

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

1. TRANSMITTAL NUMBER
09-02-D

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 (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
1902(a)(69) of the Act

7. FEDERAL BUDGET IMPACT

| | |
|-------------|-------------|
| a. FFY 2009 | \$2,503,500 |
| b. FFY 2010 | \$5,007,000 |

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-B page 13
Attachment 4.19A page 1-2
Attachment 4.19B page 2.1
Attachment 4.19D page 2
Attachment 4.19E page 1

ATTACHMENT 4.19E page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (*If Applicable*)

Attachment 3.1-B page 13
Attachment 4.19A page 1-
Attachment 4.19B page 2.1
Attachment 4.19D page 2
Attachment 4.19E page 1

ATTACHMENT 4.19E page 2

10. SUBJECT OF AMENDMENT

Incorporates a certified public expenditure methodology into the reimbursement for inpatient hospital services.

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

Julia Sheen 6/29/09

13. TYPED NAME Julia Sheen

14. TITLE Acting Commissioner, Department of Health

15. DATE SUBMITTED 06/29/2009

16. RETURN TO:

Julia Sheen

DOH, BHIMA

3500 Richmond

Charles Harwood Complex

Christiansted, USVI 00820

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

10/15-18

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

APR - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL

Bill Lasowski R.C.M.

21. TYPED NAME

William Lasowski

22. TITLE

Deputy Director, CMSO

22. REMARKS

*Pen & ink change to include pages 1 and 2 of attachment
 4.19E in box 8 + 9*