

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 13-02	<b>2. STATE</b> Nebraska
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> February 1, 2013

**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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  * 42 CFR 435.222	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2013      \$0 b. FFY 2014      \$0
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<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 2.2-A, Pages 13-13a * Attachment 2.2-A, Page 25a	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 2.2-A, Pages 13-13a * Attachment 2.2-A, Page 25a
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**10. SUBJECT OF AMENDMENT:**  
Former Wards

**11. GOVERNOR'S REVIEW (Check One):**

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED: Governor has waived review  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 	<b>16. RETURN TO:</b>  Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
<b>13. TYPED NAME:</b> Vivianne M. Chaumont	
<b>14. TITLE:</b> Director, Division of Medicaid and Long-Term Care	
<b>15. DATE SUBMITTED:</b> March 18, 2013	

FOR REGIONAL OFFICE USE ONLY	
<b>17. DATE RECEIVED:</b> March 19, 2013	<b>18. DATE APPROVED:</b> June 12, 2013

PLAN APPROVED – ONE COPY ATTACHED	
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> February 1, 2013	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> /s/
<b>21. TYPED NAME:</b> James G. Scott	<b>22. TITLE:</b> Associate Regional Administrator for Medicaid and Children's Health Operations

**23. REMARKS:**

\* Pen and Ink changes per e-mail from state dated 4.29.13.