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

**State Plan Amendment (SPA) #: 16-0001**

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 Template

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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June 14, 2016

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) 16-0001 which was received in our office on April 23, 2016 and find it acceptable for incorporation into United States Virgin Island's Medicaid State Plan. This SPA proposes to provide "Nursing Home Services" both on-island in U. S. Virgin Islands facilities and off-island United States' facilities that meet the Centers for Medicaid and Medicaid (CMS) survey and certification requirements at 42 CFR §488, with prior authorization issued by the U.S. Virgin Islands Medicaid Program to Medicaid recipients twenty-one (21) years or older who meet nursing facility level of care as determined by the VI Medicaid Agency.

Please note that the approval date of this SPA is June 13, 2016 with an effective date of April 1, 2016. Copy of the approved State Plan page and the signed CMS-179 are enclosed.

If you have any questions, please contact Ivelisse M. Salce at (212) 616-2411.

Sincerely,

  
Michael Merendez, LISW  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Cc. Daniel Timmel  
Frances C. Crystal

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1</u> <u>6</u> - <u>0</u> <u>0</u> <u>1</u>	2. STATE <b>United States Virgin Islands</b>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID and CHIP)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <b>April 1, 2016</b>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR §440.230		7. FEDERAL BUDGET IMPACT a. FFY <u>2016</u> \$ <u>0</u> b. FFY <u>2017</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A, Page 10A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) TN No, 09-02 Attachment 3.1 A, Page 10A		
10. SUBJECT OF AMENDMENT <b>Nursing Home services duration and scope</b>			
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Renée Joseph Rhymer, MSW Director, Medicaid Program Department of Human services 1303 Hospital Ground, Knud Hansen Complex St. Thomas, US Virgin Islands 00802		
13. TYPE NAME Renée Joseph Rhymer, MSW	14. TITLE Director, Medicaid Program		
15. DATE SUBMITTED April 23, 2016		17. DATE RECEIVED	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED		18. DATE APPROVED <b>JUNE 13, 2016</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>APRIL 01, 2016</b>	20. SIGNATURE OF REGIONAL OFFICIAL 		
21. TYPED NAME <b>MICHAEL MELENDEZ</b>	21. TITLE <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>		
23. REMARKS			

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

**4. a. Nursing Facility Services**

Provided in both on-island in U. S. Virgin Islands facilities and in off-island U. S. facilities that meet the Centers for Medicaid and Medicare (CMS) survey and certification requirements at 42 CFR §488, with prior authorization issued by the U. S. Virgin Islands Medicaid Program to recipients/members twenty-one (21) years or older who meet nursing facility level of care as determined by the VI Medicaid Agency.

**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 Federally Qualified Health Centers. Except that, with prior authorization from the Medicaid Agency, Medicaid recipient / member 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 periodic and inter-periodic screening services even services are not included in the State Plan.

**c. Family Planning Services**

Limited to services provided in Department of Health facilities or Federally Qualified Health Centers except that, with prior authorization from the Medicaid Agency, recipient/member 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.

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TN No. 16-001

Approval Date

**JUN 13 2016**

Effective Date April 1, 2016

Supersedes

TN 09-02