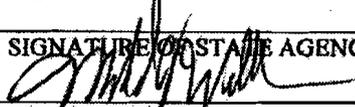


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-009	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2009	
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 (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act; 42 CFR 440 42 CFR 447 Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY 2009 (-\$878,991.63) b. FFY 2010 (-\$3,278,233.48)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <p style="text-align: center;"><u>Attachment 4.19-B, Page 4</u></p>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <p style="text-align: center;"><u>Attachment 4.19-B, Page 4</u></p>	

10. SUBJECT OF AMENDMENT:

 Correct the date emergency transportation rates were set. Decrease the hourly rate from \$18.52 per hour to \$17.00 per hour for personal care services as approved by the State of Nevada legislative body.

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 26 2009	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: JUNE 26, 2009	18. DATE APPROVED: 9.24.2009 SEP 24 2009
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL:  for GLORIA NAGLE
21. TYPED NAME: GLORIA NAGLE, Ph.D., MPA	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

 Pen and ink change to box # 6