

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 22-0002**

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 20, 2022

Gary Smith  
Medicaid Director  
Department of Human Services  
Medical Assistance Program  
1303 Hospital Ground  
Knur Hansen Complex, Building A  
St. Thomas, Virgin Islands 00802

***RE: United States Virgin Islands State Plan Amendment (SPA) #22-0002***

Dear Mr. Smith:

We have completed our review of the proposed amendment submitted under transmittal number (TN) VI #22-0002. This plan amendment has a requested effective date of July 1, 2022, and was submitted to remove the cash required to pay Part B premiums. VI will pay Part B premiums for all beneficiaries who also qualify for Medicare.

We reviewed your submittal under federal regulations 1843(b) & 1905(a) of the Social Security Act as implemented at 42 C.F.R. § 431.625. This letter informs you that VI #22-0002 was approved on December 19, 2022, with an effective date of July 1, 2022. A copy of the current approved State Plan pages and the signed CMS-179 form is enclosed.

CMS appreciates your staff's significant work in preparing this State plan amendment. If you have any questions concerning this SPA, please contact Ivelisse Salce at 212-616-2411 or by email at [Ivelisse.Salce@CMS.HHS.gov](mailto:Ivelisse.Salce@CMS.HHS.gov).

Sincerely,



Sophia Hinojosa, Acting Director  
Division of Program Operations

cc: Matthew Cesnik  
Gene Coffey  
Kim Glaun

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 2</u>	2. STATE <u>VI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2022

5. FEDERAL STATUTE/REGULATION CITATION  
1843(b) & 1905(a) of the Act and 42 CFR 431.625.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 (1 QTR) \$ 985,812  
b. FFY 2023 \$ 3,874,726

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
HCFA-FM-93-5 (MB) – May 1993--Page 29b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
HCFA-FM-94-3--Approved 10/27/94---Page 29b

9. SUBJECT OF AMENDMENT  
Removes cash required to pay Part B Premiums, and VI will pay part B premiums for all of its dual eligibles.

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Gary A. Smith

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
09/21/2022

15. RETURN TO  
Gary A. Smith,  
Medicaid Director  
VI Department of Human Services  
1303 Hospital Ground  
Knud Hansen Complex, Building A  
St. Thomas, USVI 00802

**FOR CMS USE ONLY**

16. DATE RECEIVED  
09/21/2022

17. DATE APPROVED  
12/19/2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
07/01/2022

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF THE APPROVING OFFICIAL  
Sophia Hinojosa

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

Territory: Virgin IslandsCitation

1843 of the Act and  
42 CFR Part 407 subpart C and  
431.625

## (iv) Medicare Part B Premiums

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following Medicaid individuals:

Mandatory cash assistance and deemed recipients of cash assistance groups

Titles I, X, and XIV of the Act and 42  
CFR 436.110

Individuals who receive old age assistance (OAA), aid to the blind (AB), or aid to the permanently disabled (APTD).

42 CFR 436.112

Individuals are covered under the State's Medicaid plan despite the increase in social security benefits provided by Public Law 92-336.

1931(b) of the Act and 42 CFR  
436.118

Optional deemed recipients of cash assistance groups

Individuals whom the State must consider to be recipients of AFDC, including those who receive adoption assistance, foster care or guardianship, care under part E of title IV of the Act, under § 436.118, or who receive Medicaid coverage for low-income families, in accordance with section 1931(b) of the Act.

1843(h)(1)(A) of the Act

All other individuals who are eligible in one of the other eligibility groups not mentioned above that the territory covers in its Medicaid state plan.

1902(a)(30) and 1905(a) of the Act

## (2) Other Health Insurance

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third-party resource for Medicaid-covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals entitled to Medicare Part A but not enrolled in Medicare Part B).