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State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 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

July 16, 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) 14-003 which was received in our office on June 9, 2014 and find it acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA is being submitted to comply with Section 2301 of the ACA which requires states that recognize freestanding birth centers, and the services rendered by certain other professionals providing services in a freestanding birth center to cover the services provided by those centers and professionals as mandatory Medicaid services eligible for FFP.

Please note that the approval date of this SPA is July 16, 2014 with an effective date of April 1, 2014. 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. Melissa D. Musotto

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 14-003	2. STATE United States Virgin Islands
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2014	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 2301(a) of the Affordable Care Act, amending Sections 1905(a) and (l) of the Social Security Act; Section 2301(b) of the Affordable Care Act, amending Section 1902(a)(10)(A) of the Social Security Act; and Section 2301(c) of the Affordable Care Act (effective date)		7. FEDERAL BUDGET IMPACT a. FFY <u>2014</u> \$ <u>0</u> b. FFY <u>2015</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 9a Attachment 3.1-B, page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>if Applicable</i>) Attachment 3.1-A, page 9a NEW Attachment 3.1-B, page 10 NEW	
10. SUBJECT OF AMENDMENT Coverage of Freestanding Birth Centers			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="checkbox"/> 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		17. DATE RECEIVED 18. DATE APPROVED JULY 16, 2014	
14. TITLE Director, VI Medicaid Program Department of Human Services			
15. DATE SUBMITTED June 9, 2014			
FOR REGIONAL OFFICE USE ONLY			
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			

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: US Virgin Islands

Attachment 3.1A
Page 9a

AMOUNT, DURATION AND SCOPE OF SERVICE PROVIDED
CATEGORICALLY NEEDY:

Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

Not Provided

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN No. 14-003

Approval Date: JULY 16, 2014

Effective Date: April 1, 2014

Supersedes

TN No. NEW

New

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: US Virgin Islands

Attachment 3.1B
Page 10

AMOUNT, DURATION AND SCOPE OF SERVICE PROVIDED
MEDICALLY NEEDY:

Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

Not Provided

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

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