

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

1. TRANSMITTAL NUMBER
13 - 001

2. STATE
**United States 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
OCTOBER 1, 2012

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
**Social Security Act Section 1902(a)(5) and 42 CFR 431.10 and 42
CFR 431.11**


7. FEDERAL BUDGET IMPACT
a. FFY 2013 \$ 0
b. FFY 2014 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Section 1, Page 1
Section 1, Page 1
Section 1, Page 2
Section 1, Page 7
Attachment 1.1-A, Page 1
Attachment 1.2-A, Page 2
Attachment 1.2-A, Page 3
Attachment 1.2-B, Page 1
Attachment 1.2-B, Page 2
Attachment 1.2-C, Page 1
Attachment 1.2-C, Page 2**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*if Applicable*)
**Section 1, Page 1
Section 1, Page 2
Section 1, Page 7
Attachment 1.1-A, Page 1
Attachment 1.1-A, Page 2 Old page to be deleted
Attachment 1.2-A, Page 1
Attachment 1.2-A, Page 2
Attachment 1.2-A, Page 4 Old pages to be deleted
Attachment 1.2-A, page 5 "
Attachment 1.2-A, Page 6 "
Attachment 1.2-B, Page 1
Attachment 1.2-B, Page 2
Attachment 1.2-B, Page 3 Old pages to be deleted
Attachment 1.2-B, Page 4 "
Attachment 1.2-B, Page 5 "
Attachment 1.2-B, Page 6 "
Attachment 1.2-B, Page 7 "
Attachment 1.2-C, Page 1
Attachment 1.2-C, Page 2**

10. SUBJECT OF AMENDMENT
**Effective October 1, 2012 the designation of the Single State Agency for the administration of the Medicaid Program in the
United States Virgin Islands was changed by an act of the Territorial Senate and an Executive Proclamation by the Governor
from the Department of Health to the Department of Human Services.**

11. GOVERNOR'S REVIEW (*Check One*)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Ms. Renée Joseph-Rhymer
14. TITLE
**Director, Medicaid Program
USVI Department of Human Services**
15. DATE SUBMITTED
December 28, 2012

16. RETURN TO
**Ms. Renée Joseph-Rhymer
Director, Medicaid Program
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, United States Virgin Islands
00802**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED _____ 18. DATE APPROVED
July 10, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL _____ 20. SIGNATURE OF REGIONAL OFFICIAL _____

October 01, 2012

21. TYPED NAME

Michael Melendez



22. TITLE Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS