

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 11-004	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE June 1, 2011
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)

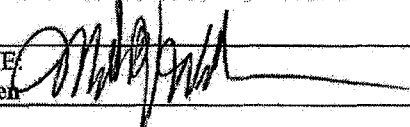
6. FEDERAL STATUTE/REGULATION CITATION: Section 1917(b)(1)(B)(ii) of the Social Security Act (42 U.S.C. <del>1396p(b)(1)(B)(ii)</del> 902(a)(80)	7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$0 b. FFY 2012      \$0
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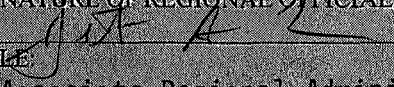
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <u>Attachment 4.44</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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10. SUBJECT OF AMENDMENT:  
Added section 4.44 "Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States: which validates that the State shall not provide any payments for items or services provided under the State Plan, or under a waiver, to any financial institution or entity located outside of the United States.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:  	16. RETURN TO:  Marta Stagliano, Chief, Compliance DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: JUN 22 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 22, 2011	18. DATE APPROVED: AUG 23 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, PhD, MPA	22. TITLE: Associate Regional Administrator
23. REMARKS:  Pen and Ink change made to box 6.	