

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER:  13-004	2. STATE  NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE  January 1, 2013
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 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)

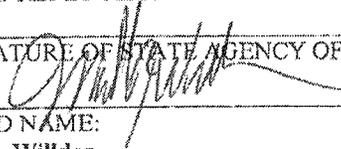
6. FEDERAL STATUTE/REGULATION CITATION: Affordable Care Act Section 4106 (b) 3.1-A.13 (c) and 3.1-A C.	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$536,808 <del>XXXX,XXXX</del> b. FFY 2014 \$873,505 <del>XXXX,XXXX</del>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <u>Attachment 3.1-A pp. 6 and p. 6a</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <u>Attachment 3.1-A pp. 6 and p. 6a</u>
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10. SUBJECT OF AMENDMENT:  
**Preventive Services:** The Patient Protection and Affordable Care Act (PPACA) has afforded State Medicaid Agencies an opportunity to receive an additional 1% federal funding for preventive services and vaccines, effective January 1, 2013. In order to claim the additional federal match Nevada is required to submit a state plan amendment. This new guidance was released in a State Medicaid Letter #13-002. This is not a policy change, since Nevada Medicaid already covers adult vaccines recommended by the Advisory Committee on Immunization practices (ACIP) and preventive services in accordance with the Preventive Services task Force.

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: <b>MAR 28 2013</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 28, 2013	18. DATE APPROVED: <b>JUN 18 2013</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to Boxes 6 and 7.