

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 15-0008**

This file contains the following documents in the order listed:

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

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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August 12, 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

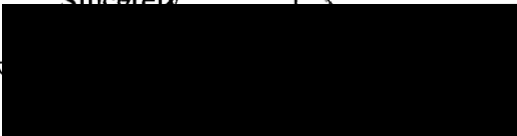
Dear Ms. Joseph-Rhymer:

We have completed our review of the submission of United States Virgin Islands State Plan Amendment (SPA) 15-0008 which was received in our office on July 27, 2015 and find it acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA provides nursing facility services with prior authorization to recipients twenty-one (21) years or older who meet nursing facility level of care as determined by the Medicaid Agency.

Please note that the approval date of this SPA is August 12, 2015 with an effective date of July 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,

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

Cc. Daniel Timmel  
Jason Frandson  
Lindsey Wilde

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>15-008</b>	2. STATE <b>United States Virgin Islands</b>
	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 <b>JULY 1, 2015</b>	

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(a)(4)(A) of the Social Security Act and 42 CFR 440.40(a)	7. FEDERAL BUDGET IMPACT a. FFY      2015      \$ 0 b. FFY      2016      \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 10A Attachment 3.1- B Page 13A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 10A TN No 09-02 Attachment 3.1- B Page 13A TN No 09-02
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10. SUBJECT OF AMENDMENT  
**Nursing Home 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 WITHIN 45 DAYS OF SUBMITTAL

12. AGENCY OFFICIAL 	16. RETURN TO  Renée Joseph Rhymer, MSW Medicaid Director Department of Human Services 1303 Hospital Ground, Building A Knud Hansen Complex St Thomas, US Virgin Islands 00802
13. TYPED NAME Renée Joseph Rhymer	
14. TITLE Medicaid Director	
15. DATE SUBMITTED July 27, 2015	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED August 12, 2015
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2015	
21. TYPED NAME Michael Melendez	21. TITLE Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: United States Virgin Islands

Attachment 3.1 - B

Page 13A

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

3. Other Laboratory and X-ray Services

Limited to medically necessary services provided by Department of Health or Hospital and Health Facilities Corporation facilities and personnel. Other Virgin Islands providers may provide laboratory and X-ray services with prior authorization from the Medicaid Agency so long as the providers have signed provider agreements with the Medicaid Agency and they are certified to meet the requirements of Section 42CFR 493, in accordance with the Clinical Laboratory Act of 1988 (CLIA).

With prior authorization from the Medicaid Agency, recipients may receive medically necessary services from qualified laboratory or X-ray service providers outside the Virgin Islands, when test services are not available in Virgin Island facilities. Qualified laboratory or X-ray service providers are those that are enrolled in the State's Medicaid program and are certified to meet the requirements of Section 42CFR 493, in accordance with the Clinical Laboratory Act of 1988 (CLIA).

4. a. Nursing Facility Services

Provided in nursing facilities with prior authorization to recipients twenty-one (21) years or older who meet nursing facility level of care as determined by the Medicaid Agency.

TN No. 15-008

Approval Date: August 12, 2015

Effective Date: JULY 1, 2015

Supersedes

TN No. 09-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Territory of the Virgin Islands

Attachment 3.1A  
Page 10A

AMOUNT, DURATION AND SCOPE OF ASSISTANCE LIMITATIONS (cont'd.)

4. a. **Nursing Facility Services**

Provided in nursing facilities with prior authorization to recipients twenty-one (21) years or older who meet nursing facility level of care as determined by the Medicaid Agency

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

Limited to services provided in Department of Health facilities or Hospital and Health Facilities Corporation facilities. Except that, with prior authorization from the Medicaid Agency, recipient may receive services from other providers (both on-island and off-island) that have a signed provider agreement with the Medicaid Agency.

The 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 period and interperiodic screening services even if the services are not included in the State Plan.

c. **Family Planning Services**

Limited to services provided in Department of Health facilities except that, with prior authorization from the Medicaid Agency, recipient may receive services from other providers that have a signed provider agreement with the Medicaid Agency. 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 Virgin Islands Medicaid program does not cover fertility treatments.

TN No. 15-008

Approval Date: August 12, 2015

Effective Date: JULY 1, 2015

Supersedes

TN No. 09-02