

**U.S. VIRGIN ISLANDS
DEPARTMENT
OF HUMAN
SERVICES**



Committee on Health, Hospitals, and Human Services

**CHAIRMAN
SENATOR RAY FONSECA**

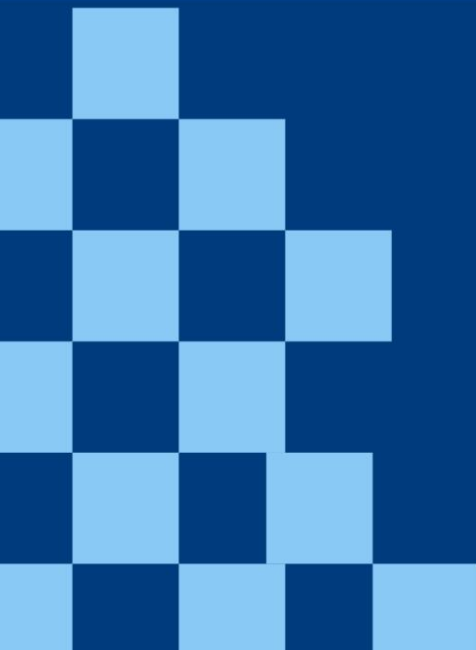
**TUESDAY,
FEBRUARY 25, 2025**



KNUD HANSEN REDESIGN



**TESTIMONY BY:
AVERIL E. GEORGE
COMMISSIONER**





*Testimony of Averil George, Commissioner of the Virgin Islands Department of Human Services
Before the Committee on Health, Hospitals, and Human Services
36th Legislature of the Virgin Islands, Tuesday, February 25th, 2025*

Good Morning Honorable Chairman; Senator Ray Fonseca, members of the Committee on Health, Hospitals, and Human Services, distinguished colleagues, the viewing and listening audience:

My name is Averil E. George, and I am honored to serve as the Commissioner of the Virgin Islands Department of Human Services (DHS). Joining me today are key members of my leadership team who play vital roles in advancing the department's mission:

- Assistant Commissioner Taetia Phillips Dorsett
- Akilah O'Brian, DHS Disaster Recovery Specialist
- Alvin Milligan, Administrator of Senior Citizens Affairs
- Gary Smith, Director of the Office of Medicaid

Additionally, Deputy Commissioner of Operations St. Thomas, Sean Georges and Deputy Commissioner of Operations St. Croix - Hugh Nicholas, are both present outside of the well to support this discussion. We are here today to discuss several critical issues that directly impact the Department of Human Services and, more importantly, the well-being of the residents we serve.

My testimony will focus on key areas that require immediate attention and strategic action, including the ongoing **hospital boarder crisis** and its strain on both the healthcare and human services infrastructure, updates on the **Medicaid Assistance Program** amid federal funding uncertainties, and the progress of major infrastructure projects such as the relocation and **reconstruction efforts for the Queen Louise Home for the Aged**, the **redevelopment of the Herbert Grigg Nursing Home**, and the **modernization of the Knud Hansen Complex**. These efforts reflect our continued commitment to improving service delivery, expanding access to care, and ensuring that our facilities and programs are equipped to meet the needs of our most vulnerable populations.

I. Addressing the Boarder Crisis and Its Impact on Healthcare and Human Services

The Virgin Islands has been significantly affected by the broader boarder crisis, which has placed unprecedented pressure on our hospitals, long-term care facilities, and social services. Both the Juan F. Luis Hospital and the Roy L. Schneider Hospital have seen an increase in boarders—patients who have been discharged but remain hospitalized due to the **lack of appropriate post-hospitalization placements**.

On average, between seven and ten individuals are classified as boarders at any given time. These individuals no longer meet the criteria for acute medical care but cannot be safely discharged back into the community. Some may have family in the territory, but those relatives are either unable or unwilling to provide the intensive supportive services or discharge care required. As a result, they remain in hospital beds, driving up costs and limiting bed availability for those in need of urgent medical attention.

This crisis is compounded by the territory's shortage of long-term care options. The Virgin Islands desperately needs additional:

- Nursing home beds for frail elderly residents.
- Assisted living residential facilities for seniors who require some support with daily activities.
- Independent senior living communities to accommodate aging residents who need affordable housing with access to support services.
- Adult Day Care drop off services.

DHS maintains waiting lists for individuals in need of nursing home care and assisted living, but the availability of placements is **extremely limited**. Currently, Queen Louise Home has a capacity of 17, and Herbert Grigg Home accommodates 26 residents.

To alleviate this strain, DHS is actively pursuing long-term solutions, including the construction of two new CMS certified nursing facilities: one at Herbert Grigg Home on St. Croix and another to replace the existing Queen Louise Home on St. Thomas. However, these projects will not be completed until early 2028, leaving an immediate gap in care.

One potential solution would be to increase Herbert Grigg Home's capacity by accepting 11 additional residents. However, this expansion would require hiring 13 additional staff members, including **registered nurses, licensed practical nurses, certified nursing assistants, institutional support staff, and dietary personnel**. The estimated cost for this expansion would be approximately an additional **\$1.2 million annually**, and is broken down through the following:

- Staffing (Salary + Fringe Benefits): **\$746,094**
- Supplies (Medical, Food, Operating Costs): **\$378,125**
- Other Services (Repairs, Maintenance, Security, Transportation): **\$90,640**

Alternatively, relocating individuals to skilled nursing facilities outside the territory could also be considered, though costs range from **\$72,000 to \$108,000 per person per year**. This option is already being utilized in specific cases where specialized long-term care is unavailable within the Virgin Islands. Currently, DHS has five (5) clients placed at the **Casa de Salud Facility in Puerto Rico**, where our contract allows for a maximum of seven clients. Additionally, ten (10) DHS Medicaid clients are currently residing at the **Pines Nursing Home in Miami, Florida**, receiving the skilled nursing care necessary for their conditions.

While these off-island placements provide a short-term solution, they highlight the urgent need for expanded skilled nursing capacity within the Virgin Islands. The planned Long -Term CMS Certified Nursing Facility at Herbert Grigg and the redevelopment of Queen Louise Home for the Aged represent crucial investments in local long-term care services, ensuring that more of our residents can receive the care they need without the financial and emotional burden of relocation.

DHS remains committed to working with local hospitals, Medicaid providers, and long-term care stakeholders to develop sustainable in-territory solutions, while continuing to utilize off-island placements when absolutely necessary to ensure the highest quality of care for those who require it.

II. Medicaid Program Updates and Strategic Developments

Medicaid is the primary source of healthcare coverage for thousands of Virgin Islanders, providing essential medical services for low-income residents, individuals with disabilities, and seniors. These services are available for children and adults who meet CMS eligibility participation requirements. The program plays a critical role in funding hospitals, community health centers, and long-term care services across the territory. While the **83% Federal Medical Assistance Percentage (FMAP) is now permanently established**, the overall future of Medicaid funding remains uncertain, as Congress continues to debate allocations for the territories. At the same time, **the 17% local share continues to be an ongoing General Fund expenditure**, ensuring that Medicaid services remain available and properly supported within the Virgin Islands.

As of December 29, 2024, Medicaid enrollment in the Virgin Islands stands at **21,071 members**, a decline of **3,334 members from January 2024**. This drop is largely attributed to the **unwinding of Public Health Emergency (PHE) provisions**, which had *temporarily expanded* Medicaid eligibility during the COVID-19 pandemic. The reduction in membership raises concerns about individuals losing coverage, highlighting the urgent need for improved outreach, streamlined eligibility processing, and continued federal support to ensure continuity of care.

Beyond Medicaid, there is a serious need for additional individual and family health insurance coverage options to be made available in the Virgin Islands to ensure residents have access to essential healthcare services.

Key Medicaid Program Metrics

- **Total Medicaid Enrollment (December 2024): 21,071 members**
- **Federal Medical Assistance Percentage (FMAP): 83% (Permanently established by the Consolidated Appropriations Act of 2023)**
- **Total Medicaid Providers Enrolled: 1,447**
- **Personal Care Attendant (PCA) Program:**
 - Medicaid Members Served: **75**
 - Claims Processed: **1,372 total claims**
 - Total Amount Paid: **\$1,658,159.30**
 - Total PCA Providers: **6**

Medicaid Funding and Provider Payments (FYTD 2024)

MAP is a lifeline for hospitals, **Federally Qualified Health Centers (FQHCs)**, and other providers, ensuring that Medicaid recipients continue to receive quality care. The following **payments were disbursed in FY2024:**

- Frederiksted Health Care Inc. (FHC): **\$6,321,446.99**
- Gov. Juan F. Luis Hospital (JFL): **\$8,641,446.80**
- Schneider Regional Medical Center (SRMC): **\$13,914,093.00**
- St. Thomas East End Medical Center (STEEMC): **\$2,357,010.83**

These funds are critical to sustaining healthcare infrastructure in the territory, allowing hospitals and clinics to continue offering services to Medicaid beneficiaries. It is important to note that **providers have a full 12 months after services are rendered to submit their invoices for payment consideration** in accordance with **CMS guidelines**. This allows providers time to reconcile claims, ensure compliance, and avoid unnecessary payment denials, further reinforcing Medicaid's role in maintaining access to essential healthcare services.

Presumptive Eligibility Enrollment Decline

Presumptive eligibility (PE) allows individuals in urgent medical need to receive **temporary Medicaid coverage** while their full application is processed. However, there has been a sharp decline in PE enrollments, raising concerns about barriers to timely healthcare access. These barriers appear to stem from both provider-level challenges—such as administrative delays, limited staff training, and stricter internal screening at hospitals and FQHCs—as well as individual-level challenges, **including lack of awareness about PE, difficulty providing required documentation, and confusion over Medicaid eligibility due to recent policy change**. To illustrate the extent of this decline, the following data highlights the significant drop in PE enrollments across key healthcare providers

- Frederiksted Health Care Inc. (FHC): **29 → 14**
- Gov. Juan F. Luis Hospital (JFL): **459 → 164**
- Schneider Regional Medical Center (SRMC): **354 → 103**
- St. Thomas East End Medical Center (STEEMC): **7 → 0**

This decline means that **fewer individuals are receiving immediate Medicaid coverage**, which could lead to:

- **Delayed medical treatment** for those in need.
- **Higher uncompensated care costs** for hospitals and clinics.
- **Worsening health outcomes** due to gaps in coverage.

Medicaid Challenges and Funding Uncertainty

While the permanent 83% FMAP provides critical financial relief, Medicaid's long-term sustainability in the territory is still at risk due to potential federal funding reductions. The territory does not have the fiscal capacity to replace lost federal funding, and any reduction in Medicaid appropriations could result in:

- **Cuts to Medicaid benefits or eligibility restrictions**, impacting thousands of vulnerable residents.
- **Delays or reductions in payments to hospitals and healthcare providers**, putting financial strain on the system.
- **Further declines in provider participation**, reducing healthcare access across the territory.

Additionally, workforce shortages, delayed provider reimbursements, and local match funding constraints continue to pose challenges to the Medicaid Program's efficiency. As of **February 2025**, there are **1,699 pending Medicaid applications**, and only 306 out of 2,005 PHE renewal

applications have been processed, underscoring the administrative burdens that must be addressed.

Strategic Priorities for Medicaid Sustainability

To strengthen Medicaid’s long-term viability, DHS is focused on the following strategies:

- 1. Protecting Federal Medicaid Funding for the Territories**
 - a. Advocating for stable, long-term Medicaid funding appropriations from Congress.
 - b. Engaging with federal partners to ensure the territory is prioritized in funding decisions.
- 2. Improving Enrollment & Eligibility Processing**
 - a. Addressing the backlog of 1,699 pending applications to prevent coverage gaps.
 - b. Enhancing presumptive eligibility outreach to ensure timely access to Medicaid for those in need.
- 3. Expanding Medicaid Provider Networks**
 - a. Recruiting additional Personal Care Attendants (PCAs) to improve access to home-based care.
 - b. Strengthening partnerships with Federally Qualified Health Centers (FQHCs) to increase primary care availability.
- 4. Ensuring Timely Provider Payments**
 - a. Streamlining reimbursement processes to avoid payment delays.
 - b. Supporting hospitals and healthcare facilities to maintain financial stability.

As DHS continues to navigate these uncertainties, we urge the 36th Legislature to remain engaged in federal discussions, advocate for funding protections, and work collaboratively to ensure that Medicaid remains as stable as possible despite the challenges ahead. **The reality is that if Congress reduces Medicaid funding for the territories**, the impact on healthcare in the Virgin Islands will be severe. While we are committed to doing everything in our power to protect these services, we must also prepare for a future in which Medicaid may not be able to sustain its current role.

The stakes could not be higher, and we stand ready to work with our federal and local partners to ensure that the people of the Virgin Islands do not bear the brunt of policy decisions made far beyond our shores.

III. Queen Louise Home Relocation and Reconstruction

The Queen Louise Home for the Aged is undergoing a significant rehabilitation effort, necessitating a **temporary relocation of residents** to the **Palms Court Harborview Hotel** while construction is underway. This initiative is essential to ensuring the long-term safety, comfort, and well-being of our senior residents. The project has been carefully planned with clear timelines, funding milestones, and logistical coordination to minimize disruption and maintain a high standard of care.

Project Development and Key Funding Milestones

The development of the Queen Louise Home’s **relocation and repair plan** is set to conclude by **April 27, 2025**, following a comprehensive 553-day timeline from inception to execution. This

project is critical to ensuring the long-term stability and functionality of the facility, addressing both structural improvements and necessary upgrades to enhance the quality of care for residents. Despite ongoing logistical and funding challenges, we remain confident that the project is progressing as planned. As of today, **we have achieved 36% completion**, with key milestones in infrastructure assessment, permitting, and preliminary construction already underway.

- **FEMA Public Assistance (PA) funding** for temporary repairs has been fully secured, enabling the commencement of critical repairs as planned.
- The **FEMA PA amendment for temporary relocation** was successfully submitted and approved by **October 3, 2024**, ensuring financial support for the temporary transition of residents.
- The **CDBG-DR (Community Development Block Grant - Disaster Recovery) 5% match** was initiated on **March 29, 2024**, and final components are currently being processed to complete the funding package.

These key milestones ensure that both **short-term relocation needs and long-term rehabilitation efforts** are adequately resourced. The strategic alignment of funding sources allows for efficient execution without undue financial strain on local government resources.

Project Implementation Progress

The Queen Louise Home rehabilitation project is structured into well-defined phases, each with a clear set of objectives and completion targets.

- **Design and Planning Phase:** Successfully completed by **October 2, 2023**, which included a **comprehensive hazardous materials (hazmat) assessment** of the Queen Louise Home to identify environmental risks and ensure compliance with safety regulations.
- **Federal Consistency Review (FCR):** This critical regulatory process began on **January 16, 2024**, a final determination was issued on **May 30, 2024**. Key steps—including the submission of the FCR package to DHS and the Department of Planning and Natural Resources (DPNR)—are progressing efficiently.
- **Temporary Relocation Supply Agreement:** Initiated on **March 11, 2024**, with the initial site visit already completed. While some components are still in progress, proactive measures are being taken to address outstanding requirements.

The strategic execution of these steps ensures that relocation logistics, regulatory compliance, and facility readiness align with the broader project timeline, preventing delays and optimizing the transition process for residents.

Construction and Relocation Timeline

Renovations at Queen Louise Home are scheduled to continue through early 2026, with construction beginning in April 2025 and a target completion date of February 15, 2026. A detailed project management plan is in place to ensure efficiency, accountability, and minimal disruption for residents.

Relocation Preparation and Execution

To ensure seamless continuity of care, the temporary relocation to Palms Court Harborview Hotel has been meticulously planned. Palms Court Harborview Hotel renovations are proceeding on schedule, including:

- Installation of an emergency generator to provide uninterrupted power supply
- Upgrading telecommunications and security systems to ensure seamless operation
- Enhancements to living accommodations to meet ADA and senior care standards

The transition of residents to the temporary location is planned for **March 31, 2025**, with their final return to the fully rehabilitated **Queen Louise Home on February 17, 2026**.

The **Palms Court Harborview facility** will provide:

- Private and semi-private accommodations to maintain residents' dignity and comfort
- A secure residential wing to ensure safety and well-being
- A dedicated socialization area for family visits and recreational activities
- An on-site dining facility and dietary support services
- Around-the-clock staffing to maintain quality care standards
- Separate telephone /internet availability so that loved ones can communicate with their families.

DHS has taken proactive measures to address **staffing needs**, ensuring that residents receive the same high-quality care at Palms Court as they would at Queen Louise Home. Additional personnel will be deployed during the transition period, and regular family engagement will be facilitated to support residents emotionally during the move.

Ensuring Long-Term Stability for Elderly Care Services

The Queen Louise Home project is not just about physical renovations—it represents a broader commitment to improving long-term care infrastructure in the Virgin Islands. This initiative is part of a larger strategic effort to modernize facilities, expand capacity, and create a sustainable model for elderly care.

With the planned **Long -Term CMS Certified Nursing Facility** set to replace the existing Queen Louise Home, this transition period provides an opportunity to refine care protocols, improve operational efficiency, and lay the foundation for **a stronger, more resilient** long-term care system.

DHS appreciates the continued support of the Legislature, The Office of Disaster Recovery, FEMA, HUD and other key stakeholders in securing resources, addressing challenges, and ensuring that our elderly residents receive the highest standard of care. We remain committed to transparency, efficiency, and excellence in executing this critical project.

IV. Herbert Grigg Nursing Home: Design Overview and Project Timeline

The Herbert Grigg Nursing Home serves as a critical long-term care facility on St. Croix, providing 24-hour skilled nursing care, rehabilitation services, and residential support for the elderly and disabled population. Given the facility's aging infrastructure and damage sustained from past hurricanes, DHS is advancing a full-scale redevelopment project to improve the capacity, safety, and quality of care at the Herbert Grigg campus.

The redevelopment of the **Herbert Grigg Home for the Aged (HGH)** Campus is currently in Finalization of the A&E design, pending task order approval. Once finalized, the project will move into detailed design and construction planning to support the delivery of modernized, high-quality elder care services.

Key Design Features

- **New CMS Certified Long Term Care Nursing facility** to accommodate increasing demand for long-term care services.
- **Hurricane-resilient infrastructure**, including **stormproof roofing, impact-resistant windows, and reinforced structures.**
- **Upgraded medical and therapy wings**, including **rehabilitation spaces, medical consultation rooms, and modernized patient suites.**
- **Specialized memory care unit** for dementia and Alzheimer's patients.
- **ADA-compliant accessibility features** to enhance mobility and safety for residents.

The Department is fully committed to ensuring the timely completion of this much-needed facility and is actively working to expedite every phase of the project. Together with the Office of Disaster Recovery and FEMA, we are actively expediting every phase of the project, from finalizing architectural and engineering designs to approvals and coordinating with contractors. The Herbert Grigg Home for the Aged redevelopment is a critical investment in the future of long-term care on St. Croix, ensuring that the facility meets modern standards for safety, resilience, and quality elder care.

V. Knud Hansen Complex (St. Thomas Human Services Complex): Permanent and Temporary Facilities

The **Knud Hansen Complex** is undergoing a major redevelopment initiative to ensure the continuity and enhancement of essential DHS services while a state-of-the-art, hurricane-resilient facility is constructed. This transformation is critical to strengthening human services infrastructure in the U.S. Virgin Islands, ensuring long-term sustainability, accessibility, and emergency preparedness for the residents of St. Thomas.

Knud Hansen Permanent Facility

The permanent redevelopment of the Knud Hansen Complex is being led by Springline as the selected contractor, with A&E design currently in development as part of the **Rebuild USVI Projects**. This project is a joint effort between DHS and the Department of Health (DOH) and also involves **FEMA, the Office of Disaster Recovery (ODR), the Virgin Islands Housing Finance Authority (VIHFA), the Department of Property and Procurement (DPP), the Department of Public Works (DPW)** and other key stakeholders to ensure compliance,

efficiency, and successful implementation. to ensure that the facility serves multiple public health and human service functions.

- The **final scope of work is pending submission**, which is required before construction can begin.
- The **project will be submitted for bids as a design-build package on March 3, 2025**, bundled with the **Queen Louise Home for the Aged**.

The new, **larger, and more modern** Knud Hansen Complex will serve as DHS headquarters, **housing all central administrative offices and essential human services programs**. With DOH also located next door on the proposed campus, St. Thomas residents will have easier access to both public health and social service programs in a single, efficient location.

For years, DHS employees and the public have worked in a building that was outdated and extremely difficult to maintain. The new Knud Hansen Complex will provide **modern workspaces with upgraded technology and improved layouts** to support staff efficiency, along with **better air quality and ventilation** for a healthier environment. The facility will also be **ADA-compliant**, with wider walkways and step-free entrances to improve accessibility for all. With DHS and DOH housed in one location, residents will have **easier access to services like Medicaid, SNAP, TANF, Head Start, and other services**. Built to withstand natural disasters, the new complex will also feature **improved security, controlled entry points, and expanded parking** to create a safer and more functional space for both employees and the public.

Knud Hansen Temporary Leased Facilities

While the permanent facility is under construction, DHS is securing **temporary office space** to maintain operations.

- **Tutu Park (VIYA Building):** DHS will submit a **scope of work (SOW) amendment and cost alignment request** to fund the **buildout of office space and telecommunications infrastructure**. DHS is also awaiting **final lease approvals from the Department of Property & Procurement (DPP)**, with proof of funding already submitted.
- **Havensight (Old Chicken & Bowling Alley):** This facility will replace the **two Lockhart Gardens locations**. Final FEMA approval is expected following the **Environmental and Historic Preservation (EHP) Review**.

These temporary arrangements ensure **DHS services remain uninterrupted** while the permanent Knud Hansen Complex is constructed.

Conclusion

Honorable Senators, we are at a pivotal moment in the transformation of healthcare and human services in the Virgin Islands. The road ahead is complex, shaped by the challenges of funding uncertainties, workforce shortages, and infrastructure demands. Yet, despite these obstacles, our commitment remains steadfast: **to strengthen the systems that serve our most vulnerable residents and to build a foundation for long-term, sustainable progress.**

While we are actively working with our federal partners to secure the necessary resources, **the unpredictability of these policy changes creates a ripple effect**—one that impacts not only the Department of Human Services but the providers, families, and individuals who rely on these services daily. It is imperative that we remain vigilant, adaptable, and unified in advocating for stable and equitable funding that meets the needs of our community.

The Department's broader human services initiatives require a coordinated approach that blends immediate action with long-term planning. We are **making strategic investments in infrastructure, staffing, and service delivery models** that will strengthen our capacity to meet growing demands. However, we cannot do this alone.

The **collaboration between DHS, the Legislature, and other stakeholders** is essential in ensuring that we not only address current needs but also anticipate and prepare for the challenges ahead. With **your partnership and continued support**, we are confident that we can navigate this period of uncertainty with strength and clarity. Thank you for your time, your leadership, and your dedication to the well-being of our community. I welcome your questions.



KNUD HANSEN COMPLEX

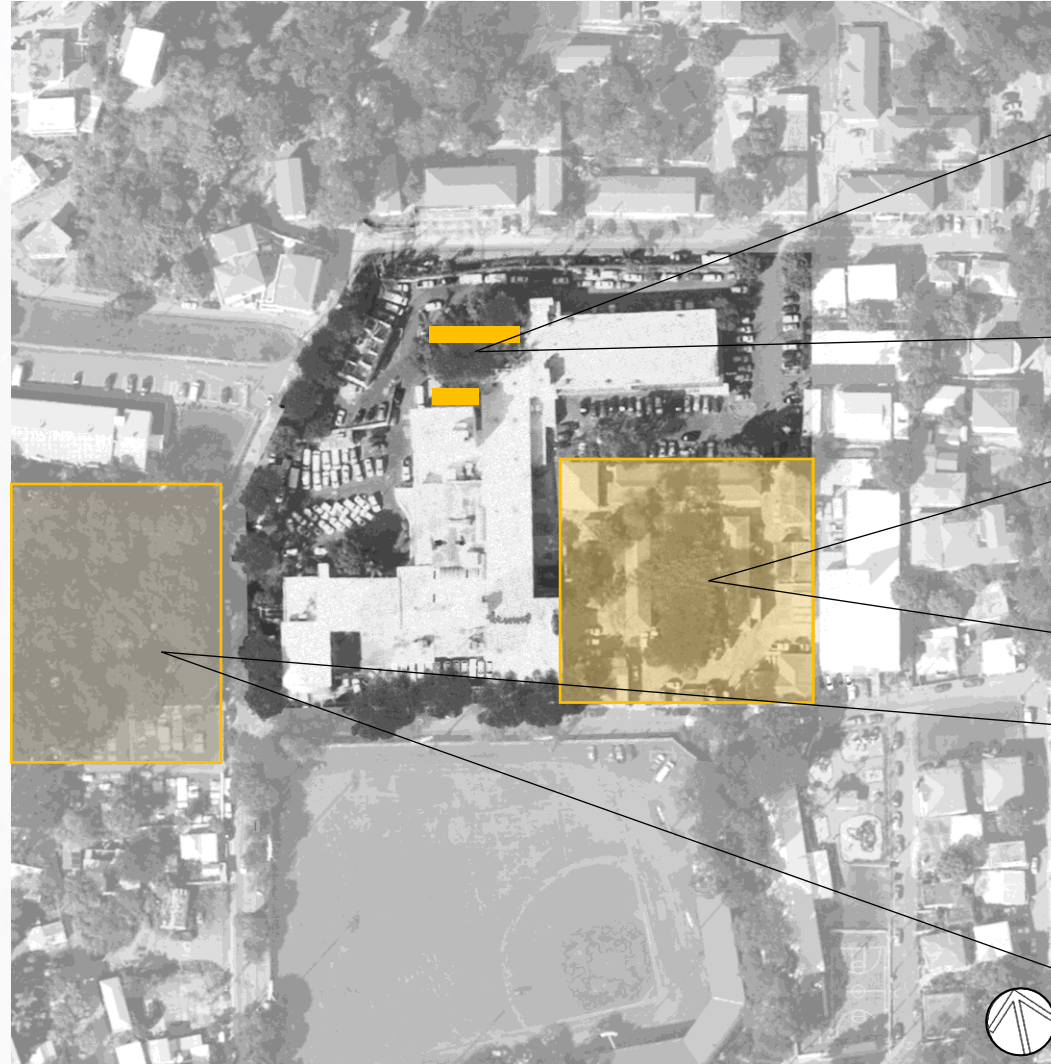
DEPT. OF HEALTH & DEPT. OF HUMAN SERVICES

01/16/2025

HISTORICAL CONTEXT



Aerial view of Moorehead Municipal Hospital (right) prior to Knud Hansen construction- circa 1940.



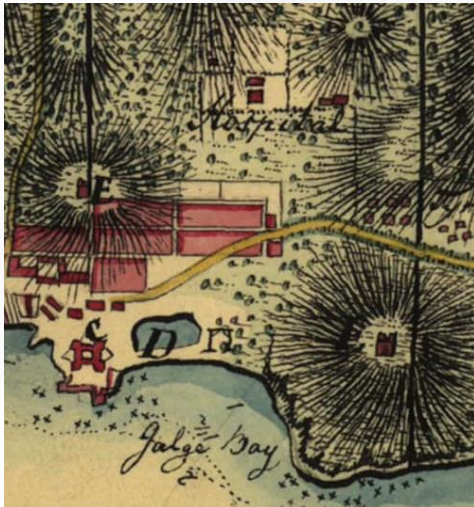
**FORMER
INSANE
ASYLUM**



**JOHN S.
MOOREHEAD
MUNICIPAL
HOSPITAL**



**OLD DANISH
CEMETERY**



Map St. Thomas circa 1930s, showing Moorehead Municipal Hospital in top right.

NEIGHBORING SITE CONTEXT

WIC BUILDING



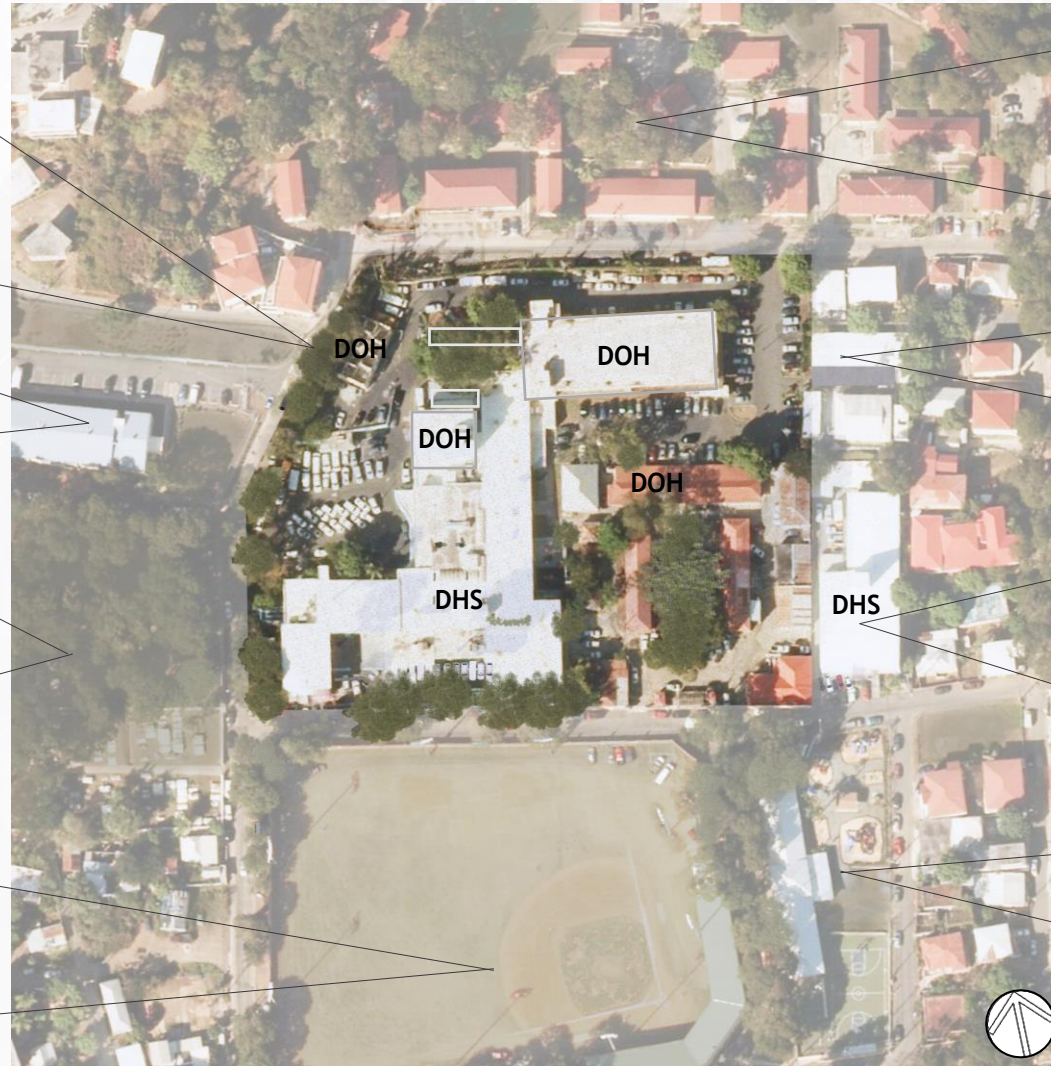
Ebenezer Gardens
Independent Living
for Senior Citizens



Old Danish
Cemetery



Lionell Roberts
Stadium



VI Housing Authority
HH Bjerg Home



Bethlehem House for
the Homeless



Queen Louise Home
for the Elderly



Winston Raymo
Recreation Center


SUMMARY OF DEMOLITION

WIC (DOH) - TO REMAIN
2 STORIES

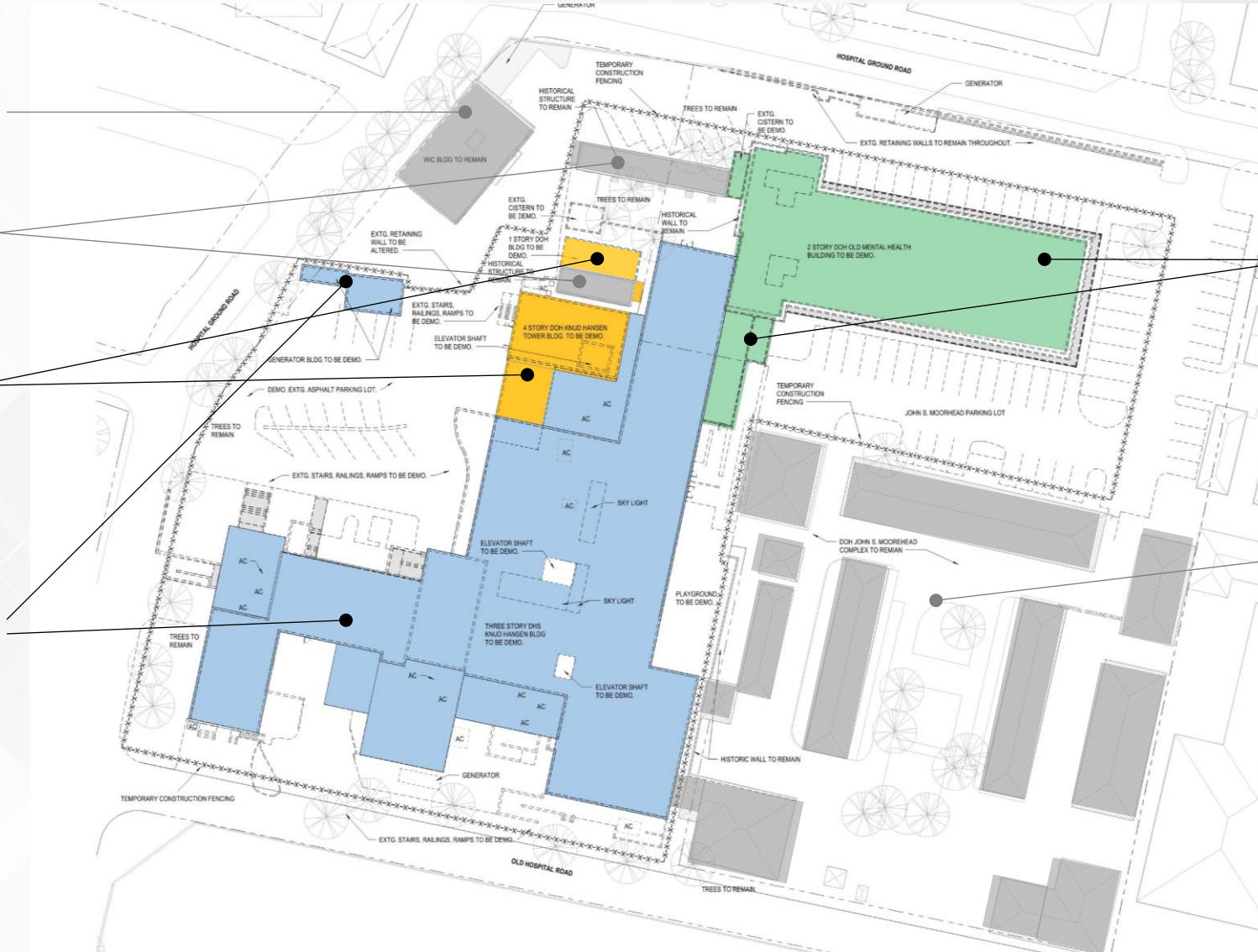
HISTORIC BLDGS-
TO REMAIN

 **KNUD HANSEN TOWER
(DOH) TO BE DEMO.
4 STORIES**

 **KNUD HANSEN BUILDINGS
AND EQUIPMENT (DHS)
TO BE DEMO.
3 STORIES**

 **OLD MENTAL HEALTH BUILDING
(DOH) - TO BE DEMO.
2 STORIES**

**JOHN S. MOOREHEAD COMPLEX
(DOH) - TO REMAIN**



EXISTING CONDITIONS

AERIAL VIEWS



EXISTING CONDITIONS

AERIAL VIEWS

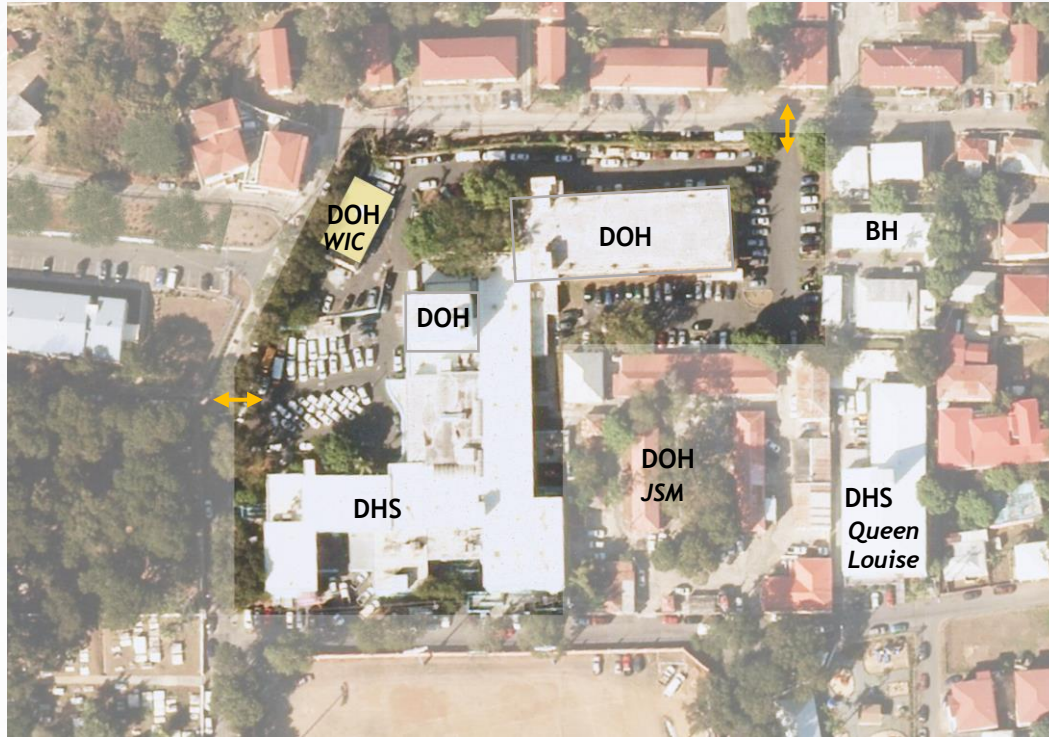


EXISTING CONDITIONS

AERIAL VIEWS

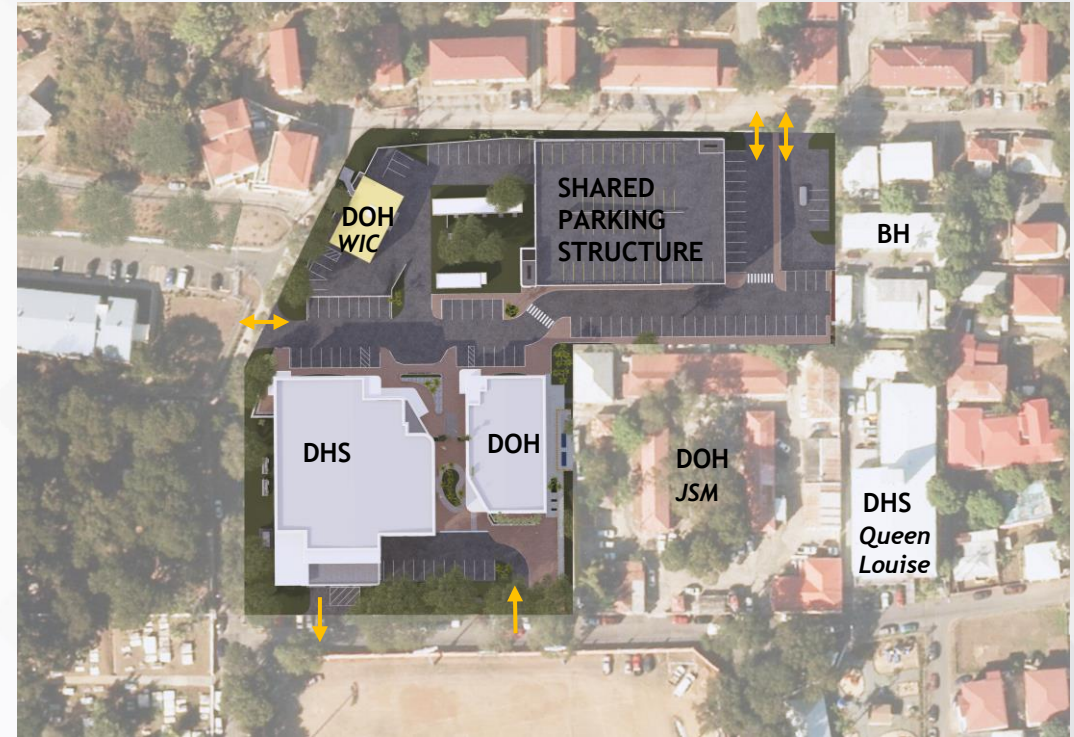


EXISTING VS PROPOSED



EXISTING CHALLENGES

- **Vehicular dead ends** and limited roadway connectivity.
- **Narrow roadways** insufficient for efficient vehicular circulation.
- **Minimal pedestrian-friendly spaces** and lack of accessible pathways, particularly connecting the south to the north of the site and to JSM
- **Oversized building footprints** impacting site usability.
- **Inadequate parking facilities** for staff and visitors.
- **Security concerns** related to access control and safeguarding sensitive areas.



PROPOSED SOLUTIONS

- **Vehicular Circulation:** Minimizes dead ends, widened roadways for safety, and improved traffic flow.
- **Pedestrian Accessibility:** Added ADA-compliant pathways and walkways throughout the site
- **Campus Feel:** Introduced entry plazas, landscaped courtyards, and cohesive site materials to foster unity.
- **Parking:** Optimized layout, explored structured solutions, and maintained green space.
- **Building Footprints:** Consolidated shared functions and reduced footprints for efficiency.
- **Security:** Added controlled entry points



PARKING

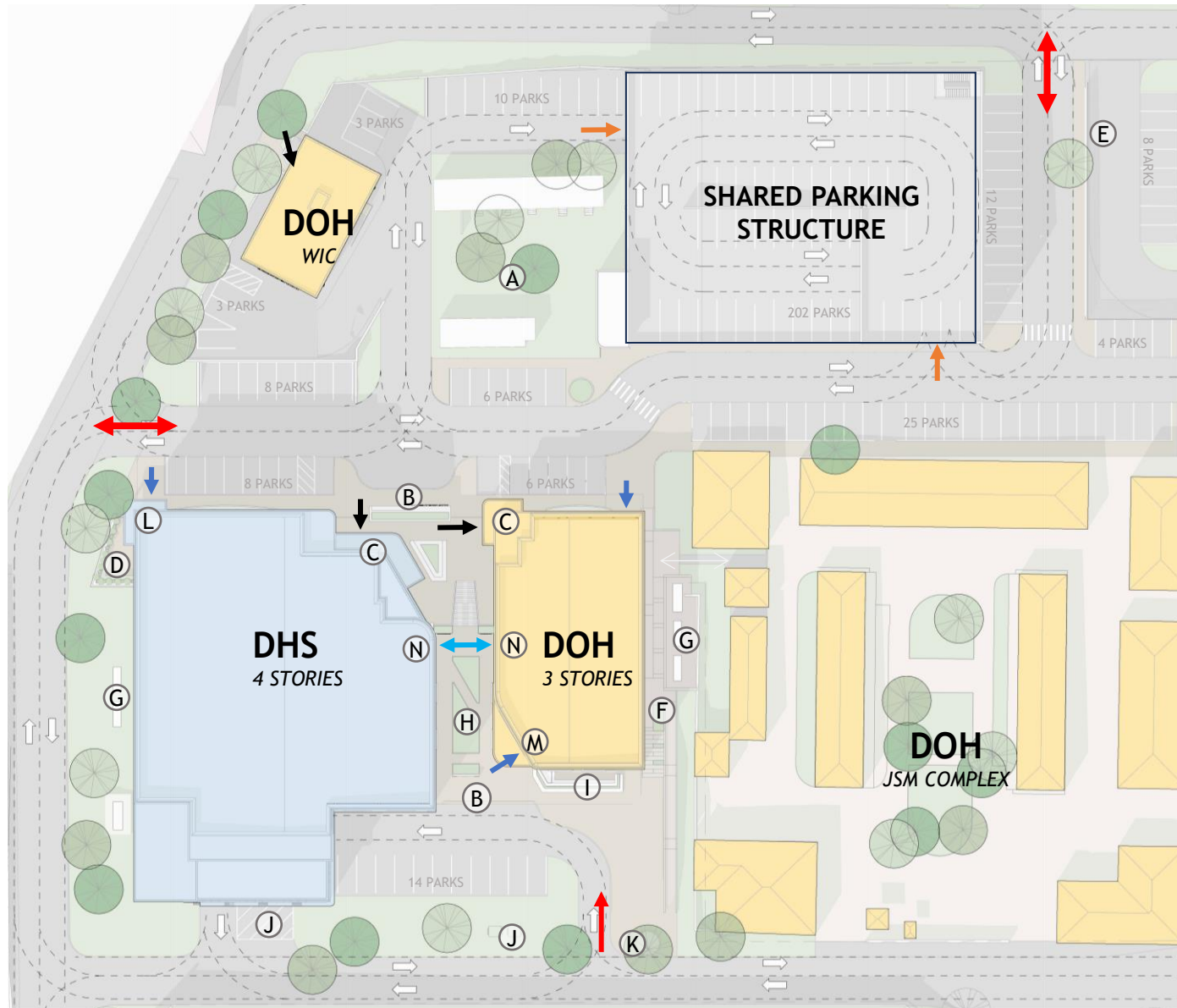
- EXISTING PARKS: 140 COMBINED
- PROPOSED PARKS: 324 PARKS COMBINED (WITH STRUCTURE)
 - APPROXIMATELY 176 PARKS IF ALL ON GRADE, NO STRUCTURED PARKING

Agency	Code required	Vehicle fleet	Total requested	On grade parking	Structured parking**
DOH + WIC(7) + Bethlehem House (7) + JSM* (32)	99	49	148 (46%)	55 (46%)	93 (46%)
DHS	126	50	176 (54%)	67 (54%)	109 (54%)
TOTAL	225	99	324 (100%)	122 (100%)	202 (100%)

*JSM PARKS TO BE VERIFIED

**APPROXIMATELY 52 PARKS PER LEVEL OF STRUCTURED PARKING

PROPOSED MASTER PLAN



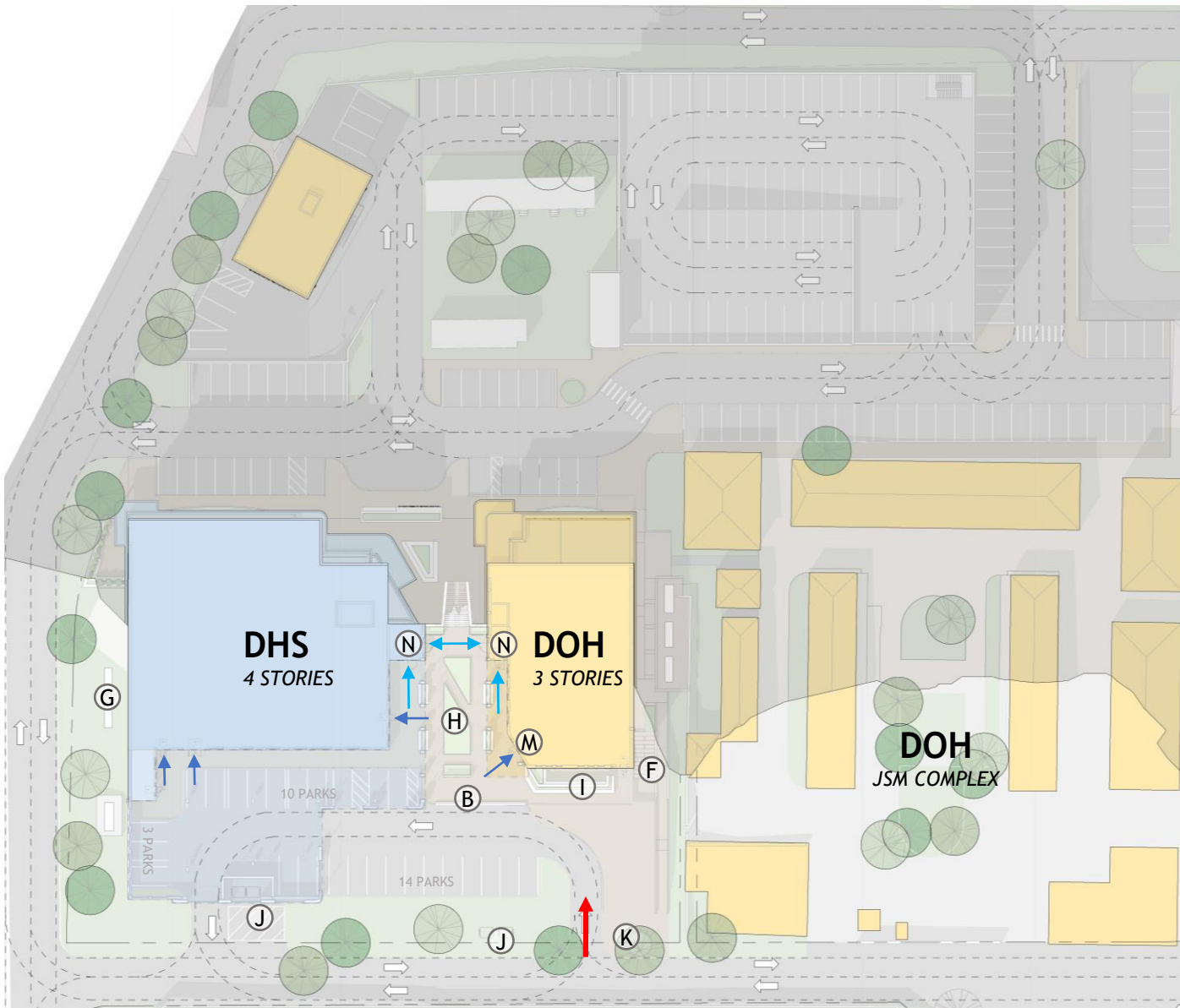
LEGEND

- A. HISTORIC COURTYARD
- B. DROP OFF
- C. MAIN LEVEL ENTRY
- D. STRIVE GARDEN
- E. BETHLEHEM HOUSE SEPARATE ENTRY
- F. STEP STREET
- G. CHILLER/MECHANICAL EQUIPMENT
- H. LOWER LEVEL ENTRY PLAZA
- I. BEHAVIORAL HEALTH GARDEN
- J. DUMPSTER LOCATION
- K. BUS STOP
- L. STRIVE DEDICATED ENTRY
- M. BEHAVIORAL HEALTH DEDICATED ENTRY
- N. LOWER LEVEL PUBLIC BUILDING ENTRY

- PRIMARY BUILDING ENTRY
- SECONDARY BUILDING ENTRY
- SITE ENTRY
- GARAGE ENTRY
- BUILDING ENTRY



PROPOSED LOWER LEVEL



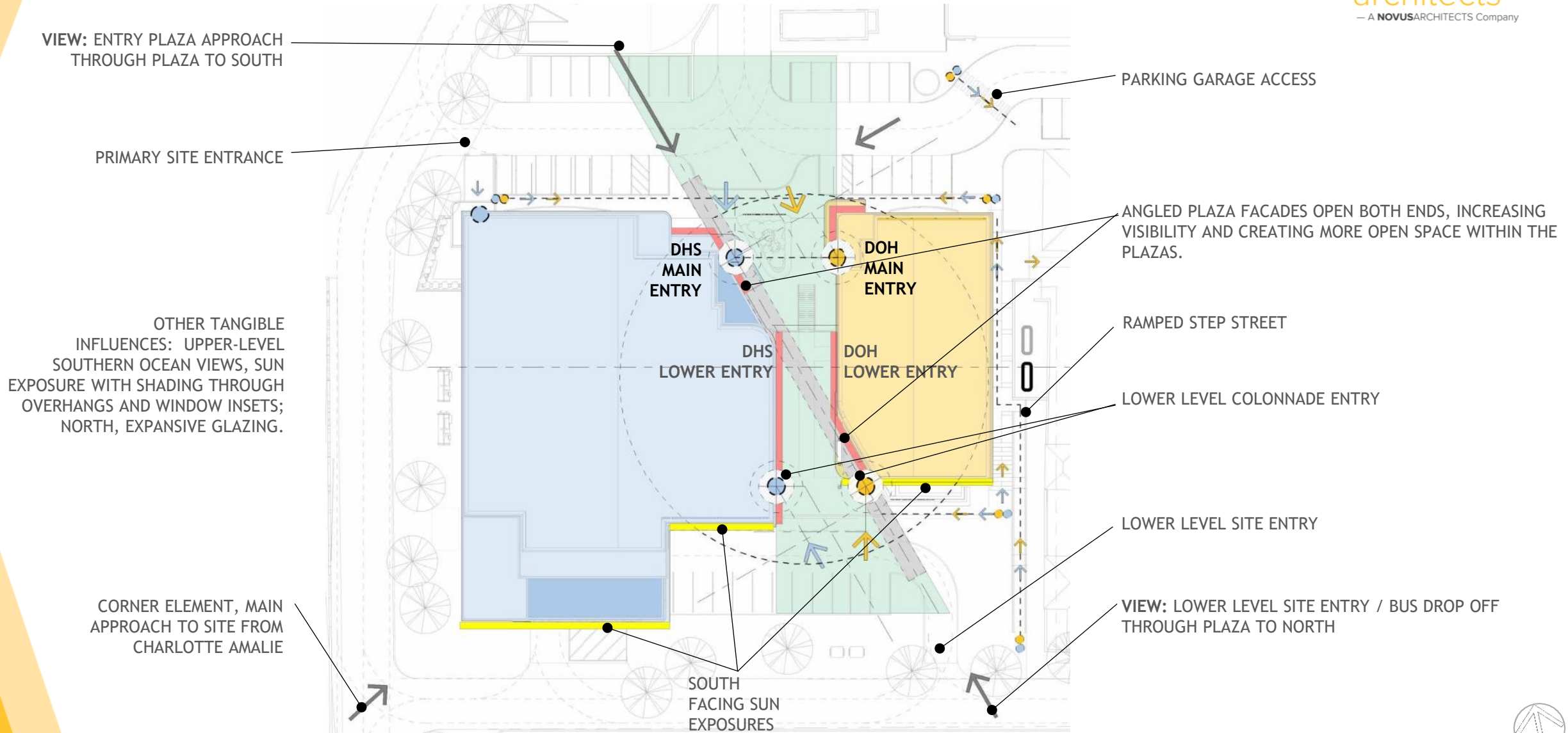
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- SECONDARY BUILDING ENTRY
- SITE ENTRY
- GARAGE ENTRY
- BUILDING ENTRY



MASTER PLAN DIAGRAM

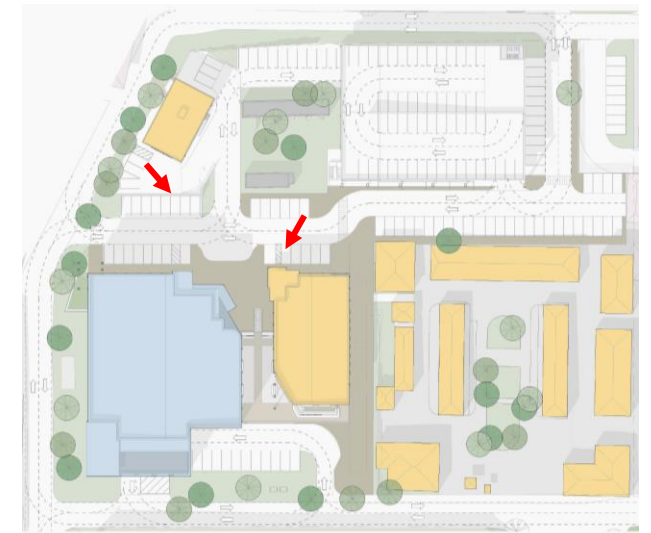


CONCEPT MASSING DIAGRAMS

NORTH FACADE ELEMENTS









- PRIMARY FACADE TYPE 1
- TOP STORY MASSING AND WINDOW TREATMENT
- PRIMARY FACADE TYPE 2
- ENTRY FEATURE / COLONNADE
- ENTRY PLAZA



CONCEPT MASSING DIAGRAMS

SOUTH FACADE ELEMENTS

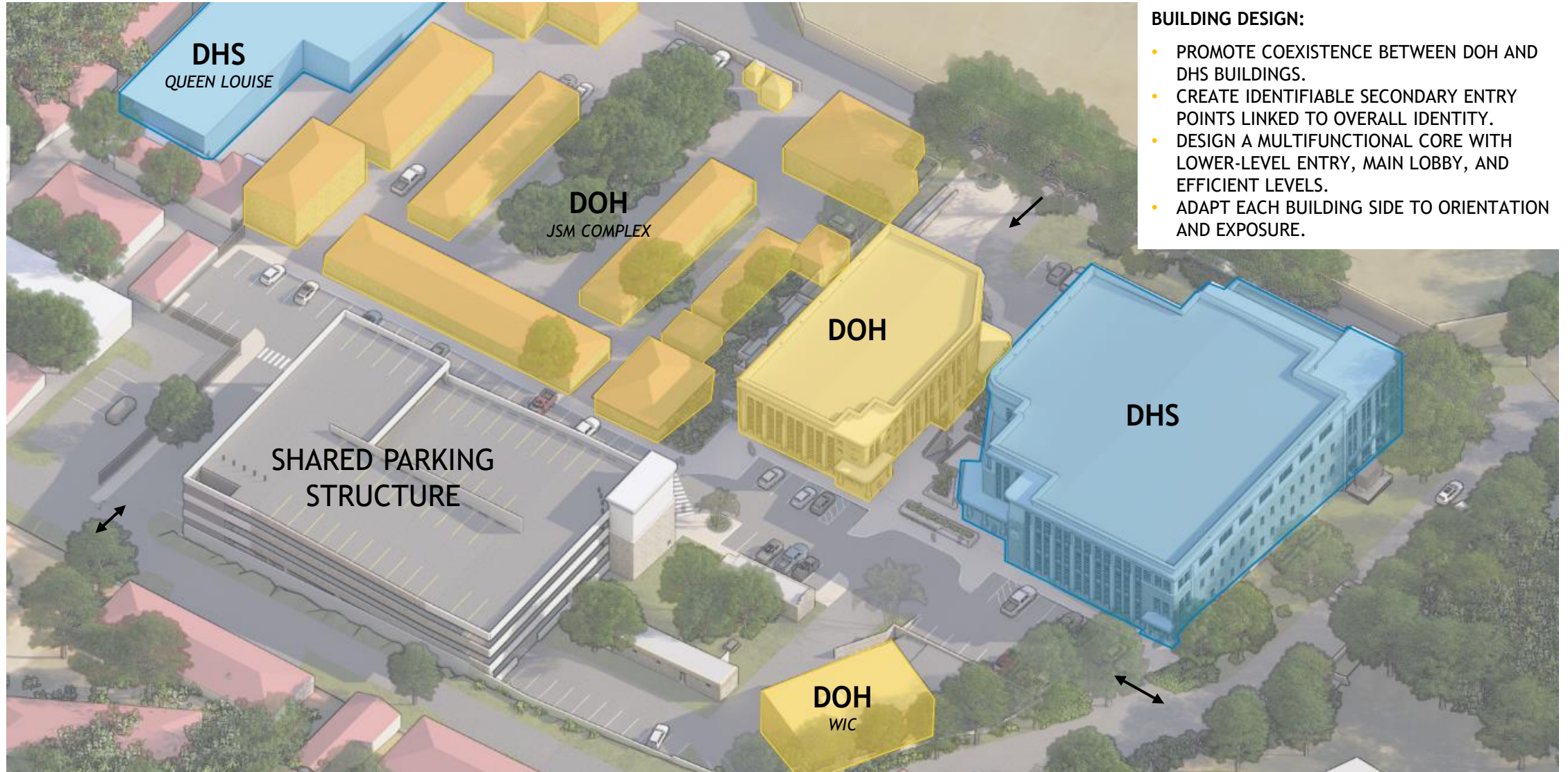
-  CORNER ELEMENT 1
-  PRIMARY FAÇADE TYPE 1
-  TOP STORY MASSING AND WINDOW TREATMENT
-  PRIMARY FACADE TYPE 2
-  ENTRY FEATURE / COLONNADE
-  ENTRY PLAZA



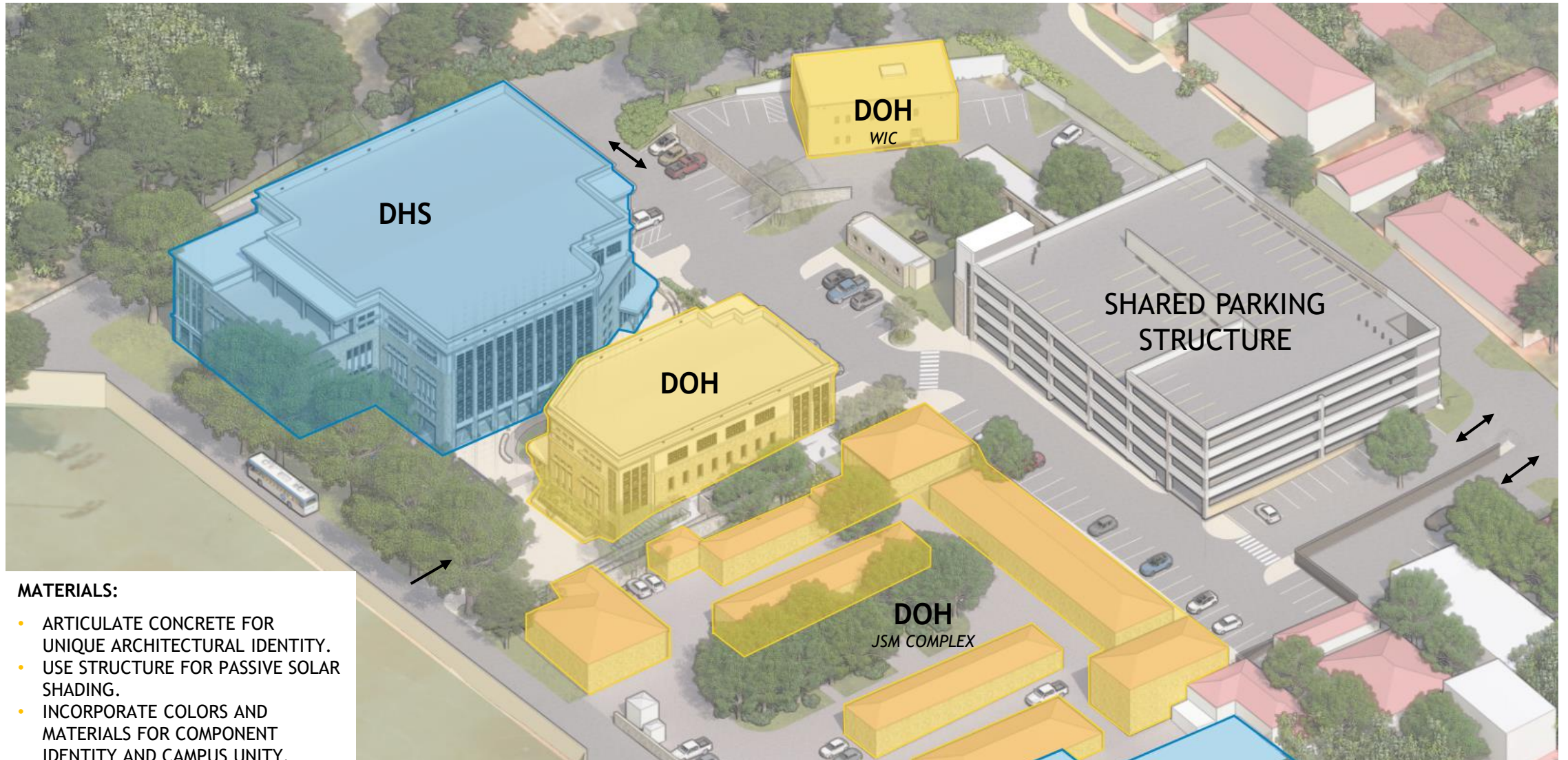
PROPOSED MASSING NORTH

BUILDING DESIGN:

- PROMOTE COEXISTENCE BETWEEN DOH AND DHS BUILDINGS.
- CREATE IDENTIFIABLE SECONDARY ENTRY POINTS LINKED TO OVERALL IDENTITY.
- DESIGN A MULTIFUNCTIONAL CORE WITH LOWER-LEVEL ENTRY, MAIN LOBBY, AND EFFICIENT LEVELS.
- ADAPT EACH BUILDING SIDE TO ORIENTATION AND EXPOSURE.



PROPOSED MASSING SOUTH



MATERIALS:

- ARTICULATE CONCRETE FOR UNIQUE ARCHITECTURAL IDENTITY.
- USE STRUCTURE FOR PASSIVE SOLAR SHADING.
- INCORPORATE COLORS AND MATERIALS FOR COMPONENT IDENTITY AND CAMPUS UNITY.

CASE STUDIES

IMAGE 1 OPEN COURTYARDS WITH PUNCHED OPENINGS

- The punched facades frame a central courtyard, creating a timeless aesthetic and a sense of openness. The materiality emphasizes light tones, balancing durability and elegance, while the landscaping integrates seamlessly with the architectural rhythm.

IMAGE 2 TERRAIN-INTEGRATED DESIGN WITH CONTRASTING MATERIALS

- This image speaks to harmony with its sloped site through a natural stone retaining wall, emphasizing texture and durability. The building above contrasts with its smooth concrete facade, showcasing a minimalist aesthetic. Openings are strategically placed for natural light and framed views, creating a dialogue between the built form and its environment.

IMAGE 3 REGULARITY, VERTICALITY, AND PLAZA DESIGN

- This image emphasizes order and balance through the vertical rhythm of fenestration and facade treatments. Regular openings enhance symmetry and light flow, while the central plaza creates an inviting communal space. The interplay of hardscape and greenery reinforces the structured, civic character of the design.

IMAGE 4 RHYTHM, HORIZONTAL STEPPING, CORNICES, AND BANDING

- This urban mixed-use building emphasizes horizontality through stepped facades, pronounced cornices, and material banding. These details create a layered, cohesive appearance while breaking down the massing at a pedestrian scale. Openings are proportioned to balance visual weight, and the base engages the streetscape with transparency.



CASE STUDIES

IMAGE 1 VERNACULAR STEPPED STREET

- This image highlights an organically evolved, historic step street. The raw concrete steps and weathered facades integrate naturally with the surrounding context, creating a sense of place and cultural identity. The verticality of the steps connects different levels of the urban fabric, but the aging materials suggest an opportunity for revitalization.

IMAGE 2 CONCEPTUAL STEPPED STREET

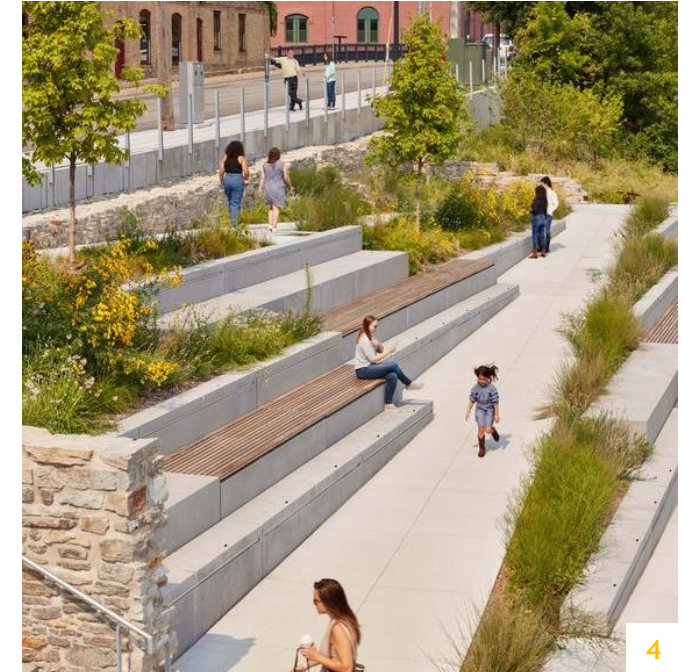
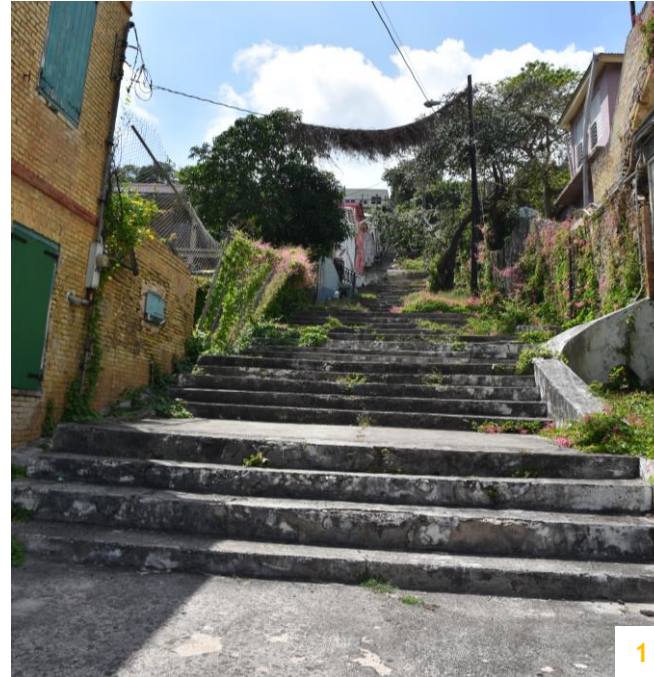
- This rendering reimagines a step street as a vibrant pedestrian corridor, with integrated landscaping, soft lighting, and widened paths. It emphasizes greenery and accessibility while introducing a modern design aesthetic. The layered planting creates a sensory experience and encourages use as both a thoroughfare and public space.

IMAGE 3 BUILDING INTEGRATION WITH PUBLIC OPEN SPACE

- This example features buildings elevated above the landscape to maximize usable public space. Open ground-level courtyards allow for community interaction, blending built forms with natural elements. The materiality focuses on clean, modern finishes, while vegetation softens the urban environment.

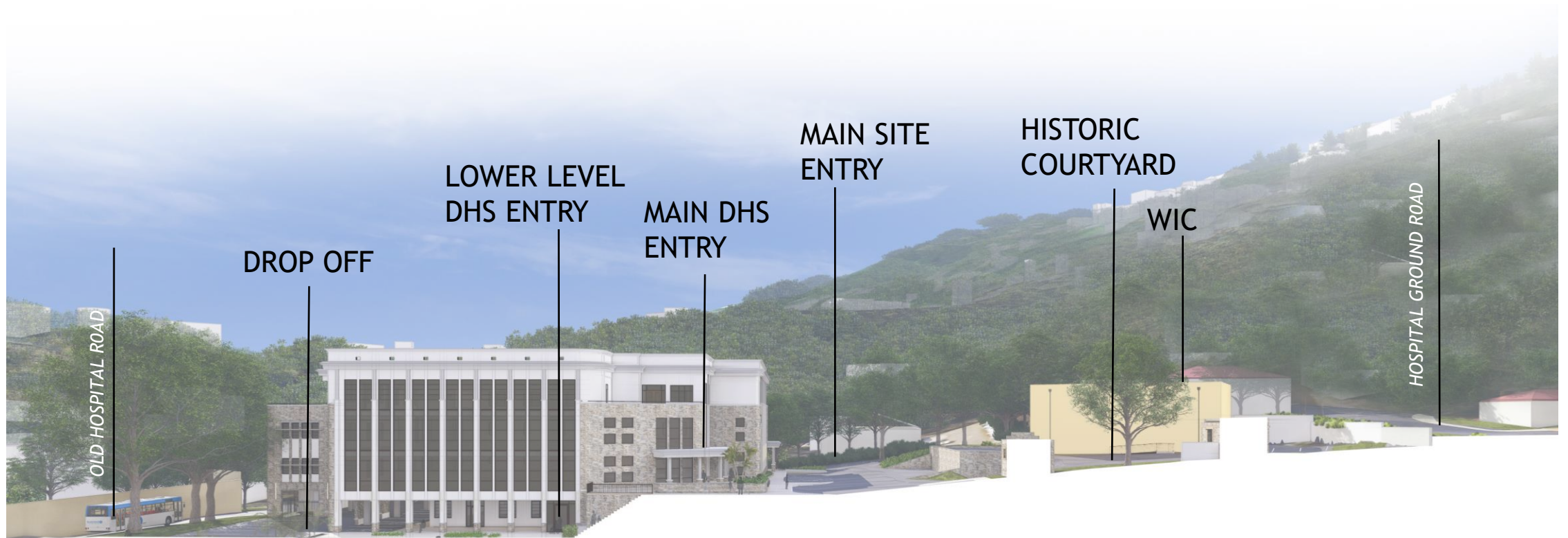
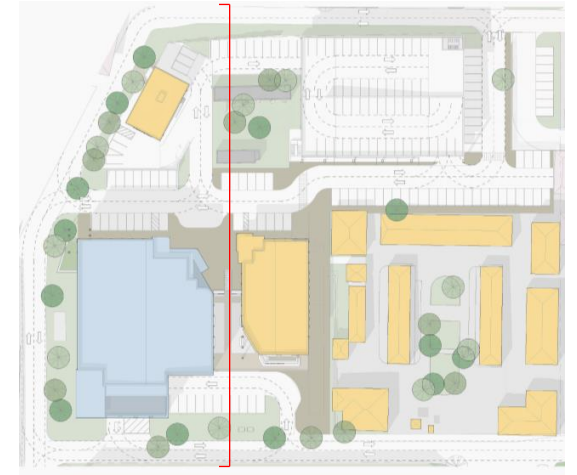
IMAGE 4 SEATING AND LANDSCAPING

- This terraced design uses clean concrete steps and integrated wooden seating to create a dynamic public space. Native planting softens the hardscape, providing a balance of comfort and functionality. The design encourages social interaction while maintaining accessibility for all users.



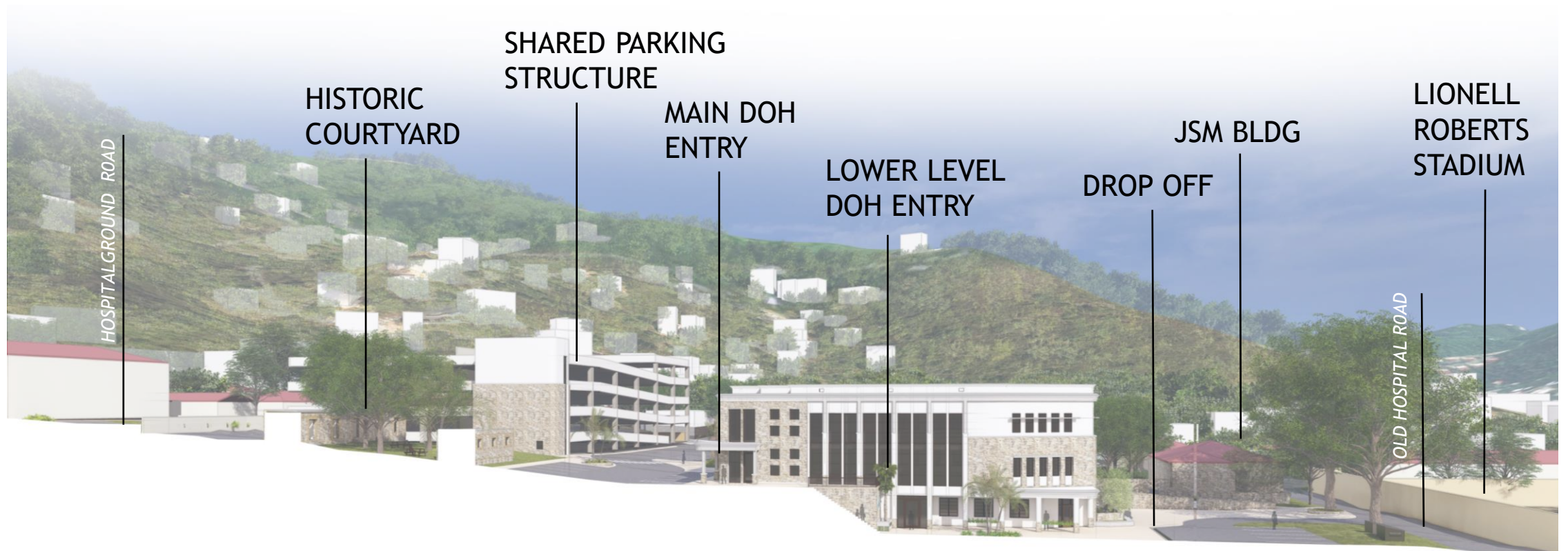
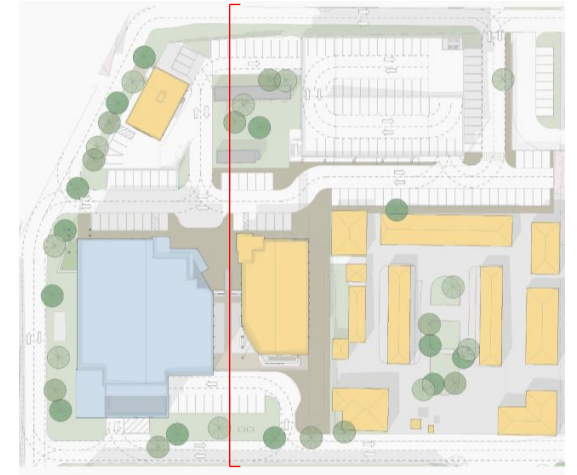
SITE SECTION

WEST FACING



SITE SECTION

EAST FACING



CONCEPTUAL DESIGN

MAIN SITE ENTRY, NORTH FACADE



CONCEPTUAL DESIGN

NORTH FACADE



CONCEPTUAL DESIGN

NORTH FACADE



CONCEPTUAL DESIGN

NORTH FACADE



CONCEPTUAL DESIGN

MAIN LEVEL PLAZA



CONCEPTUAL DESIGN

MAIN LEVEL PLAZA



CONCEPTUAL DESIGN

SOUTH FACADE



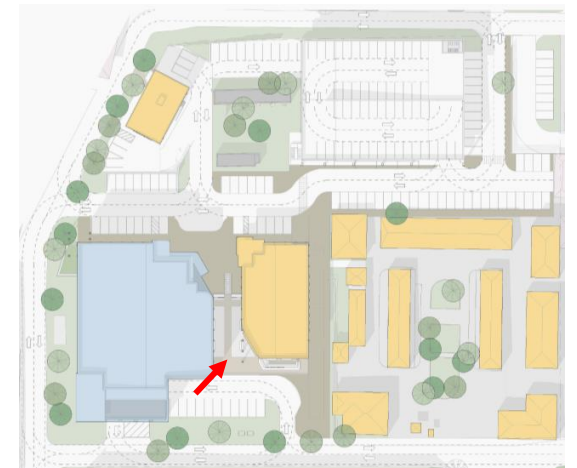
CONCEPTUAL DESIGN

SOUTH FACADE



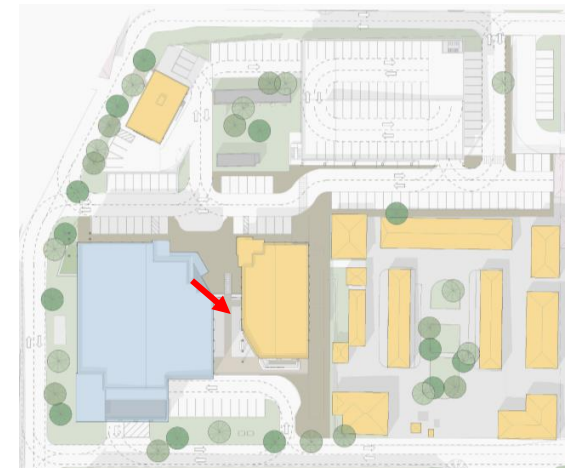
CONCEPTUAL DESIGN

LOWER LEVEL PLAZA

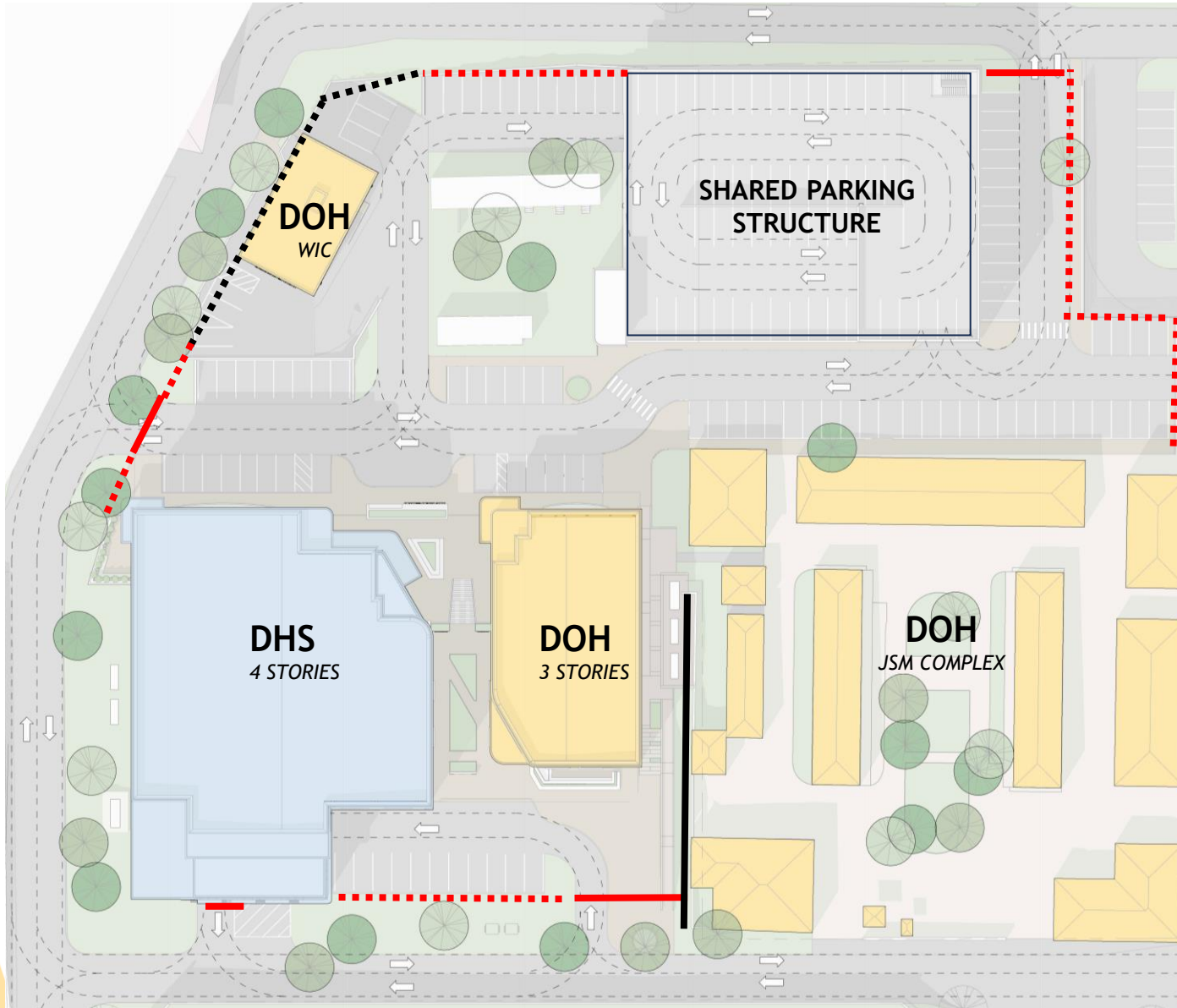


CONCEPTUAL DESIGN

LOWER LEVEL PLAZA



SITE SECURITY



— GATE

..... FENCE

..... EXTG. FENCE
TO REMAIN

— EXTG. HISTORIC
WALL TO REMAIN



Queen Louise

Home for the Aged

Task Order 1_Completion

December 04, 2023

Jaredian Design Group
Architects, Engineers and Planners

Page/

TASK ORDER #1 DELIVERABLES | PROJECT TEAM & ORG CHART



VITEMA
Virgin Islands Territorial
Emergency Management Agency



VITEMA
(Public Assistance Program)
Tamisha Lambert
Roderick Moorehead
J. Willock

VITEMA
(Hazard Mitigation Grant Program)
Graciela Rivera
Linda Maratea

Dinaja Dowdy
Owen Stanley

The Strategy Group
Program Managers
Kayla Austin
Stephanie Shields

Department of Human Services
Commissioner
Averil George

Asst. Commissioner
Taetia Phillips-Dorsett

Disaster Recovery Specialist & Prj. Mgr
Akilah O'Brien

Director of Residential Services
Ana Velez-Martinez

Deputy Commissioners
STT: Sean Georges
STX: Hugh Nicholson

Asst Dir. Capital Planning & Development
Edwan Monsanto
Ismenio Lampe

Virgin Islands Office of Disaster Recovery
Director
Adrienne L Williams

Project Manager & Procurement
Shenice Rouse

Lila Rojas
Doyle Jones
Watlington-Francis
Tre Brown

Dept of Public Works
Eran Flemming, STX
T. Nicholas, STT

Project Executive
John Woods, AIA

Project Executive
Don Glitsis, AIA

Healthcare Planning Director
Mark Vaughn, AIA
Sr. Healthcare Data Analyst
Rachel Beaton

Sr. Medical Planner
Sarah Walter, AIA
Design Director
Portia Ellis
Sr. Designer
Jeanette Misuraca

Sr. Building Infrastructure Planner
Tom Danner, AIA
Sr. Project Architects & Planners
Rebecca Karlowicz, AIA
Charlie Prats, RA

Project Goals for Queen Louis

Operational Model & Quality of Care

- Anticipate staff ratio of approx. 1:20 residents
- Support flexibility to cohort smaller groups of 10 residents into specialty care areas (memory care).
- Offer a range of social and private spaces
- Limit unnecessary traffic through resident units

Outdoor Areas

- Provide ample, adjacent outdoor access
- Allow opportunity to separate outdoor areas to accommodate variety of functions (therapy, memory care, social activities)

Design

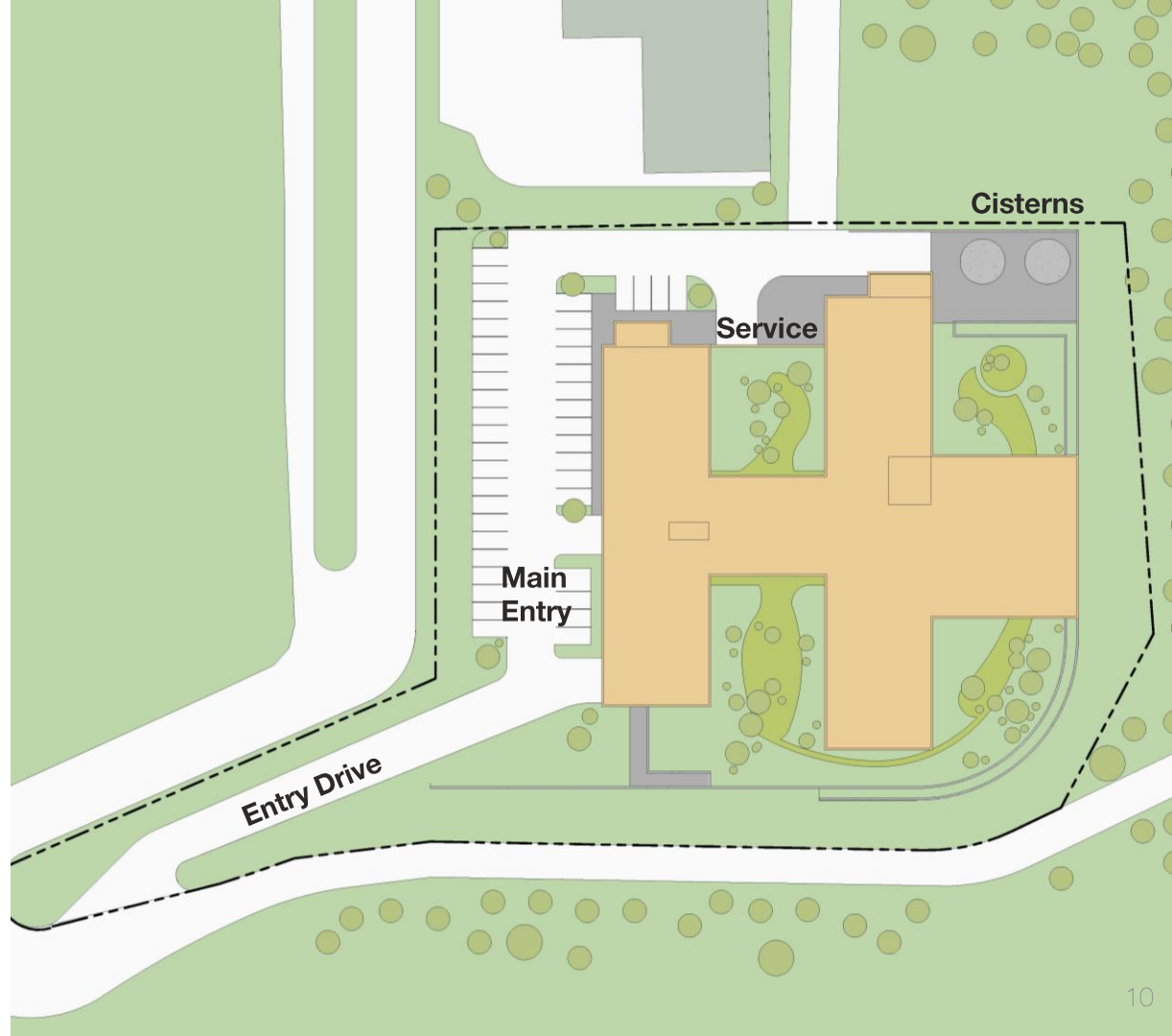
- Leverage site retaining walls as building walls for Safe Room
- Structure for future vertical expansion (budget permitting)



Pocket Garden Scheme

Site Plan

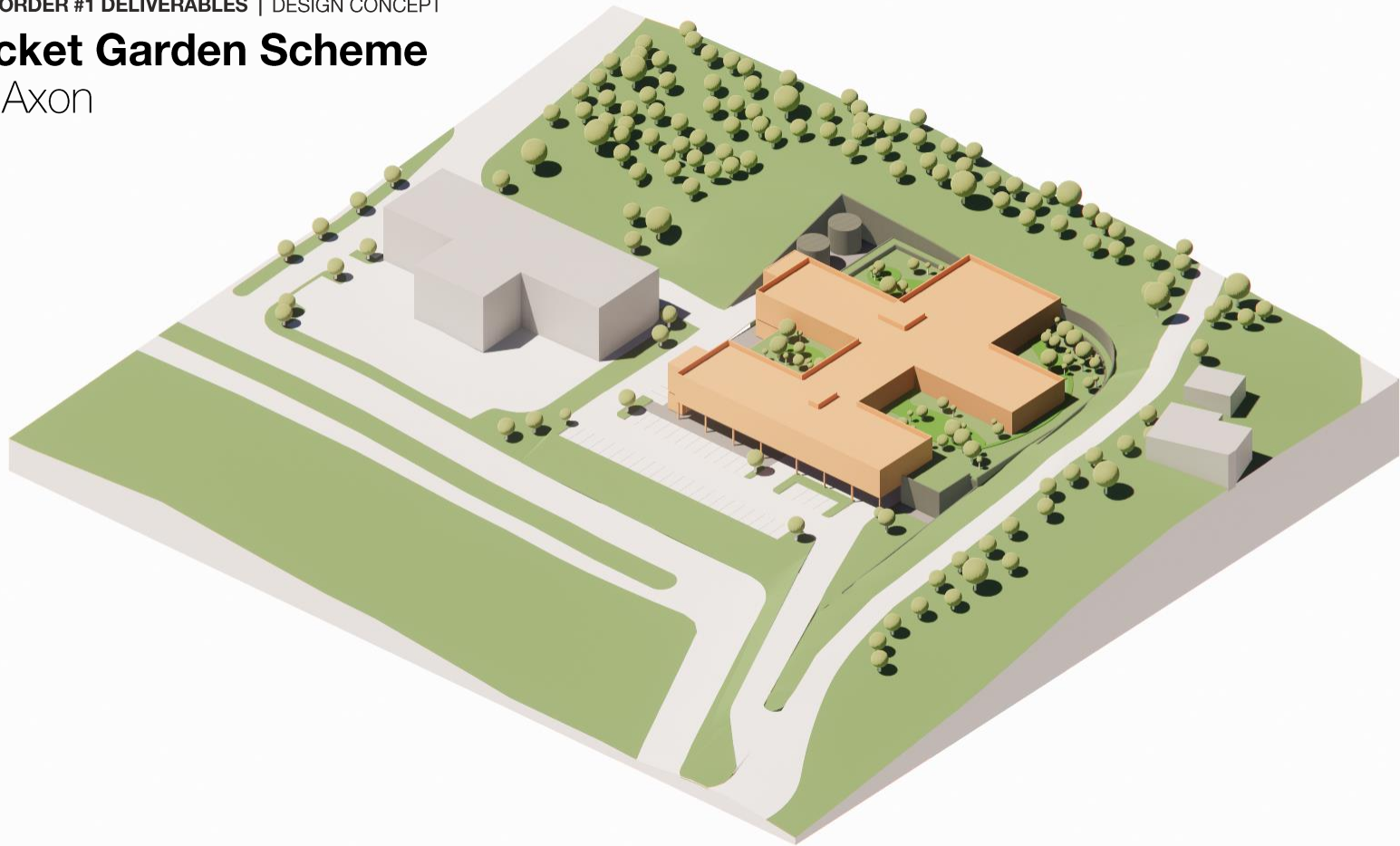
- 44 Resident Beds
- 40 Parking Stalls
- 4 Outdoor Areas (*Low-maintenance*)
Degree of landscaping and hardscaping vs natural vegetation to be determined
- Covered Drop-off



TASK ORDER #1 DELIVERABLES | DESIGN CONCEPT

Pocket Garden Scheme

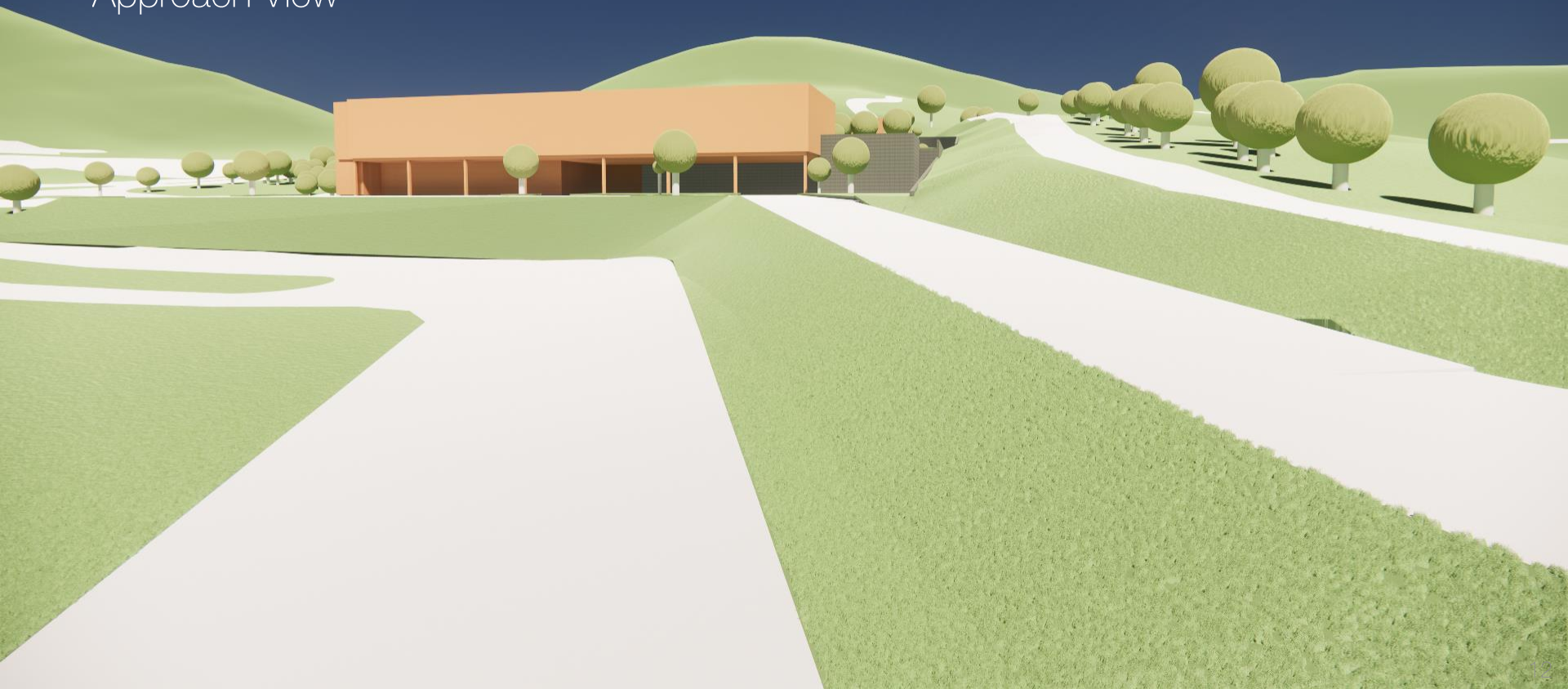
3D Axon



TASK ORDER #1 DELIVERABLES | DESIGN CONCEPT

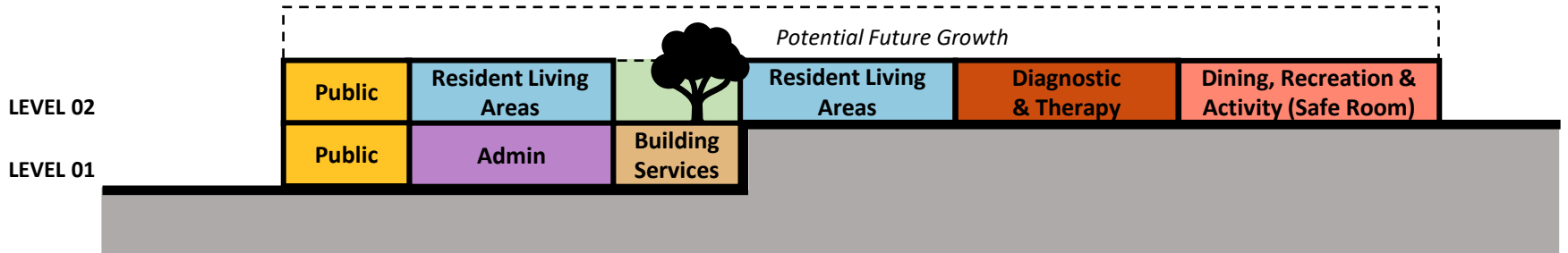
Pocket Garden Scheme

Approach View



Pocket Garden Scheme

Functional Stacking Diagram



Pocket Garden Scheme

Level 2 | Resident Rooms

Key Attributes

- Neighborhood Size: 11 Residents
- Smaller neighborhood size offers opportunity to cohort specialty populations (i.e. dementia)
- Ample opportunity for outdoor views, and recreation and respite.
- Opportunity to zone or dedicate Gardens for different functions (PT/OT, Dining, Memory Care)

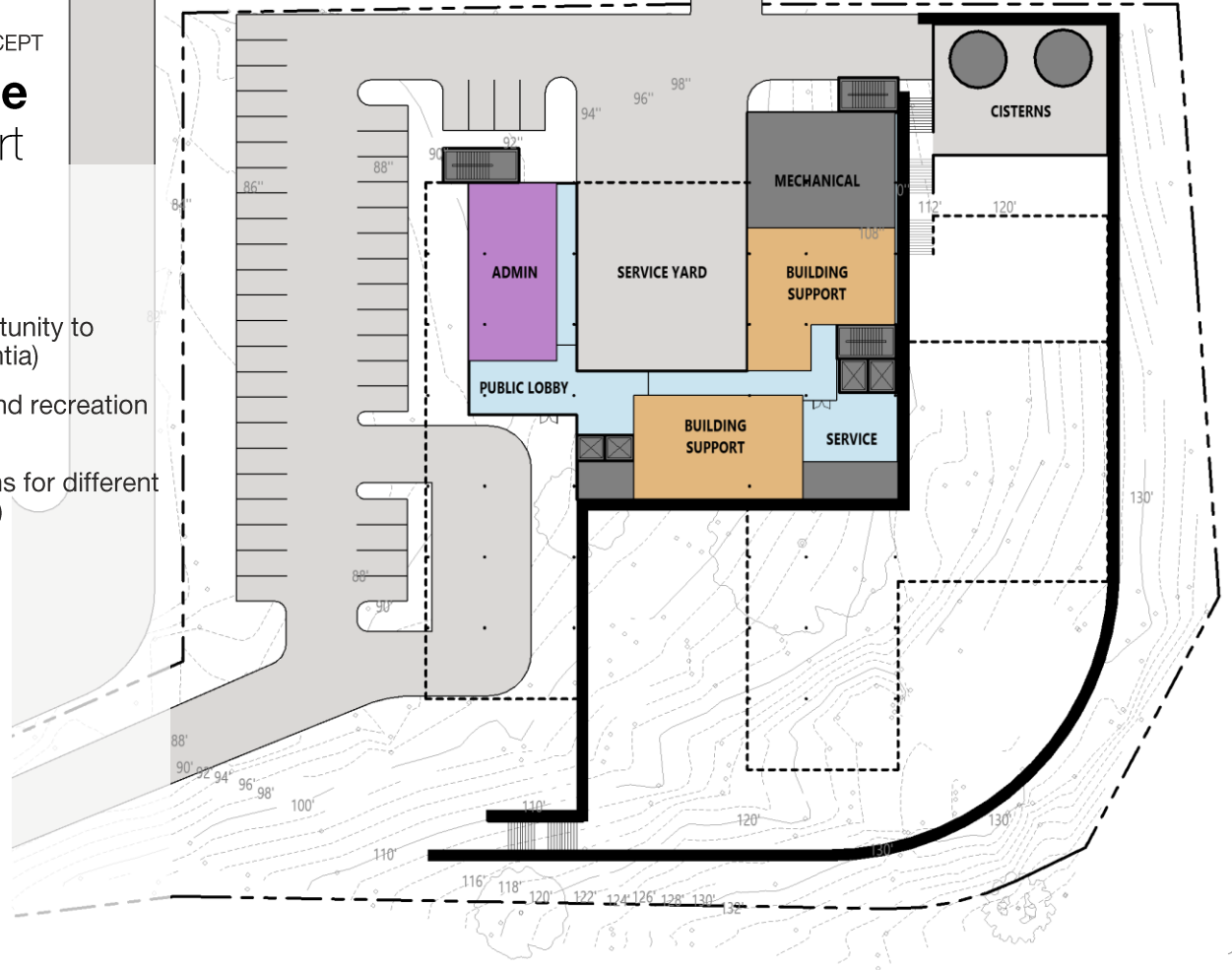


Pocket Garden Scheme

Level 1 | Building Support

Key Attributes

- Neighborhood Size: 11 Residents
- Smaller neighborhood size offers opportunity to cohort specialty populations (i.e. dementia)
- Ample opportunity for outdoor views, and recreation and respite.
- Opportunity to zone or dedicate Gardens for different functions (PT/OT, Dining, Memory Care)



Thank you!

Legislative Hearing

Medical Assistance Program (MAP)

- MEMBERSHIP:**
 The current number of Medicaid members as of December 29, 2024, is 21,071.
- FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP):**
 As of February 2025, the FMAP for Medicaid in the U.S. Virgin Islands (USVI) is 83%. This rate was permanently established by the Consolidated Appropriations Act, 2023, which amended Section 1905(ff) of the Social Security Act to set the FMAP for the USVI, along with American Samoa, Guam, and the Northern Mariana Islands, at 83% indefinitely.
- PROVIDER ENROLLMENT:**
 The total number of enrolled providers is 1,447.
- HOSPITAL/FEDERAL QUALIFIED HEALTH CENTER (FQHC) PAYMENTS:**
 From 1/1/2024 to 12/31/2024, Inpatient Hospitals received 47,925,883.41. During the same period, FQHCs received \$8,678,457.82.
- PERSONAL CARE ATTENDANT (PCA) PROGRAM:**
 The total number of PCA providers is 6 providers. The number of Medicaid members served by the PCA program during 2024 was 75 members with 1,372 total claims totaling \$1,658,159.30.

FY2025 PRESUMPTIVE ELIGIBILITY

	23-24	24-25
Frederiksted Health Care Inc. (FHC)	29	14
Gov. Juan F. Luis Hospital and Medical Center (JFL)	459	164
Schneider Regional Medical Center (SRMC)	354	103
St. Thomas East End Medical Center (STEEMC)	7	0

*Number of individuals enrolled

MAP CHALLENGES



Staffing Shortages



Timely Payments to providers



Local Match Funding

- MEMBER ENROLLMENT POST UNWINDING:** Member enrollment in January 2024 was 24,405, and in December 2024, it was 21,071. After the unwinding, member enrollment decreased by 3,334.

Public Health Emergency (PHE) Unwinding Applications	
Total Applications Received	2,005
Total Applications Completed	306
Total Applications Pending	1,699
PHE Renewals	
Total Renewals Initiated in January 2025	3,504
Total Renewals Due in January 2025	2,422
Total Renewals Due since March 2020	18,342

