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State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 13-007

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 3) Approved SPA Pages
- 4) Memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

September 10, 2014

Renee Joseph Rhymer
Medicaid Director
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, United States Virgin Islands 00802

Dear Ms. Joseph-Rhymer:

We have completed our review of the submission of United States Virgin Islands State Plan Amendment (SPA) 13-007 which was received in our office on September 30, 2013 and find it acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA is being submitted to add coverage for Optometry and Podiatry services to all Medicaid recipients both in either medically needy or categorically needy groups effective July 1, 2013.

Please note that the approval date of this SPA is September 10, 2014 with an effective date of July 1, 2013. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions, please contact Ivelisse M. Salce at (212) 616-2411.

Sincerely,

/s/

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

Cc. Brandon Smith
Jason G. Frandson
Rachel Dressel

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 13-007	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 July 1, 2013

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 42CFR 440.60	7. FEDERAL BUDGET IMPACT (reflects estimated costs- not savings) a. FFY <u>2013</u> \$ <u>\$ 0</u> b. FFY <u>2014</u> \$ <u>\$82,786</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 2 Attachment 3.1-A, page 3 Attachment 3.1-A, page 11 Attachment 3.1-A, page 11 a Attachment 3.1-B, page 3 Attachment 3.1-B, page 14 Attachment 4.19B, page 3 a NEW	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1-A, page 2 Attachment 3.1-A, page 3 Attachment 3.1-A, page 11 Attachment 3.1-A, page 11 a Attachment 3.1-B, page 3 Attachment 3.1-B, page 14

10. SUBJECT OF AMENDMENT

Additional coverage for Podiatry and Optometry services for both the categorically and the medically needy

11. GOVERNOR'S REVIEW (Check One)

NEW STATE PLAN OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>	16. RETURN TO Renée Joseph Rhymer, MSW Director, VI Medicaid Program Department of Human Services 1303 Hospital Ground Knud Hansen Complex, Building A St. Thomas, United States Virgin Islands 00802
13. TYPED NAME Renée Joseph Rhymer	
14. TITLE Director, VI Medicaid Program	
15. DATE SUBMITTED September 30, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED September 10, 2014
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2013	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
21. TYPED NAME Michael Melendez	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U. S. Virgin Islands

Attachment 3.1-A
Page 2

AMOUNT, DURATION AND SCOPE OF SERVICE PROVIDED TO THE CATEGORICALLY NEEDY:

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations *

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, treatment of conditions found. *

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations *

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations With limitations *

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(b) of the Act).

Provided: No limitations With limitations *

6. Medical care and any other type of remedial; care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6.a. Podiatrists' services

Provided: No limitations With limitations *
*Description provided on attachment

TN No. 13-007

Approval Date: SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN No. 94-3

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U. S. Virgin Islands

Attachment 3.1-A
Page 3

AMOUNT, DURATION AND SCOPE OF SERVICE PROVIDED TO THE CATEGORICALLY NEEDY:

b. Optometrists' Services

Provided No limitations With limitations*

c. Chiropractors' Services

Provided No limitations With limitations*

d. Other Practitioners' Services

Provided No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided No limitations With limitations*

* Description provided on attachment

TN No. 13-007

Approval date: SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN No. 91-6

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U.S. Virgin Islands

Attachment 3.1-A
page 11

AMOUNT, DURATION AND SCOPE OF ASSISTANCE: CATEGORICALLY NEEDY GROUP(S)

Limitations (Continued)

5. Physician's Services

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services. Physician services are provided to Medicare/Medicaid recipients as specified in the Buy-in Agreement.

6. Podiatry

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

7. Optometry Services

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

8. Home Health Care Services

Limited to services provided by the Home Care program operated by the Department of Health. No requirement for prior authorization except for requests for medical supplies, equipment and appliances.

9. Clinic Services (Other than Hospital)

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

10. Dental Services

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services to be rendered by other Medicaid enrolled providers, and for off-island services by prior authorization from the Medicaid Program, Department of Human Services. All medically necessary dental services are provided.

11. Physical Therapy and Related Services

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services. Aged and disabled recipients under the Buy-In Agreement are covered under other specified procedures.

TN No. 13-007

Approval Date SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN No. 11-001

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U. S. Virgin Islands

Attachment 3.1-A
page 11a

AMOUNT, DURATION AND SCOPE OF ASSISTANCE: CATEGORICALLY NEEDY GROUP(S)

Limitations (Continued)

12. Prescribed Drugs

Prescription drugs are provided under the Pharmacy Benefit Manager (PBM) contract with CIGNA.

Access to prescription drugs will be limited to those drugs covered on the contractor's formulary with the exception of excluded drugs that are not covered under Medicare Part-D for dual eligibles. Additional prescriptions, including certain high cost drugs, may be covered with Prior Authorization. Prescriptions that need to be filled off-island will be prior authorized, processed, and paid for directly by the staff at the Medical Assistance Program at the Department of Human Services.

Prescription drugs may be provided by the Health Department pharmacies, or by a local licensed pharmacy or by an off-island licensed pharmacy that has a signed provider agreement with the Medical Assistance Program.

TN No. 13-007

Approval Date SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN NO 09-02

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U. S. Virgin Islands

Attachment 3.1-B
Page 3

AMOUNT, DURATION AND SCOPE OF SERVICE PROVIDED
MEDICALLY NEEDY:

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided ___ No limitations x With limitations*

b. Optometrists' Services

Provided ___ No limitations X With limitations*

c. Chiropractors' Services

___ Provided ___ No limitations ___ With limitations*

d. Other Practitioners' Services

___ Provided ___ No limitations ___ With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided ___ No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided ___ No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided ___ No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided ___ No limitations With limitations*

* Description provided on attachment

TN No. 13-007

Approval Date: SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN No. 86-3

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: U. S. Virgin Islands

Attachment 3.1-B
page 14

AMOUNT, DURATION AND SCOPE OF ASSISTANCE: MEDICALLY NEEDY GROUP(S)

Limitations (continued)

4. b. **Early and Periodic Screening, Diagnosis, and Treatment Services of Eligible Individuals Under 21 Years of Age and Treatment of Conditions Found**

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

The United States Virgin Islands Medicaid program meets the requirements at section 1905.R of the Act that all medically necessary diagnosis and treatment services will be furnished (including organ transplants) to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) recipients, to treat conditions detected by periodic and interperiodic screening services even in the services are not included in the State Plan

4.c. **Family Planning Services**

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services. All medically necessary family planning services will be provided to both women and men in order to allow them to determine the number and spacing of children. The range of services provided includes all medically indicated procedures, devices and prescriptions, including but not limited to birth control pills, implants, injections, vasectomy procedures, condoms, etc. The United States Virgin Islands Medicaid program does not cover fertility treatments.

5. **Physician Services**

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

6. (a) **Podiatry**

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

6. (b) **Optometry Services**

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

TN No. 13-007

Approval Date SEP 10 2014

Effective Date July 1, 2013

Supersedes

TN No. 09-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: U. S. Virgin Islands

Attachment 4.19B
Page 3a

Methods and Standards for Establishing Payment Rates – Other Types of Care

14. Podiatry Services

Podiatry services are reimbursed based on the U.S. Virgin Islands Medicare fee schedule.

15. Optometry Services

Optometry services are reimbursed based on the U.S. Virgin Islands Medicare fee schedule.

TN 13-007

Approval Date SEP 10 2014

Effective Date July 1, 2013

Supersedes

NEW