UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HUMAN SERVICES MEDICAL ASSISTANCE PROGRAM

PUBLIC NOTICE

NOTICE OF INTENT TO SUBMIT DRAFT MEDICAID STATE PLAN AMENDMENT RELATED TO AN ALTERNATIVE BENEFIT PLAN FOR THE MEDICAID COVERAGE GROUP FOR LOW-INCOME ADULTS

In accordance with 42 C.F.R. § 440.386, the United States Virgin Islands Department of Human Services ("Department") hereby gives notice of its intent to seek approval from the United States Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), for a State Plan Amendment (SPA) to establish an Alternative Benefit Plan (ABP) effective May 1, 2015 in accordance with Sections 1902(k)(1) and 1937 of the Social Security Act. The purpose of this notice is to describe the Draft Alternative Benefit Plan (ABP) and solicit public comment regarding the plan. The Department intends to submit the Draft State Plan Amendment regarding the Alternative Benefit Plan (ABP) to the Centers for Medicare and Medicaid Services (CMS) on or before May 1, 2015.

The Draft Alternative Benefit Plan (ABP) is the benefit package that will be provided to beneficiaries in the Medicaid low-income adult population under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. The United States Virgin Islands intends to continue providing the full array of Medicaid State Plan Services to this population; the Draft Alternative Benefit Plan (ABP) will align with the existing State Plan coverage.

Effective May 1, 2015, the United States Virgin Islands will expand Medicaid eligibility to adults with incomes up to and including 133% of the United States Virgin Islands poverty level. Effective that date the 133% of the United States Virgin Islands poverty level is equal to 75% of the United States federal poverty level. This expansion constitutes the fourth phase of Medicaid expansion in the United States Virgin Islands (Expansion IV).

Effective May 1, 2015, the United States Virgin Islands must also offer assurances that the services provided to the low-income adult population provides the Essential Health Benefits (EHB) described in Section 1302(b) of the Patient Protection and Affordable Care Act (ACA). The Draft Alternative Benefit Plan (ABP) State Plan Amendment (SPA) will demonstrate to the Centers for Medicare and Medicaid Services (CMS) that the current Medicaid State Plan includes services that are equal to or exceed services in the Ten (10) Essential Health Benefits (EHB) categories in the selected base benchmark plan. The base benchmark plan selected for this purpose is the Basic Option provided to federal employees by Blue Cross and Blue Shield.

In addition to providing all State Plan Services, the Draft Alternative Benefit Plan (ABP) will provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under 21 years of age. This will include informing these individuals that Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are available and of the need for age-appropriate immunizations. The Draft Alternative Benefit Plan (ABP) will also provide or arrange for the provision of screening services for all children and for corrective

treatment as determined by child health screenings. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) clients will also be able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in the United States Virgin Islands Medicaid State Plan.

The Draft Alternative Benefit Plan (ABP) will also offer: access to non-emergency medical transportation services; provide habilitative and rehabilitative services through a variety of therapies; and meet the requirements of the federal Mental Health Parity and Addiction Equity Act.

The Draft Alternative Benefit Plan (ABP) does not include limits on services, other than the requirement that services provided outside the clinics operated by the Department of Health, the Federally Qualified Health Centers (FQHC's), and the hospitals operated by the United States Virgin Islands Hospital and Health Facilities Corporation require authorization by the clinic that serves as the primary care provider for the patient, or by the Medical Assistance Program (MAP) at the Virgin Islands Department of Human Services. This requirement is the same requirement that applies to all coverage groups covered under the United States Virgin Islands Medicaid State Plan.

There will be no cost sharing for the services provided under the Draft Alternative Benefit Plan (ABP), or for any individual or service covered under the United States Virgin islands Medicaid State Plan. The United States Virgin Islands does not currently impose cost sharing on Medicaid beneficiaries.

As there are currently no Indian Health Programs or Urban Indian Organizations in the United States Virgin Islands, the consultation requirements in Section 5006(e) of the American Recovery and Reinvestment Act of 2009 do not apply to the United States Virgin Islands.

Attached to this notice is the list of the State Plan Services aligned with the Ten (10) Essential Health Benefits (EHB) categories.

Comments or inquiries related to this Public Notice and/or the Draft Alternative Benefit Plan (ABP) State Plan Amendment (SPA) must be submitted in writing by Mail, E-mail, or Fax within thirty (30) days of the Publication Date of this Notice to:

Mrs. Renée Joseph Rhymer, MSW
Medicaid Program
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, USVI 00802
Phone: (340) 774-0930 Ext. 4353/4398
Fax: (340) 774-4918
Email: renee.josephrhymer@dhs.vi.gov