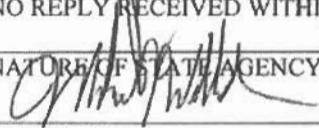
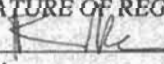


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-006	2. STATE NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 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)			
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 Month) \$0 b. FFY 2010 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19(m), Page 66(b)</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19(m), Page 66(b)</u>	
10. SUBJECT OF AMENDMENT: Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.			
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 DHCFF/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: JUL 01 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JULY 1, 2009		18. DATE APPROVED: 9.29.2009 SEP 29 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: SEPTEMBER 1, 2009		20. SIGNATURE OF REGIONAL OFFICIAL:  FOR GLORIA NAGLE	
21. TYPED NAME: GLORIA NAGLE, PhD, MPA		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS:			