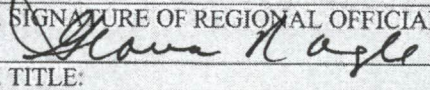


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-013	2. STATE NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
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: 42 CFR 431.12		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.4 Page 9 (Continued) – Page 9 (continued Pg. 2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: This state plan amendment is to memorialize the State of Nevada's tribal consultation process as extracted from the document "Tribal Consultation Process Nevada Department of Health and Human Services (NDHHS) and the Indian Tribes in the State of Nevada." The consultation process has been in effect since March 2010. The effective date of the state plan amendment is October 1, 2010 based upon guidance from the Centers from Medicare and Medicaid Services (CMS). In addition, CMS requires the consultation process to be added under the authority of the Medical Care Advisory Committee (MCAC).			
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: Marta Stagliano, Chief, Compliance 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: JAN 18 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: January 18, 2011		18. DATE APPROVED: APR 05 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle, PhD, MPA		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pen and ink change made to Box 8.			