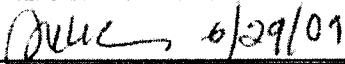
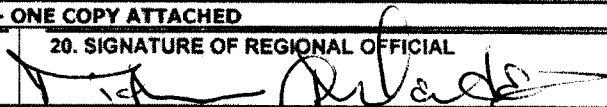


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 09-02-B	2. STATE Virgin Islands
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2009	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> )		
NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(69) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2009                      \$ 0 b. FFY 2010                      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.15  Attachment 3.1-A page 2 Attachment 3.1-B page 2 Attachment 3.1-B page 13	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>if Applicable</i> )  Attachment 3.1-A page 2 Attachment 3.1-B page 2 Attachment 3.1-B page 13	
10. SUBJECT OF AMENDMENT  Clarifies the language related to skilled nursing facilities to address the existence of such services and facilities in the territories.		

11. GOVERNOR'S REVIEW (Check One)	
GOVERNORS OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPECIFIED
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: Julia Sheen
13. TYPED NAME Julia Sheen	DOH, BHIMA
14. TITLE Acting Commissioner, Department of Health	3500 Richmond
15. DATE SUBMITTED 06/29/2009	Charles Harwood Complex
	Christiansted, USVI 00820
<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED	18. DATE APPROVED <b>FEB 12 2010</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>APR 01 2009</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Michael Melendez</b>	22. TITLE <b>Acting Associate Regional Administrator Division of Medicaid and State Operations</b>
22. REMARKS  <b>Originally submitted SPA was divided into 5 SPAs. Revisions submitted on November 15, 2009 as part of RAI response.</b>	