DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 09-01

2. STATE: 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, 2008

5. TYPE OF PLAN MATERIAL *(Check One)*

NEW STATE PLAN | AMENDMENT TO BE CONSIDERED AS NEW PLAN | X 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 2009 $ 0
b. FFY 2010 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
79y

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
N/A

10. SUBJECT OF AMENDMENT
This plan amendment brings the Territory in compliance with federal Medicaid Integrity requirements.

11. GOVERNOR'S REVIEW *(Check One)*

GOVERNORS OFFICE REPORTED NO COMMENT | X OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Julia Sheen, MPH

14. TITLE Acting Commissioner of Health

15. DATE SUBMITTED 06/20/2009

16. RETURN TO:
BHIMA, DOH
3730 Estate Altona
Suite 302
St. Thomas, VI 00802

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED JUN 30 2009

18. DATE APPROVED JUL 23 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
APR 01 2008

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME **Sue Kelly**

22. TITLE **Associate Regional Administrator**
Division of Medicaid and State Operations