

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1 TRANSMITTAL NUMBER N/A 10-01	2 STATE USVI
	3 PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) United States Virgin Islands Medical Assistance Program	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 31, 2010
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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)	7 FEDERAL BUDGET IMPACT a FFY N/A \$ b FFY \$
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8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT N/A	9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A
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**** SEE REMARKS**

10 SUBJECT OF AMENDMENT
Exemption Request - Medicaid Recovery Audit Contractor Program - See Attachment

11 GOVERNOR'S REVIEW (Check One)

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

12 SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Paul R. Ritzma Executive Director Virgin Islands Medicaid Program 3730 Estate Altona, Frostco Center, Ste. 302 St. Thomas, Virgin Islands 00802 Office - 340-774-4624 ex. 2610 Mobile - 340-277-1208 Fax - 340-714-2016
13. TYPED NAME Paul R. Ritzma	
14. TITLE Executive Director	
15 DATE SUBMITTED 12/14/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED MAR 04 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL DEC 31 2010	20. SIGNATURE OF REGIONAL OFFICIAL
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21. TYPED NAME Michael Melendez	22. TITLE Acting Associate Regional Administrator Division of Medicaid and State Operations
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22 REMARKS

**Originally submitted SPA cover letter has been replaced with new cover via State email of February 25, 2011.
Pen and ink change to Section 1 of CMS 179 form to reflect correct SPA # 10-01.**