

## **Table of Contents**

**State/Territory Name: United States Virgin Islands**

**State Plan Amendment (SPA) #: 15-0001**

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

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April 22, 2015

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) 15-0001 which was received in our office on January 26, 2015 and find it acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA is being submitted to cover Optometry services as physician services for all Medicaid recipients both in either medically needy or categorically needy groups effective January 1, 2015.

Please note that the approval date of this SPA is April 22, 2015 with an effective date of January 1, 2015. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 1 5 0 0 1	2. STATE United States Virgin Islands
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID and CHIP)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO CONSIDERED AS NEW PLAN       AMENDMENT

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

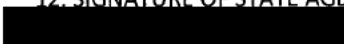
6. FEDERAL STATUTE/REGULATION CITATION Section 1905(e) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 0** b. FFY 2015 \$ 0**
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Page 2 and Page 11 Attachment 3.1-B Page 2a and Page 14	
Attachment 4.19B Page 2	
Attachment 4-20A Page 1	

10. SUBJECT OF AMENDMENT  
Section 1905(e) option to cover optometry services as physician services. \*We are requesting a January 1, 2015 effective under 42 CFR 430.20(b)(3) to make this SPA consistent with the original approval date for Optometry services. This is a technical change for HIT purposes and provides no additional services, no increases in payments, and no increases in eligibility groups. \*\*There is no Federal budget impact since optometry services are already being provided and this just includes them under physician services definition.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Renée Joseph Rhymer, MSW Director, VI Medical Assistance Program Department of Human Services 1303 Hospital Ground Knud Hansen Complex, Bldg. A St Thomas, US Virgin Islands 00802 <a href="mailto:Renee.josephrhymer@dhs.vi.gov">Renee.josephrhymer@dhs.vi.gov</a>
13. TYPE NAME Renée Joseph Rhymer	
14. TITLE Director, VI Medical Assistance Program	
15. DATE SUBMITTED January 26, 2015	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED 04/22/2015

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2015	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME MICHAEL MELENDEZ	21. TITLE ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS	

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.

**The term physicians services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under the plan.**

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

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TN No. 15-001

Approval date: 04/22/2015

Effective Date: 01/01/2015

Supersedes TN No 13-007

# 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

**The term physicians services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under the plan.**

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. 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, or by the Medical Assistance program at the Department of Human Services for off-island services.

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.

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TN No. 15-001

Approval Date 04/22/2015

EffectiveDat 01/01/2015

Supersedes: 13-007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Virgin Islands

Attachment 3.1-B  
Page 2a

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
GROUP(S): \_\_\_\_\_

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

**The term physicians services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under the plan.**

Provided: \_\_\_\_\_ No limitations X With limitations\*

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

Provided: \_\_\_\_\_ No limitations X With limitations\*

\*Description provided on Attachment

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TN No. 15-001 Approval Date 04/22/2015 Effective Date 01/01/2015

Supersedes TN No. 94-3

# 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: CATEGORICALLY 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**

**The term physicians services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under the plan.**

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.

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TN No. 15-001

Approval Date 04/22/2015

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Supersedes: TN No. 13-007