

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 12-009	2. STATE RI
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE <del>July 1, 2012</del> <b>JANUARY 1, 2013</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 42 CFR 438.50(b)(2) 42 CFR 438.50(b)(3)	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$0 b. FFY 2013      \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F Pages 3-14	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-f Pages 3-14
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10. SUBJECT OF AMENDMENT:  
**Integrated Medical and Behavioral Health Network in Patient Centered Primary Care Medical Home Model (PCCM) for Connect Care Choice Program through Co-Located Practices**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      (See Attached Letter)  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: RIDHS Policy Office Department of Human Services 57 Howard Avenue Cranston, RI 02920
13. TYPED NAME: Steven M. Costantino	
14. TITLE: Secretary, BOHHS	
15. DATE SUBMITTED: September 28, 2012	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: 09/18/12	18. DATE APPROVED: 01/28/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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21. TYPED NAME: Richard McGreal	22. TITLE: Associate Regional Administrator
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23. REMARKS: