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: 08-07	2. STATE Nebraska
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 October 1, 2008

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN   ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN   ☒ AMENDMENT
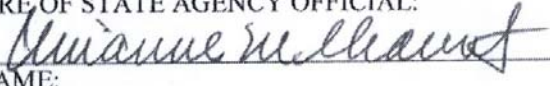
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

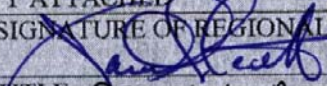| 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2009 $0 b. FFY 2010 $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 6d, p 1 ~~Attachment 4.19-B, Item 6d, pp 2 and 3~~	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 6d, page 1 ~~Attachment 4.19-B, Item 6d, single page~~

10. SUBJECT OF AMENDMENT:
   Licensed Independent Mental Health Practitioners

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:
   Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL: *Vivianne M. Chaumont*	16. RETURN TO:
13. TYPED NAME: Vivianne M. Chaumont	Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Director, Division of Medicaid & Long-Term Care	
15. DATE SUBMITTED: December 29, 2008	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 29, 2008	18. DATE APPROVED: June 3, 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2008	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS: pen and ink changes per state's e-mail request dated May 6, 2010

FORM HCFA-179 (07-92)