

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-002	2. STATE U.S. Virgin Islands
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2011
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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)(80) of the Social Security Act, P.L. 111-148 (section 6505)	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 79Z	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>if Applicable</i>) new page
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10. SUBJECT OF AMENDMENT
Prohibition on Medicaid Payments to Institutions or Entities Located Outside of the United States

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 Ritzma, Executive Director Bureau of Health Insurance and Medical Assistance 3730 Estate Altona, Suite 302 St. Thomas, V.I. 00802 340 774 4624 Paul.Ritzma@usvi-doh.org
13. TYPED NAME Paul Ritzma, Esq.	
14. TITLE Executive Director, Medical Assistance Program	
15. DATE SUBMITTED 6/29/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED OCT 14 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL JUN 01 2011	20. SIGNATURE OF REGIONAL OFFICIAL
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21. TYPED NAME Michael Melendez	22. TITLE Associate Regional Administrator
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