

**UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HUMAN SERVICES MEDICAL ASSISTANCE PROGRAM**

PUBLIC NOTICE

**NOTICE OF INTENT TO SUBMIT 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, 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 ABP and solicit public comment regarding the plan. The Department intends to submit the state plan amendment regarding the ABP to CMS on or before May 1, 2015.

The 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 alternative benefit plan 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 on 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 ABP SPA will demonstrate to CMS that the current Medicaid state plan includes services that are equal to or exceed services in the 10 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 ABP will provide full access to EPSDT services to beneficiaries under 21 years of age. This will include informing these individuals that EPSDT services are available and of the need for age-appropriate immunizations. The 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. 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 ABP will also offer access to non-emergency medical transportation services. The ABP will provide habilitative and rehabilitative services through a variety of therapies. The ABP will also meet requirements of the federal Mental Health Parity and Addiction Equity Act.

The 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, 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 at the 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 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 10 EHB categories.

Comments or inquiries must be submitted in writing by mail, e-mail, or fax within 30 days of the publication date of this notice to:

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