

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 11-02-MA	2. STATE New Jersey
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2011

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:
Social Security Act Section 1902(a)(80)

7. FEDERAL BUDGET IMPACT
a. FFY 2011 (\$0)
b. FFY 2012 (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
State Plan Page 79z

**** SEE REMARKS**

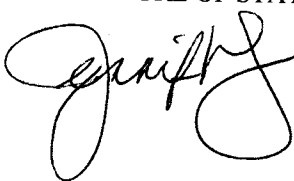
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
New

10. SUBJECT OF AMENDMENT:
ACA Prohibition on Medicaid Payments to Providers Outside the United States

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME: **Jennifer Velez**

14. TITLE: **Commissioner**

15. DATE SUBMITTED: **3/30/11**

16. RETURN TO:
**Division of Medical Assistance and Health Services
P.O. Box 712, #26
Trenton, NJ 08625-0712**

FOR REGIONAL OFFICE USE ONLY


17. DATE RECEIVED:

18. DATE APPROVED: **APR 05 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 01 2011

21. TYPED NAME:
Michael Melendez

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: **Acting Associate Regional Administrator
Division of Medicaid and State Operations**

23. REMARKS: