DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-006	2. STATE NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE July 1, 2013	
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	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for e	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
State Plan Under Title XIX of the Social Security Act: 42 CFR 447	a. FFY 2013 b. FFY 2014	\$0 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUP OR ATTACHMENT (If Applica	
Attachment 4.19-D, Page 9, Section E.1.b	Attachment 4.19-D, Pa	ige 9, Section E.1.b
10. SUBJECT OF AMENDMENT: Attachment 4,19-D, Page 9, Section E.1.b. Special Care Rates: The rate will now be based on the minimum staffing level multiplied by	the Nevada Certified Nursing Assist	ant (CNA) median wage, T
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