

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-008

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  
September 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 ~~438.55~~  
438.52

7. FEDERAL BUDGET IMPACT:

a. FFY 2011      \$0  
b. FFY 2012      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.10, Page 1  
~~Section 4.10 Attachment A pg. 1~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.10, Page 1  
~~Section 4.10 Attachment A pg. 1~~

10. SUBJECT OF AMENDMENT:

Removed dated language that refers to a Managed Care Model not in current use and to a Vendor who we no longer contract with.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

SEP 01 2011

16. RETURN TO:

Marta Stagliano, Chief, Compliance  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 1, 2011

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Glenn Nagle, PhD, MPA

22. TITLE: Regional Administrator

23. REMARKS:

Per and int changes to Form C-3.07