

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-02	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2009 (\$150,000)	
		b. FFY 2010 (\$600,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 3	

10. SUBJECT OF AMENDMENT:
Radiology Services

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:
 Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Vivianne M. Chaumont</i>	16. RETURN TO: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: 4-3-09	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>April 3, 2009</i>	18. DATE APPROVED: <i>June 30, 2009</i>
PLAN APPROVED, ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>July 1, 2009</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Timothy A. Weidler</i>
21. TYPED NAME: <i>Timothy A. Weidler</i>	22. TITLE: <i>Acting Associate Regional Administrator for Medicaid/Children's Health Operations</i>
23. REMARKS:	