

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: NE 10-02	2. STATE Nebraska
	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 January 1, 2010	

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: 1902(a)(10)(A)(ii)(IX) 1902(l)(1)(A) 1902(r)(2)	7. FEDERAL BUDGET IMPACT: a. FFY 2010                      \$ 0 b. FFY 2011                      \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A, p 20 Attachment 2.6-A, Supplement 1, page 3 Attachment 2.6-A, Supplement 8a, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A, p 20 Attachment 2.6-A, Supplement 1, page 3 Attachment 2.6-A, Supplement 8a, page 1

10. SUBJECT OF AMENDMENT: (modified 3-31-10)

The SPA is to make technical corrections for the amendment originally approved with SPA Transmittal #98-05 regarding Nebraska's coverage of pregnant women.

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: February 4, 2010	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <i>February 4, 2010</i>	18. DATE APPROVED: <i>May 4, 2010</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2010</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: <i>James G. Scott</i>	22. TITLE: <i>Associate Regional Administrator for Medicaid &amp; Children's Health Operations</i>
23. REMARKS:	