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State/Territory Name: U.S. Virgin Islands

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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

VI - Submission Package - VI2024MS00030 - (VI-24-0002) - Administration

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and Children Operation
26 Federal Plaza
Room 18-741
New York, NY 10278



Center for Medicaid & CHIP Services

December 19, 2024

Gary Smith
Medicaid Director
US Virgin Islands Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Bldg. A
St. Thomas, VI 00802

Re: Approval of State Plan Amendment VI-24-0002

Dear Gary Smith,

On December 18, 2024, the Centers for Medicare and Medicaid Services (CMS) received U.S. Virgin Islands State Plan Amendment (SPA) VI-24-0002 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve U.S. Virgin Islands State Plan Amendment (SPA) VI-24-0002 with an effective date(s) of December 01, 2024.

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operation

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VI2024MS00030 | VI-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VI2024MS00030	SPA ID	VI-24-0002
Submission Type	Official	Initial Submission Date	12/18/2024
Approval Date	12/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: U.S. Virgin Islands

Medicaid Agency Name: US Virgin Islands Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VI2024MS00030 | VI-24-0002

Package Header

Package ID	VI2024MS00030	SPA ID	VI-24-0002
Submission Type	Official	Initial Submission Date	12/18/2024
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SPA ID and Effective Date

SPA ID VI-24-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VI2024MS00030 | VI-24-0002

Package Header

Package ID	VI2024MS00030	SPA ID	VI-24-0002
Submission Type	Official	Initial Submission Date	12/18/2024
Approval Date	12/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This Amendment updates state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR 437.10 through 42 CFR 437.15
42 CFR 431.16

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VI2024MS00030 | VI-24-0002

Package Header

Package ID	VI2024MS00030	SPA ID	VI-24-0002
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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Designated to Medicaid Director

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Summary Reviewable Units Versions Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | VI2024MS00030 | VI-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VI2024MS00030	SPA ID	VI-24-0002
Submission Type	Official	Initial Submission Date	12/18/2024
Approval Date	12/19/2024	Effective Date	<u>12/1/2024</u>
Superseded SPA ID	NEW		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

- All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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