

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>10-006</b>	2. STATE <b>NEVADA</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>June 1, 2010</b>	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                     
 AMENDMENT TO BE CONSIDERED AS NEW PLAN                     
 AMENDMENT

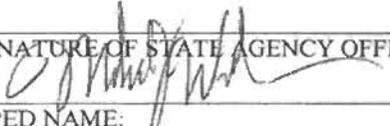
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 438.2 42, CFR 438.6</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2010                      \$0 b. FFY 2011                      \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-D, Page 1, 1a and 2 <i>JH</i></b> <b>Attachment 3.1-A Pgs 9-9h</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 3.1-D, Page 1 and 2 <i>JH</i></b> <b>Attachment 3.1-A 9-9d</b>

10. SUBJECT OF AMENDMENT:  
**Section 3.1-D incorrectly designates the NET broker as a Prepaid Ambulatory Health Plan (PAHP). The State Plan Amendment corrects that designation and removes the requirements to use actuarially certified rates with NET Broker contract.**

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 wish to review the State Plan Amendment.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>Marta Stagliano, Chief, Compliance DHCFF/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701</b>
13. TYPED NAME: <b>Michael J. Willden</b>	
14. TITLE: <b>Director, Department of Health and Human Services</b>	
15. DATE SUBMITTED: <b>MAY 06 2010</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <b>May 6, 2010</b>	18. DATE APPROVED: <b>AUG 4 2010</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>June 1, 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Gloria Nagle, PhD, MPA</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS:  
  
**Changes made to box 8 and 9.**