

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 0 - 0 0 1

2. STATE
Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
Title XIX of Social Security Act-Medicaid

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 22, 2010

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(42)(B)(i) of the Social Sec. Act

7. FEDERAL BUDGET IMPACT
a. FFY n/a \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Proposed Section 4 / 4.5 Medicaid RAC Program

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**** SEE REMARKS**

10. SUBJECT OF AMENDMENT

Section 4 - 4.5 Medicaid RAC Prpgram

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medicaid Program Director

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO
Miguel Negrón Rivera
Executive Director
Medicaid Program - PR Department of Health
P. O. Box 70184
San Juan, PR 00936-8184

13. TYPED NAME
Miguel Negrón-Rivera

14. TITLE
Executive Director

15. DATE SUBMITTED
December 22, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED
FEB 09 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
DEC 22 2010

20. SIGNATURE OF REGIONAL/OFFICIAL
Associate Regional Administrator
22. TITLE
Division of Medicaid and State Operations

21. TYPED NAME
Michael Melendez

23. REMARKS