

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 11-03	2. STATE Nebraska
	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 January 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 430.20(b)(1) and 42 CFR 430.20(a)(1)	7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$24,310,000 b. FFY 2012      \$29,204,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A, page 26	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A, page 26


10. SUBJECT OF AMENDMENT:  
Caretaker Relative - updating page to reflect inclusion of caretaker relative.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: March 8, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 8, 2011	18. DATE APPROVED: March 28, 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011	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:	