

Table of Contents

State/Territory Name: **Virgin Island**

State Plan Amendment (SPA) #: **14-002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179 like data)
- 3) Approved SPA Pages

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

Date: July 2, 2014

Ms. Renée Joseph Rhymer, MSW
Medicaid Director
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, USVI 00802

Dear Ms. Joseph Rhymer:

We have completed our review of the United States Virgin Islands State Plan amendment (SPA) 14-002 received in our office on April 14, 2014 and find it acceptable for incorporation into the United States Virgin Islands' Medicaid State Plan. This SPA proposes to change the claiming for Medicaid transportation and other related travel costs from Admin to MAP and to cover transportation to Puerto Rico to access services necessary to diagnose breast and cervical cancer when provided on or after the date of eligibility.

Please note the approval date of this SPA is July 2, 2014 with an effective date of April 1, 2014. Copies of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions or wish to discuss this further, please contact Tara Porcher of my staff at 212-616-2418.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 14-002	2. STATE US 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, 2014	

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 <u>2013</u> \$ <u>35,000</u> b. FFY <u>2014</u> \$ <u>73,000</u>
--	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 9 Attachment 3.1-B, Page 9 Attachment 3.1-D, Pages 1-3 Attachment 4.19B, Page 3(b) NEW	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 3.1-A, page 9 Attachment 3.1-B, page 9 Attachment 3.1-D, pages 1-3
--	---

10. SUBJECT OF AMENDMENT
This amendment changes the claiming for Medicaid transportation and other related travel costs from an administrative claim to a medical assistance claim and adds coverage for travel to obtain a diagnosis to confer Medicaid eligibility.

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, MSW	
14. TITLE Director, VI Medicaid Program	
15. DATE SUBMITTED April 17, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED July 02, 2014
-------------------	---

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 01, 2014	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

Instructions on Back

OFFICIAL

Methods of Providing Transportation to Medical Assistance Recipients Page 1

1. Transportation and other related travel services incident to securing medically necessary care and/or treatment are provided when prior authorization is obtained from the Medicaid Agency and when transportation is not otherwise available.
2. Transportation expenses are claimed as a Medicaid service expense.
3. Kinds of travel covered:
 - a. Same island travel: emergency and non-emergency;
 - b. Inter-island travel: emergency and non-emergency;
 - c. Off-island travel to Puerto Rico or to the contiguous United States: emergency and non-emergency; and
4. Methods of travel:
 - a. Same island non-emergency travel, when transportation is not otherwise available through the recipient's family, friends or community resources who will provide the service free, will include bus, taxi, automobile, ground ambulance, and common carriers. Non-emergency travel to receive pharmacy services will be provided only when transportation is not otherwise available through the recipient's family, friends or community resources who will provide the service free and the pharmacy does not have a home delivery service. Emergency ambulance services shall be provided only when it is a medical emergency and when the recipient has a life-threatening condition and requires immediate travel to the nearest medical facility able to provide required services.
 - b. Inter-island non-emergency travel will include airplanes, seaplanes, boat and air ambulance services. The Medicaid Agency will provide for transportation via bus, taxi, automobile, ground ambulance or common carrier for travel from airports or lodging establishments to the medical care or facility where the recipient is receiving medically necessary services when it is not otherwise available through the recipient's family, friends or community resources who will provide the service free. Emergency air ambulance services shall be provided only when it is a medical emergency and when the recipient has a life-threatening condition and requires immediate travel to nearest medical facility able to provide required services.
 - c. Off-island non-emergency travel to Puerto Rico and the contiguous United States will include commercial airplanes and air ambulances. Emergency air ambulance services shall be provided only when it is a medical emergency and when the recipient has a life-threatening condition and requires immediate travel to nearest medical facility able to provide required services. Once in Puerto Rico or the contiguous United States, travel to the facility where the recipient is receiving needed services will be provided when it is not otherwise available from the recipient's family, friends or community resources.

OFFICIAL

5. Arrangements for travel: The Medicaid Agency is responsible for making the necessary arrangements for travel. Medicaid Agency staff shall coordinate such arrangements with family, responsible referring agencies, social service or nursing staff, and/or staff at the medical facility where the recipient is receiving needed services as appropriate.

6. Factors considered in selecting means of travel:

- a. The Medicaid Agency shall consider the recipient's medical needs, as well as least expensive available transportation that will serve the medical needs of the recipient when determining the type of travel to be provided.
- b. The Medicaid Agency is not obliged to provide transportation when it is not medically necessary or it is provided in a manner which is beyond reasonable measures. Nonemergency medical transportation will only be provided to eligible recipients when it is necessary for them to access medically necessary services covered under the State Plan. Transportation will be provided to the closest available provider of the services required to treat the patient's medical condition.

7. Coverage for Attendant/Escort: In addition to providing same island, inter-island and off island transportation to the recipient, the Medicaid Agency will cover same island, interisland and off-island transportation for one parent or attend/escort for all minor children and individuals with a legal guardian assigned to them. The Medicaid Agency will provide meals and lodging for the attend/escort when accompanying a minor child or adult with a legal guardian assigned to them receiving medically necessary health care at a facility not on their home island (includes inter-island and off-island). All transportation, meals and lodging for attendants/escorts shall be prior authorized by the Medicaid Agency.

8. Limitations on Travel: Transportation to Puerto Rico is covered to access services necessary to diagnose breast and cervical cancer when provided on or after the date of eligibility.

9. Administrative Controls

- a. Prior authorization is required for all transportation (including emergency off-island air transportation) except for grand and boat emergency ambulance services in the United States Virgin Islands.
- b. The evaluation of referrals for emergency off-island air transportation involves also the medical and/or social need of escort and type of escort whether relative, nurse or doctor.
- c. The Medicaid Agency assures that the most appropriate plan for recipient travel is implemented.
- d. The Medicaid Agency prepares official documents and provides proper travel related instructions to the recipient and attendant escort (if applicable).

TN No. 14-002
Supersedes
TN No. 09-02-c

Approval Date 07/02/2014 Effective Date 04/01/2014

OFFICIAL

State: Territory of the Virgin Islands

Attachment 3.1 -D

Page 3

10. Reimbursement

Emergency services provided by the Department of Health will be reimbursed according to the Medicare fee schedule.

For all other transportation providers, according to 42 CFR 447.325, the Medicaid Agency will pay customary charges of transportation providers, but not more than the prevailing charges for comparable services under comparable circumstances. The Medicaid Agency will conduct annual surveys of transportation providers to ascertain the prevailing charges.

TN No. 14-002

Supersedes

TN No. 09-02-c

Approval Date 07/02/2014 Effective Date 04/01/2014

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

a. Transportation

Provided No Limitations With Limitations

Not Provided

b. Services of Christian Science Nurses

Provided No Limitations With Limitations

Not Provided

c. Care and services provided in Christian Science sanatoria

Provided No Limitations With Limitations

Not Provided

d. Nursing facility services for patients under 21 years of age

Provided No Limitations With Limitations

Not Provided

e. Emergency hospital services

Provided No Limitations With Limitations

Not Provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided No Limitations With Limitations

Not Provided

TN No. 14-002

Approval Date 07/02/2014

Effective Date 04/01/2014

Supersedes

TN No. 09-02-c

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

a. Transportation

Provided No Limitations With Limitations

Not Provided

b. Services of Christian Science Nurses

Provided No Limitations With Limitations

Not Provided

c. Care and services provided in Christian Science sanatoria

Provided No Limitations With Limitations

Not Provided

d. Nursing facility services for patients under 21 years of age

Provided No Limitations With Limitations

Not Provided

e. Emergency hospital services

Provided No Limitations With Limitations

Not Provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided No Limitations With Limitations

Not Provided

TN No. 14-002 Approval Date 07/02/2014 Effective Date 04/01/2014

Supersedes

TN No. 09-02-c

OFFICIAL

State: Territory of the Virgin Islands

Attachment 4.19B

Page 3(b)

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

16. Medical Transportation

Rates for Emergency Medical Transportation services are based on the current U.S. Virgin Islands Medicare fee schedule. Non-emergency medical transportation services are paid at usual and customary charges.

TN 14-002

Approval Date 07/02/2014

Effective Date 4/01/14

Supersedes TN 13-007