

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-010	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 23, 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)

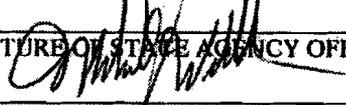
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.110	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 5,924,473.00 b. FFY 2010 \$10,771,769.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 7a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 7a

10. SUBJECT OF AMENDMENT:

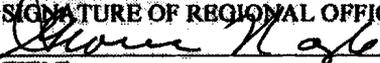
To allow a maximum of three (3) encounter visits per recipient per day for Indian Health Services.

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: 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 and Human Services	
15. DATE SUBMITTED: JUN 30 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUNE 30, 2009	18. DATE APPROVED: SEP 21 2009
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 23, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: GLORIA NAGLE, Ph.D, MPA	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: