



# **MEDICAL ASSISTANCE PLAN (MAP)- MEDICAID IN THE VIRGIN ISLANDS**

## **A Quick Reference Guide**

This guide covers basic questions regarding the rights of individuals and their families seeking health care assistance. More complex questions should be answered by an advocate or attorney at DRCVI (formerly known as Virgin Islands Advocacy, Inc.)

### **WHAT IS THE MEDICAL ASSISTANCE PROGRAM?**

The Medical Assistance Program, known by its abbreviation MAP, is the Virgin Islands' Medicaid Program. Medicaid was created by the federal and state/territorial governments to provide health care services to those who otherwise could not afford the cost of those services. Each state/territory offers a range of mandatory and optional medical services to its residents. MAP, along with other state/territorial programs, works on the principle that government and people should protect and care for those in society in greatest need.

While there are many people who find it difficult to afford the ever-rising cost of health insurance, MAP help is generally limited to those who are extremely poor. This is especially important in the Virgin Islands, since there are a great number of people here who are truly in deep financial need.

It is important to note that MAP is entirely separate from Medicare. While Medicare is also a government program providing financial assistance to defray the cost of health care, its eligibility requirements are completely different from Medicaid (MAP). Medicare is a health *insurance* program available to eligible senior citizens and persons with disabilities. Medicaid (MAP) provides health care *services* to people in financial need.

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## WHO IS ELIGIBLE FOR MAP SERVICES?

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Eligibility for MAP is based upon age, family income, available resources, and other factors. All these conditions must be satisfied before you can become eligible for MAP.

Basic requirements that you must meet to become eligible for MAP services include:

You must be between 22 and 64 years of age and have no dependent children living in the home. You must also have a medical condition that prevents you from holding a job.

In addition, you must be a citizen of the United States or have



been a legal permanent resident of the U.S. Virgin Islands since before August 22, 1996.

If you meet those conditions, then you must also meet the allowable family income rules. The wage earner or head of household may earn no more than \$5,500 per year. An addi-

tional \$1,000 allowance for each additional family member may be added to the allowed yearly family income.

This is an extremely difficult rule to meet. For instance, if the wage earner were paid \$5.35 per hour for 40 hours per week, s/he would earn \$214 per week or \$11,128 for the year!

There are other factors, such as whether one owns property, that are also taken into account to decide eligibility. If you have more questions, speak with DRCVI or the MAP office.

## WHAT SERVICES ARE YOU ENTITLED TO UNDER MAP?

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The services provided by the Virgin Islands Government under MAP will vary, may be either mandatory or optional and are subject to change. MAP recipients are divided into two categories: medically needy and categorically needy.

Generally speaking, services that should be provided by the

government through Medicaid (MAP) include outpatient and inpatient services, laboratory and X-ray services, EPSDT \* screening, pregnancy-related services, prescription drug services, physician services, home health services, nursing home services, and dental and eye clinic services.

Note that this list is not the entire list of services provided. Check with a MAP office to see if your specific service need is covered.

\* Early Periodic Screening Diagnosis and Treatment

## WHERE CAN I GO TO APPLY FOR HEALTH CARE SERVICES UNDER MAP?

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The following are locations at which you can apply and, if found eligible, receive services in the VI:

### St. Thomas

To apply: Knud Hansen Complex: 774.3325

### St. Croix

To apply: Charles Harwood Complex: 773.1311 ext. 3094

### St. John:

To apply: Morris DeCastro Clinic: 776.6400

*Everyone Deserves Healthcare*

## CAN I GET ANY HELP IF I EARN SLIGHTLY ABOVE THE INCOME CUT-OFF?

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Many persons who apply for MAP are found ineligible and are denied because they earn too much money. MAP uses the term income “excess”.

If this is the case for you, there is still a chance you can receive MAP services on a month-to-month basis. But you would need to prove to MAP that you are entitled to their services on a monthly basis.

Let’s take an example. Pablo applied for MAP. He has an income of \$7,000 per year. Based

upon his earnings, Pablo would not be eligible for MAP. Since he earned \$7,000 and the allowed limit is \$5,500 he has an “excess income” of \$1,500 per year, or \$125 over per month.

Ordinarily, earning over \$5,500 makes Pablo ineligible for MAP. However, MAP allows for month-to-month coverage.

For example, let’s say that Pablo pays over \$200 per month for medicines to care for his disabilities. If he can prove this to MAP officials (by showing re-

ceipts for medication purchases, for example), MAP will provide some coverage for the month because he had to spend \$75 over the \$125 per month limit. MAP, therefore would provide only the \$75, the amount spent over the eligible limit.

Remember, he earns more than \$125 per month. If he can prove he pays more than that amount in health care costs, he can receive some financial help.

## WHAT CAN I DO IF I’VE BEEN FOUND INELIGIBLE, OR BEEN DENIED MAP SERVICES?

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If you disagree with MAP’s decision to deny your eligibility, or with its refusal to provide certain services, you have a right to appeal MAP’s decision.

If you are confused about your appeal rights, do not hesitate to contact DRCVI. We are able to offer assistance.

If you disagree with a decision from the MAP office, the first step is to request a review by the certification unit supervisor.

If you disagree with the unit supervisor’s decision, you may then ask for an appointment with the executive director of MAP (or the director’s assistant).

If you still receive unsatisfactory results, you have the right to request a hearing with a fair hearing officer. All this must be done in writing, within twenty days from the date when you were first notified you were not eligible for MAP services.

The staff at DRCVI can assist you with this process.

Find us at  
<http://drcvi.org>

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The Quick Reference Guides are made available to you through the Disability Rights Center of the Virgin Islands. The protection and advocacy system was created by the U.S. Congress in 1975 to give people with disabilities access to legal services as a means of guaranteeing their inalienable rights of citizenship and promoting opportunity for independence, productivity, integration and inclusion into the community. DRCVI has been the designated agency to provide these services since 1977.

**Note:** Laws change and this is just a summary. It is not a substitute for legal advice. For more information, contact your attorney or call DRCVI.

This guide is a work product produced by DRCVI for your information.

## Community Advocacy:

*Have you ever attempted to receive services from the hospital or clinic and been turned away?*

*Have you heard of others not receiving medical services?*

*Here is what you can do:*

- *Join local family-oriented associations and raise the problem at meetings.*
- *Submit Letters to the Editor to express your views.*
- *Meet with members of the V.I. Senate to discuss your concerns.*
- *Meet with your Delegate to Congress to discuss your concerns.*
- *Become an advocate for health care reform in the U.S. Vir-*

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## Medicaid (MAP) Problems in the Virgin Islands

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- An extremely low income level is required to qualify for services.
- The federal government places a strict limit on the dollar amount of Medicaid money that the U.S. Virgin Islands is supposed to receive. This dollar restriction is far below that of the fifty (50) states of the United States.
- The Virgin Islands health care system has not been able to provide appropriate services and support to persons who are Medicaid-eligible.

This document is made possible by funding (100%) from the U.S. Department of Health and Human Services/Administration on Developmental Disabilities, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the U.S. Department of Education/Rehabilitation Services Administration.

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