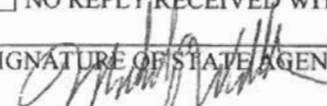
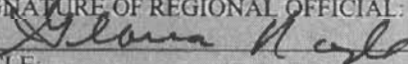


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">10-004</div>	2. STATE <div style="text-align: center;">NEVADA</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">September 30, 2010</div>	
6. FEDERAL STATUTE/REGULATION CITATION: Section 1940 Social Security Act P.L. 110-252	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;"><u>Supplement 16 to Attachment 2.6-A Page 1-3</u></div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;"><u>N/A</u></div>		
10. SUBJECT OF AMENDMENT: Implementation of asset verification system required by P.L. 110-252			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701		
13. TYPED NAME: Michael J. Willden	17. DATE RECEIVED: March 24, 2010		
14. TITLE: Director, Department of Health and Human Services	18. DATE APPROVED: JUN 10 2010		
15. DATE SUBMITTED: MAR 24 2010	FOR REGIONAL OFFICE USE ONLY		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 30, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: Gloria Nagle, Ph.D, MPA	22. TITLE: Associate Regional Administrator		
23. REMARKS:			