

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>13-009</b>	2. STATE <b>NEVADA</b>
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<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2013</b>
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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)

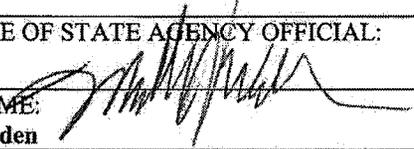
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR 447	7. FEDERAL BUDGET IMPACT: a. FFY 2013 (Partial- 3 mo)      \$145,884.90 b. FFY 2014      \$643,621.07
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b><u>Attachment 4.19-B, p.4</u></b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b><u>Attachment 4.19-B, p.4</u></b>
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10. SUBJECT OF AMENDMENT:  
**Change the Rate for PT 32 Ambulance – Air/Ground to Restore the 15% Rate Reduction taken in 2011**

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: <b>Marta Stagliano, Chief, Compliance DHCFP/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>JUN 05 2013</b>	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: <b>June 5, 2013</b>	18. DATE APPROVED: <b>AUG 30 2013</b>
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2013</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Gloria Nagle, Ph.D., MPA</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS: