

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 1 - 0 0 1</u>	2. STATE Puerto Rico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX Social Security Act	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1902 (a) (80) of the Social Security Act, PL 111-48 Section 6505		7. FEDERAL BUDGET IMPACT a. FFY <u>2011</u> \$ <u>0</u> b. FFY <u>2012</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4 4.4 ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW	
10. SUBJECT OF AMENDMENT Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Executive Director Puerto Rico Medicaid Program	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Miguel Negrón-Rivera, Executive Director PR Medicaid Program PR Department of Health PO Box 70184 San Juan, PR 00936-8184	
13. TYPED NAME Miguel Negrón-Rivera			
14. TITLE Executive Director			
15. DATE SUBMITTED March 24, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED MAR 31 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JAN 01 2011		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Michael Melendez		22. TITLE Acting Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS			