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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 08-009 | 2. STATE NEVADA |
| | 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 July 9, 2008 July 1, 2009 | | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act, Section 1928(c)(2)(C)(ii) of the Social Security Act (OBRA 93) | 7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$1,747,979.93 \$305,907.10 b. FFY 2010 \$1,887,841.08 \$1,229,322.35 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A p. 6c</u> <u>Attachment 3.1-A p. 2a - 2h</u> <u>Attachment 4.19-B p.1b -1c</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 3.1-A p. 6c</u> <u>Attachment 3.1-A p. 2a</u> <u>Attachment 4.19-B p. 1b</u> |

10. SUBJECT OF AMENDMENT:
Added EPSDT School Based Child Health Services (SBCHS) reimbursement methodology and moved under EPSDT services. Also added service limitations, coverage, service provider qualifications and CFR authority.

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.

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 |
| 13. TYPED NAME: Michael J. Willden | |
| 14. TITLE: Director, Department of Health & Human Services | |
| 15. DATE SUBMITTED: AUG 12 2008 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: AUGUST 12, 2008 | 18. DATE APPROVED: JUL 20 2009 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2009 | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPED NAME: GLORIA NAGLE, PhD, MPA | 22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR |

23. REMARKS:

Pen and Ink changes made to boxes 4, 7 and 8