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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>  | 1. TRANSMITTAL NUMBER:<br><b>09-012</b>                                       | 2. STATE<br><b>NEVADA</b> |
|   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID) |                           |
| FOR: HEALTH CARE FINANCING ADMINISTRATION   | 4. PROPOSED EFFECTIVE DATE<br><b>October 1, 2009</b>                          |                           |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES |   |                           |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>42CFR440.130(d)</b> | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2009      \$0<br>b. FFY 2010      \$0<br>Currently there are twenty-five (25) licensed clinical<br>professional counselors recognized in the State of Nevada.<br>This is a negligible impact on the budget. |
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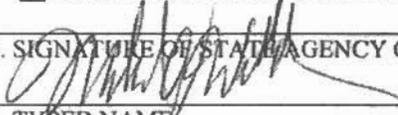
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>ATTACHMENT 3.1-A, PAGE 6B.5</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT (If Applicable):<br><br><b>ATTACHMENT 3.1-A, PAGE 6B.5</b> |
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10. SUBJECT OF AMENDMENT:

The 2005 Nevada Legislative Session amended state law to begin recognizing and licensing Clinical Professional Counselors as professionals who may provide counseling interventions to prevent, diagnose and treat mental, emotional or behavioral disorders and associated distresses which interfere with mental health. This was a mechanism to allow for improved access for mental health professionals to deliver services in the State of Nevada. These professionals would be recognized as a Qualified Mental Health Professional within our current state plan.

11. GOVERNOR'S REVIEW (Check One):

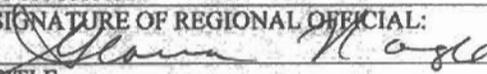
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br> | 16. RETURN TO:<br><b>John A. Liveratti, Chief<br/>DHCFF/Medicaid<br/>1100 East William Street, Suite 101<br/>Carson City, NV 89701</b> |
| 13. TYPED NAME:<br><b>Michael J. Willden</b>   |  |
| 14. TITLE:<br><b>Director, Department of Health and Human Services</b>   |  |
| 15. DATE SUBMITTED:<br><b>NOV 06 2009</b>  |  |

**FOR REGIONAL OFFICE USE ONLY**

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| 17. DATE RECEIVED:<br><b>NOVEMBER 6, 2009</b> | 18. DATE APPROVED:<br><b>JAN 25 2010</b> |
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**PLAN APPROVED - ONE COPY ATTACHED**

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>OCTOBER 1, 2009</b> | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |
| 21. TYPED NAME:<br><b>GLORIA NAGLE, PhD, MPA</b>                   | 22. TITLE:<br><b>REGIONAL ASSOCIATE ADMINSTRATOR</b>  |

23. REMARKS: