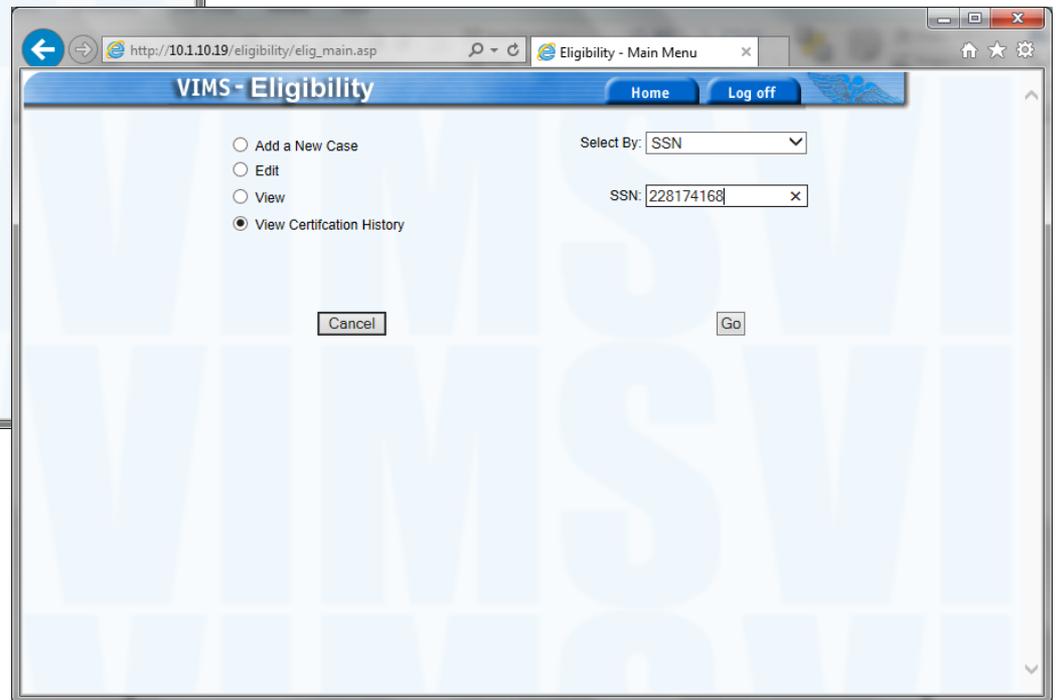
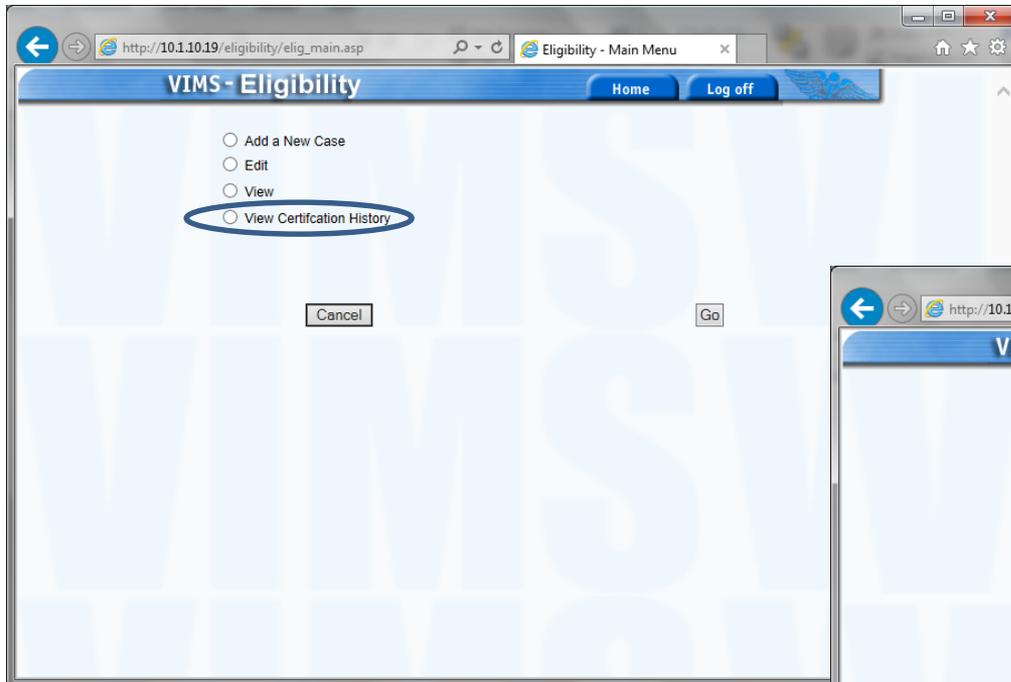


The screenshot shows the login interface for the Virgin Islands Medicaid System. At the top, a blue header contains the text "Virgin Islands Medicaid System" and a "Log off" button. On the left side, there is a circular logo for the "Government of the United States Virgin Islands Department of Health" and contact information: "For assistance: Call 1-340-774-4624 Email Administrator". The main content area is light blue and features the instruction "Use your VIMS username and password below". Below this instruction are two yellow input fields labeled "User Name:" and "Password:". A "Submit" button is positioned below the password field.

# Select Eligibility



Step 1: Check for current or historical eligibility:  
Select 'View Certification History'  
Search by SSN (no dashes)



Step 1: Check for current or historical eligibility:

- a. Check for current span
- b. Check for PE span in the last 12 months: digits 3 and 4 of the MAP ID will be '07' for a PE span

If applicant is not currently covered and has no PE span in the last 12 months, return to the Eligibility Menu

VIMS - Eligibility

Home Log off

Eligibility - Certification History - VIEW

App. # / Date	Case Number	Member Status / City/State/Zip	H/H Name / SSN	MAP / Coverage Period
9903	6023660	Case closed - change of state residence of applicant	Jason H Coleman 228-17-4168	6E0360236601101 10/1/2009 - 10/15/2009
9903	6023660	Approved - Eligible	Jason H Coleman 228-17-4168	6E0360236601101 10/1/2009 - 9/1/2010
10026	6023749	Approved - Eligible	jason h coleman 228-17-4168	MAP # Not Determined Period Not Determined
10026	6023749	Pending	jason h coleman 228-17-4168	MAP # Not Determined Period Not Determined
10026	6023749	Approved - Eligible	jason h coleman 228-17-4168	6C0360237491101 Period Not Determined
10026	6023749	Not Applying	jason h coleman 228-17-4168	6C0360237491101 2/1/2013 - 2/1/2013
10026	6023749	Approved - Eligible	jason h coleman 228-17-4168	6C0360237491101 2/1/2013 - 1/1/2014
10026	6023749	Not Applying	jason h coleman 228-17-4168	6C0360237491101 2/1/2013 - 1/1/2014

Eligibility Menu Print

# Step 2: Add a New Case

http://10.1.10.19/eligibility/elig\_main.asp?cancel=Eligib

Eligibility - Main Menu

VIMS - Eligibility

Home Log off

- Add a New Case
- Edit
- View
- View Certification History

Cancel Go

http://10.1.10.19/eligibility/elig\_caseedit.asp?new=TRUE

Eligibility - Case Edit

VIMS - Eligibility

Eligibility - Case - INSERT

Case Information

Case Number:  Application Number:  Did applicant receive the Document List?

Disposition:  Type of Application:  Class:

Issued Referrals

EPSDT:  WIC:

Head of Household Information

First Name:  Middle Initial:  Last Name:  Gender:  SSN:  DOB:

Physical Household Address

Address 1:  Phone #:

Address 2:  District:

City:  State:  Zip Code:

Mailing Address

Address 1:  Same as Above

Address 2:

City:  State:  Zip Code:

Application/Interview Information

Application Date:

Initial Contact Date:

Interview Date:

Interview Time:

Quality Control

QC Review Indicator:

QC Review Date:

Comments:

Cancel Print Forms and Letters Docs Continue Done

# Enter Member Information: All red fields are required

**VIMS - Eligibility**

**Eligibility - Case - INSERT**

**Case Information**

Case Number:  Application Number:  **Did applicant receive the Document List?** Yes

**Disposition:** Pending  **Type of Application:** Certify  **Class:** Categorically Needy

**Issued Referrals**

EPSDT:  WIC:

**Head of Household Information**

**First Name:** Jason  **Middle Initial:**  **Last Name:** Coleman  **Gender:** Male  **SSN:** 123-00-1234  **DOB:** 05/05/1980

**Physical Household Address**

**Address 1:** Main st  **Phone #:**

**Address 2:**  **District:** St. Thomas/St. John

**City:** Charlotte Amalie  **State:** US Virgin Islands  **Zip Code:** 00801

**Application/Interview Information**

**Application Date:** 08/06/2015

**Initial Contact Date:** 08/06/2015

**Interview Date:** 08/06/2015

**Interview Time:** 1:15

**Mailing Address**

**Address 1:** Main st

**Address 2:**

**City:** Charlotte Amalie  **State:** US Virgin Islands  **Zip Code:** 00801

**Quality Control**

**QC Review Indicator:** --Select--

**QC Review Date:**

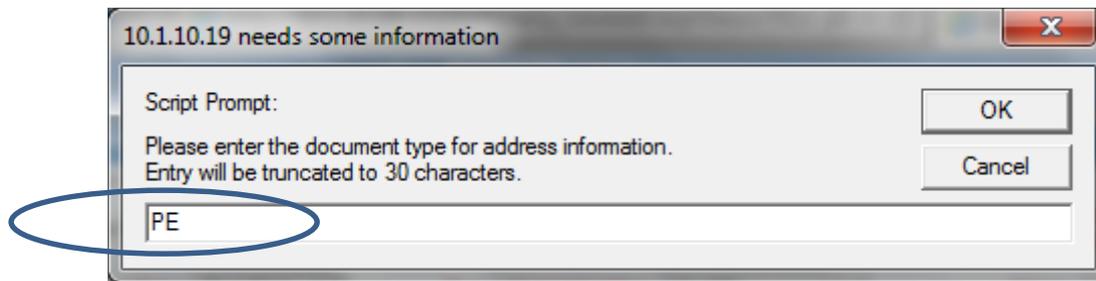
**Comments:**

# PE Entry

- Member Information page: When entering a member whose relationship to the Head of Household is 'Spouse', enter the Head of Household as the legal responsible party.
- When entering a member who does not have a SSN, enter 999-99-9999 as the SSN. After hitting 'Continue' from the member information screen, the system will assign an alternate ID.
- **IMPORTANT: after the alternate ID is assigned, before continuing, edit the SSN field and replace the 999-99-9999 with the alternate ID.**

# Enter Member Information:

For all documentation prompts, enter 'PE'



# Verification that there are no open cases

The screenshot shows a web browser window with the following details:

- Address bar: [http://10.1.10.19/eligibility/elig\\_CaseList.asp?redirect\\_tr](http://10.1.10.19/eligibility/elig_CaseList.asp?redirect_tr)
- Page Title: Eligibility - Member Case List
- Page Header: VIMS - Eligibility
- Sub-Header: Eligibility - Member Case List - INSERT
- Case Information: Case#: 1010418, H/H name: Jason Coleman, Class: C
- Table Headers: Case Number, Member Status, Name, SSN, DOB, Gender
- Table Content: There were no other cases for Jason Coleman
- Action: A 'Continue' button is located at the bottom right, circled in blue.

# Member Information

Browser: http://10.1.10.19/eligibility/elig\_memberview.asp?Curly Eligibility - Member Inform...

## VIMS - Eligibility

Eligibility - Member Information - INSERT Last Updated by nadine on 08/03/2015

Case#: 1010418      H/H name: Jason Coleman      Class: C

Personal Member Information

First Name: Jason      Middle Init:      Last Name: Coleman      SSN: 123-00-1234

Alt ID:      ID Active:

Gender: Male      Race: Black      DOB: 05/05/1980       Pregnant

Citizenship Status: US Citizen      Marital Status: Single      DOD:      EDD:

Rel. to H/H: Self      Leg. Resp. Party: Self      Other Leg. Resp. Party: -Select-      Student: Not Student      Absent Parent: No

Member Status: PENDING      Institutionalized: No      Spend down: \$ 0.00

Type: I-Childless Adult      Group: 07      Applying: Yes      Referred to SSU: No      APTD? No

Coverage Period: From: 8/3/2015      To: 9/30/2015      MAP Extension Reason: -Select-

Nursing home approved? No      if approved, give coverage period:

Is member in a nursing home? -Sel-      From:      To:

Comments:

Cancel      Continue

# Insurance information

← → http://10.1.10.19/eligibility/elig\_MemberHIns.asp Eligibility - Member Health ... x

## VIMS - Eligibility

### Eligibility - Health Insurance - INSERT

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

Health Insurance Information

Type of Insurance:	--Select--	Policy or Group #:	<input type="text"/>
Comp. Name:	<input type="text"/>	Medicare Buy In:	-Sel-
Address 1:	<input type="text"/>	Medicare Buy In Date:	<input type="text"/>
Address 2:	<input type="text"/>	Phone #:	<input type="text"/>
City:	<input type="text"/>	State:	-Sel-
ZIP Code:	<input type="text"/>	Monthly Premium Amt \$	<input type="text"/>
Document:	<input type="text"/>		

     Select from list of others on case: --Select--     

To edit existing policies, click the policy #.

Policy / HICN	Company Name	Policy Type
---------------	--------------	-------------

2

# Step 3: Enter Income

Case#: 1010418      H/H name: Jason Coleman      Class: C

[Add A Member](#)   [Calculate Eligibility](#)   [Assign MAP Numbers](#)   [Member Case List](#)

Members: (click the member's MAP or SSN number to view their details)

MAP#/SSN	Name	Gender	Eff Date	Exp Date	Member Status	Use Adult MAP	Resources
<a href="#">123-00-1234</a>	Jason Coleman	Male	08/03/2015	09/30/2015	PENDING	<input type="checkbox"/>	<a href="#">Income</a>

[Return to Case Screen](#)

# Enter Income

← → http://10.1.10.19/eligibility/elig\_MemberIncome.asp?Ci Eligibility - Member Incom... x

## VIMS - Eligibility

**ELIGIBILITY - Earned Income - INSERT** | Income Information | Disregards

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

Is income provided by Americorps VISTA or ACTION?  **Do Not Enter Income Amt**

---

Is income provided by Americorps USA, NCCC?  If so, enter amount paid for living expenses: \$  **Do Not Enter Income Amt**

---

Is member a provider of child care services?  **Must Enter Income Under Self Employment**

If so, enter the number of children and days per week then click 'Calculate':  
 children X  days per week X  weeks X \$5 = \$  Annual Disregard

---

Is income received from military payments?  If so, enter amount deducted for GI bill: \$  **Must Enter Income Under Employment**

---

Is member self employed?  **Continue**  
Is member employed by an employer?

# Enter Income

http://10.1.10.19/eligibility/elig\_MemberIncome.asp?C... Eligibility - Member Incom...

## VIMS - Eligibility

ELIGIBILITY - Earned Income - INSERT | Income Information | **Employment** | Disregards |

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

**Employment Information**

Employer Name: Pueblo  
Address 1: Main st  
Address 2:  
City: Charlotte Amalie      State: US Virgin Islands  
ZIP: 00801      Phone:

Pay Frequency? Weekly      Is income variant? No  
If daily, enter number of days worked each week. 3  
What Proof of Payment was reviewed? Attest  
Full or Part Time? Part Time

Pay Check	Gross Pay	Health Ins	FICA	Taxes	Pay Check	Gross Pay	Health Ins	FICA	Taxes
Check 1	125.00	0.00	15.00		Check 2				
Check 3					Check 4				
Check 5					Check 6				

Enter pay stub info above. Enter 1 if non-variant, 6 if variant.

Cancel      To view/edit existing pay information, click the employer name.      Continue

Employer Name	Gross Pay	Health Ins.	FICA	Taxes	Net Pay
---------------	-----------	-------------	------	-------	---------

33

# Enter Income

Browser: http://10.1.10.19/eligibility/elig\_MemberIncome.asp?C Eligibility - Member Incom...

## VIMS - Eligibility

**ELIGIBILITY - Earned Income - INSERT** | Income Information | **Employment** | Disregards

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

**Employment Information**

Employer Name:       Pay Frequency?:       Is income variant?:   
Address 1:       If daily, enter number of days worked each week:   
Address 2:       What Proof of Payment was reviewed?:   
City:       State:       Full or Part Time?:   
ZIP:       Phone:

Pay Check	Gross Pay	Health Ins	FICA	Taxes	Pay Check	Gross Pay	Health Ins	FICA	Taxes
Check 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Check 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Check 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Check 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter pay stub info above. Enter 1 if non-variant, 6 if variant.           

     To view/edit existing pay information, click the employer name.     

Employer Name	Gross Pay	Health Ins.	FICA	Taxes	Net Pay
<u>Pueblo</u>	6500.00	0.00	780.00	0.00	5720.00

# Enter Income

← → [http://10.1.10.19/eligibility/elig\\_MemberIncome.asp?Ci](http://10.1.10.19/eligibility/elig_MemberIncome.asp?Ci) Eligibility - Member Incom... x

## VIMS - Eligibility

**ELIGIBILITY - Earned Income - INSERT** | Income Information | **Employment** | Disregards |

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

Does the member pay health insurance that is not part of a payroll deduction?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Equipment Purchases?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Tools?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Licenses?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Special Work Clothes?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Union dues?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have documented employment costs for Material?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>
Does the member have child support costs for a child not living in the member's home?	No ▾	Document: <input type="text"/>	Monthly cost? \$ <input type="text"/>

# Enter Income

Browser address bar: [http://10.1.10.19/eligibility/elig\\_MemberIncome.asp?C](http://10.1.10.19/eligibility/elig_MemberIncome.asp?C)

Page Title: Eligibility - Member Incom...

## VIMS - Eligibility

**ELIGIBILITY - Earned Income - INSERT** | Income Information | **Employment** | Disregards

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I              Member Name: Jason Coleman      Class: C

Child/ Incapacitated Adult Care Cost Information

Does the member have child care or incapacitated adult costs?  Document:

Child/Adult No:       Monthly Cost for this Child/Adult:

To edit existing care costs, click the child/adult #.

Child/Adult No.	Child/Adult Care Monthly Cost
-----------------	-------------------------------

# Enter Income

Browser: http://10.1.10.19/eligibility/elig\_MemberUnearnedInc.a

## VIMS - Eligibility

ELIGIBILITY - Unearned Income - INSERT Page 1 | Page 2 | Page 3 | Page 4

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I              Member Name: Jason Coleman      Class: C

Does the member receive any money from the Agent Orange Settlement Fund?	No	Document:	Total amount?	\$ 0.00
Does the member receive any aid based on need from other agencies?	No	Document:	Monthly amount?	\$ 0.00
Does the member receive any Blood Plasma Settlements?	No	Document:	Total amount?	\$ 0.00
Does the member have any bonafide loans?	No	Document:	Total amount?	\$ 0.00
Does the member receive any crime victims compensation?	No	Document:	Total amount?	\$ 0.00
Does the member receive any IRA, KEOGH or 401K disbursements?	No	Document:	Monthly amount?	\$ 0.00
Does the member receive any Donated foods?	No	Document:	Total amount?	\$ 0.00
Does the member receive Federal Disaster Relief?	No	Document:	Total amount?	\$ 0.00
Does the member receive any Federal Economic Opportunity Act Title III money?	No	Document:	Total amount?	\$ 0.00
Does the member receive any Federal Energy Assistance?	No	Document:	Total amount?	\$ 0.00

Buttons: Cancel, Continue

# Enter Income

← → http://10.1.10.19/eligibility/elig\_MemberUnearnedInc.a Eligibility - Member U... x Inbox (423) - jason.kathr...

## VIMS - Eligibility

**ELIGIBILITY - Unearned Income - INSERT** Page 1 | Page 2 | Page 3 | Page 4 |

Case#: 1010418 H/H name: Jason Coleman Group: 07  
Type: I Member Name: Jason Coleman Class: C

Does the member receive Federal Older Americans Act of 1965 money?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive HUD Com. Dev. Block Gran Funds?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive any insurance payment due to loss, damage, or theft?	No	Document:	Total amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive any monthly allowances paid to certain Vietnam veteran's children w/ Spina Bifida?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive any Native American Payments?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive any payments from Job Corps because child is in Job Corps?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive World War II persecution payments?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive Radiation Exposure Compensation Trust Fund payments?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive child support payments from other than absent parent?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Does the member receive any Support Payments from a spouse or former spouse?	No	Document:	Monthly amount?
	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>

Cancel Continue

# Enter Income

Browser address bar: [http://10.1.10.19/eligibility/elig\\_MemberUnearnedInc.a](http://10.1.10.19/eligibility/elig_MemberUnearnedInc.a)

Page 1 | Page 2 | **Page 3** | Page 4

**VIMS - Eligibility**

Case#: 1010418      H/H name: Jason Coleman      Group: 07  
Type: I      Member Name: Jason Coleman      Class: C

Does the member receive any Rental Income?	<input type="text" value="No"/>	Document: <input type="text"/>	If so, complete the following calculation:
Monthly payments of \$ <input type="text"/>	- expenses of \$ <input type="text"/>	= <input type="text" value="0.00"/>	
	<input type="button" value="Calculate"/>		
Does the member receive Room And Board payments?	<input type="text" value="No"/>	Document: <input type="text"/>	If so, complete the following calculation:
Monthly payments of \$ <input type="text"/>	- expenses of \$ <input type="text"/>	= <input type="text" value="0.00"/>	
	<input type="button" value="Calculate"/>		
Does the member receive retirement Pension payments?	<input type="text" value="No"/>	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Social Security Retirement Benefits?	<input type="text" value="No"/>	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Social Security Disability?	<input type="text" value="No"/>	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Social Security Survivors payments?	<input type="text" value="No"/>	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Student Loan payments?	<input type="text" value="No"/>	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Unemployment Insurance?	<input type="text" value="No"/>	Document: <input type="text"/>	Total amount? \$ <input type="text" value="0.00"/>

# Enter Income

← → http://10.1.10.19/eligibility/elig\_MemberUnearnedInc.a Eligibility - Member U... x Inbox (423) - jason.kathr...

## VIMS - Eligibility

ELIGIBILITY - Unearned Income - INSERT Page 1 | Page 2 | Page 3 | Page 4 |

Case#: 1010418 H/H name: Jason Coleman Group: 07  
Type: I Member Name: Jason Coleman Class: C

Does the member receive Full Veteran's Pension Payments?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive reduced Veteran's Pension payments?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Veteran's payments for AID and Attendance (A&A)?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Veteran's payments for Unusual Medical Expenses (UME)?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Vocation Rehabilitation Act payments?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Volunteer program payments?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive any other unearned income?	No ▾	Document: <input type="text"/>	Monthly amount? \$ <input type="text" value="0.00"/>
Does the member receive Womens Infants and Children Benefits payments?	No ▾		

Cancel Continue

# Step 4: Calculate Eligibility

Case#: 1010418      H/H name: Jason Coleman      Class: C

[Add A Member](#)   **Calculate Eligibility**   [Assign MAP Numbers](#)   [Member Case List](#)

Members: (click the member's MAP or SSN number to view their details)

MAP#/SSN	Name	Gender	Eff Date	Exp Date	Member Status	Use Adult MAP	Resources
<a href="#">123-00-1234</a>	Jason Coleman	Male	08/03/2015	09/30/2015	PENDING	<input type="checkbox"/>	<a href="#">Income</a>

[Return to Case Screen](#)

# Accept Results

**VIMS - Eligibility**  
*ELIGIBILITY - Eligibility Calculation - INSERT*

Case#: 1010418      H/H name: Jason Coleman      Class: C

**Recommend eligibility and/or split members into Medicaid Households.**

Member Name	SSN	Resources	Resource Eligibility	Income	Income Eligibility	Med. Household
Jason Coleman	123-00-1234	0.00	APPROVED	0.00	APPROVED - Eligible	HH1 ▾

Recalculate    Cancel    **Accept**

# Return to Case Screen

The screenshot shows a web browser window with the URL [http://10.1.10.19/eligibility/elig\\_memberlist.asp](http://10.1.10.19/eligibility/elig_memberlist.asp). The page title is "VIMS - Eligibility" and the sub-header is "Eligibility - Member List - INSERT".

Case#: 1010418      H/H name: Jason Coleman      Class: C

Buttons: Add A Member, Calculate Eligibility, Assign MAP Numbers, Member Case List

Members: (click the member's MAP or SSN number to view their details)

MAP#/SSN	Name	Gender	Eff Date	Exp Date	Member Status	Use Adult MAP	Resources	Income
<a href="#">1.107.1010418.21.01</a>	Jason Coleman	Male	08/03/2015	09/30/2015	APPROVED - Eligible	<input type="checkbox"/>	<a href="#">Resources</a>	<a href="#">Income</a>

A red circle highlights the "Return to Case Screen" button located below the table.

# Step 5: Print NOD and Assignment of Rights

**VIMS - Eligibility**

**Eligibility - Case - INSERT** Last Updated by nadine on 08/03/2015

**Case Information**

Case Number: 1010418 Application Number: 16293

Did applicant receive the Document List? Yes

Issued Referrals

EPSDT:  WIC:

Disposition: **Approved** Type of Application: Certify Class: Categorically Needy

**Head of Household Information**

First Name: Jason Middle Initial: Last Name: Coleman Gender: Male SSN: 123-00-1234 DOB: 05/05/1980

**Physical Household Address**

Address 1: Main st Phone #: District: St. Thomas

Address 2: City: Charlotte Amalie State: US Virgin Islands Zip Code: 00801

**Mailing Address**

Address 1: Main st Same as Above

Address 2: City: Charlotte Amalie State: US Virgin Islands Zip Code: 00801

**Application/Interview Information**

Application Date: 08/06/2015

Initial Contact Date: 08/06/2015

Interview Date: 08/06/2015

Interview Time: 1:15

**Quality Control**

QC Review Indicator: --Select--

QC Review Date:

**Comments:**

Buttons: Cancel **Print Forms and Letters** Budget Docs Continue Done

Print Appropriate NOD and Assignment of Rights

Print DHS PE Informational Handout

Sign NOD

Obtain member signature on NOD and Assignment of Rights

Provide copies of NOD, Assignment of Rights, and DHS PE Informational Handout to member

The screenshot shows a web browser window with the URL [http://10.1.10.19/eligibility/forms/elig\\_FormsMain.asp?](http://10.1.10.19/eligibility/forms/elig_FormsMain.asp?). The page title is "VIMS - Eligibility" and the sub-header is "Eligibility - Forms and Letters". The case information is: Case#: 1010418, H/H name: Jason Coleman, Class: C.

Check to Print	Form #	Document Description
<input type="radio"/>	F01	Medicaid Application Form
<input type="radio"/>	F02	Notice to Applicants/Recipients
<input type="radio"/>	F03	Assignment of Rights
<input type="radio"/>	F04	Reminder Notice
<input type="radio"/>	F05	Referrals (WIC, EPSDT, Child Support)
<input checked="" type="radio"/>	F06	Notice of Decision for Eligible
<input type="radio"/>	F07	Notice of Decision for Ineligible
<input type="radio"/>	F08	Notice of Decision for Pending
<input type="radio"/>	F09	Notice of Decision for Denied
<input type="radio"/>	F10	Notice of Decision for Terminated
<input type="radio"/>	F11	Notice of Decision for Nursing Home Post Eligibility
<input type="radio"/>	F12	Buy-In Program Listing
<input type="radio"/>	F13	INS Status Verification Form

At the bottom left, there is a "Print Report(s)" button. At the bottom right, there is a "Done" button.

# Step 6: Complete by selecting 'Done'

The screenshot shows a web browser window with the URL `http://10.1.10.19/eligibility/elig_CaseEdit.asp`. The page title is "VIMS - Eligibility" and the sub-header is "Eligibility - Case - INSERT". The page was last updated by "nadine" on "08/03/2015".

**Case Information:**  
Case Number: 1010418  
Application Number: 16293  
Disposition: Approved  
Type of Application: Certify  
Class: Categorically Needy  
Did applicant receive the Document List?: Yes  
Issued Referrals: EPSDT: , WIC:

**Head of Household Information:**  
First Name: Jason  
Middle Initial:   
Last Name:   
DOB: 05/05/1980

**Physical Household Address:**  
Address 1: Main st  
Address 2:   
City: Charlotte Amalie  
State: US

**Mailing Address:**  
Address 1: Main st  
Address 2:   
City: Charlotte Amalie  
State: US Virgin Islands  
Zip Code: 00801

**Application/Interview Information:**  
Application Date: 08/06/2015  
Initial Contact Date: 08/06/2015  
Interview Date: 08/06/2015  
Interview Time: 1:15

**Quality Control:**  
QC Review Indicator: --Select--  
QC Review Date:

**Comments:**

Buttons at the bottom: Cancel, Print Forms and Letters, Budget, Docs, Continue, Done (circled in blue).

A VBScript dialog box is overlaid on the form, titled "VBScript" and containing the message "'6021 - Case Update Successful'" with an "OK" button.

# Converting to Full Medicaid Coverage

- Individuals who have been granted PE can apply for standard Medicaid coverage **by appointment**:
  - In-person at the DHS offices on St. Thomas, St. Croix and St. John,
  - In-person at the St. Thomas East End Medical Center on St. Thomas
- Standard Medicaid coverage will be effective the day the MAP determination is made. The Presumptive period will remain in effect until that time so that no break in coverage occurs.

Prior to discharge: Schedule Appointment for Member

- St Thomas: Call 340-774-2399 (8:00-5:00, M-F)
- St Croix: Call 340-718-1311 (8:00-5:00, M-F)
- Schedule an appointment on behalf of member
- Provide member with appointment reminder card

# Household Composition

# Multi Person Households

Purpose

**Constructing a Household**

Determining Household Income

Comparing Results to Eligibility Levels

## General Rules: Constructing a Household

- Construct a household for *each* individual listed on the application/renewal form who is applying for/renewing coverage (this is because eligibility is determined at the individual level).
  - Individual's household may or may not include everyone listed on the application/renewal form
- Income of all of the household members forms the basis for establishing an individual's Medicaid or CHIP eligibility.
- Different households may exist within a single family, depending on each of the family members' familial and tax relationships to each other.
  - Example: One individual's family size may include 3 individuals but that does not necessarily mean that those 3 individuals all have the same household.
- Family size adjustment needs to be made if individual is pregnant or individual has a pregnant woman in their household.

12

# Multi Person Households

Purpose

**Constructing a Household**

Determining Household Income

Comparing Results to Eligibility Levels

## General Rules: Constructing a Household

- Construct a household for *each* individual listed on the application/renewal form who is applying for/renewing coverage (this is because eligibility is determined at the individual level).
  - Individual's household may or may not include everyone listed on the application/renewal form
- Income of all of the household members forms the basis for establishing an individual's Medicaid or CHIP eligibility.
- Different households may exist within a single family, depending on each of the family members' familial and tax relationships to each other.
  - Example: One individual's family size may include 3 individuals but that does not necessarily mean that those 3 individuals all have the same household.
- Family size adjustment needs to be made if individual is pregnant or individual has a pregnant woman in their household.

12

# Adults

Purpose

**Constructing a Household**

Determining Household Income

Comparing Results to Eligibility Levels

## Adult Non-Filer Household Rules

For adults, the household must include:

- The adult applying for coverage; **AND**
- The adult's married spouse if living with the individual; **AND**
- The adult's natural, adopted, and step-children under age 19 (or at state option, age 19 or 20 if a full-time student) if living with the adult.



# Children

Purpose

**Constructing a Household**

Determining Household Income

Comparing Results to Eligibility Levels

## Child(ren) Non-Filer Household Rules

Household for children under age 19 (and at state option, age 19 or 20 if a full time students) must include:

State Policy Option

- The child applying for/renewing coverage; **AND**
- The child's parents (including biological, adopted, and step-parents) if living with the child; **AND**
- Any of the child's siblings (including biological, adopted and step-siblings) who are under age 19 (or including at state option, age 19 or 20 and a full-time student) if living with the child.
- If the child is married, the spouse (if the spouse is living with the child); and if the child has their own child, the children and step-children (if living with the married child).

26

# Categorically Eligible Populations Included in MAGI and PE Eligibility Determinations

- Children under the age of 19
- Pregnant Women
- Parents
- Childless Adults age 19 to 64
- Former Foster Care Children

# Households in VIMS

1. In categorically needy cases, you will always split households so that each applicant has their own household, in order to calculate eligibility for each individual
2. So the process is:
  - a) Enter all applicants information
  - b) Calculate eligibility for the household, but always ignore the result
  - c) Then, always split each applicant into their own household
  - d) Recalculate eligibility

# Splitting Households

Case#: 1010394      H/H name: Queen Pauline      Class: C

[Add A Member](#)   **Calculate Eligibility**   [Assign MAP Numbers](#)   [Member Case List](#)

Members: (click the member's MAP or SSN number to view their details)

MAP#/SSN	Name	Gender	Eff Date	Exp Date	Member Status	Use Adult MAP	
<a href="#">234-67-8965</a>	Queen Pauline	Female			PENDING	<input type="checkbox"/>	<a href="#">Resources</a> <a href="#">Income</a>
<a href="#">435-62-8794</a>	Little Queenie Pauline	Female			PENDING	<input type="checkbox"/>	<a href="#">Resources</a> <a href="#">Income</a>
<a href="#">567-45-8932</a>	Prince Pauline	Male			PENDING	<input type="checkbox"/>	<a href="#">Resources</a> <a href="#">Income</a>

[Return to Case Screen](#)

# Splitting Households

**ELIGIBILITY - Eligibility Calculation - INSERT**

Case#: 1010394      H/H name: Queen Pauline      Class: C

**Recommend eligibility and/or split members into Medicaid Households.**

Member Name	SSN	Resources	Resource Eligibility	Income	Income Eligibility	Med. Household
Queen Pauline	234-67-8965	0.00	APPROVED	0.00	APPROVED - Eligible	HH1 ▼
Little Queenie Pauline	435-62-8794	0.00	APPROVED	14000.00	APPROVED - Eligible	HH1 ▼
Prince Pauline	567-45-8932	0.00	APPROVED	0.00	APPROVED - Eligible	HH1 ▼

# Splitting Households

**VIMS - Eligibility**

**ELIGIBILITY - Eligibility Calculation - INSERT**

Case#: 1010394      H/H name: Queen Pauline      Class: C

**Recommend eligibility and/or split members into Medicaid Households.**

Member Name	SSN	Resources	Resource Eligibility	Income	Income Eligibility	Med. Household
Queen Pauline	234-67-8965	0.00	APPROVED	0.00	APPROVED - Eligible	HH1 ▼
Little Queenie Pauline	435-62-8794	0.00	APPROVED	14000.00	APPROVED - Eligible	HH2 ▼
Prince Pauline	567-45-8932	0.00	APPROVED	0.00	APPROVED - Eligible	HH3 ▼

# VIMS Tips

- Enter the head of household first, even if that is not the member presenting for services
- Use the 'relationship to head of household' and the 'legally responsible party' fields to describe the family relationships
- **ALWAYS** split households and recalculate after the first eligibility calculation, before accepting the result

# Contact Information

# Presumptive Eligibility Contact Info and Additional Resources

- For questions or more information on the USVI's Presumptive Eligibility policies, please contact:
  - On St. Thomas and St. John, Karen Virgil, Assistant Director, Medical Assistance Program
    - 340-774-2399
  - On St. Croix, Analyn Creque, Assistant Director, Medical Assistance Program
    - 340-718-1311
- Or check the Department of Human Services website at:  
[www.dhs.vi.gov](http://www.dhs.vi.gov)