

Revised 9.27.11

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11-10	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 July 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:	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 7 Attachment 3.1-A, Item 4b, pp 7-264 Attachment 3.1-A, Item 16 Attachment 3.1-B, page 6 Attachment 4.19-B, Item 4b, pp 2,3 Attachment 4.19-B, Item 16, page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 7 Attachment 3.1-A, Item 4b, pp 7-11 Attachment 3.1-A, Item 16 Attachment 3.1-B, page 6 Attachment 4.19-B, Item 4b, pp 2,3 Attachment 4.19-B, Item 16, page 2

10. SUBJECT OF AMENDMENT:
Children's Mental Health and Substance Abuse Services

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:
Vivianne M. Chaumont

13. TYPED NAME:
Vivianne M. Chaumont

14. TITLE:
Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:
May 18, 2011

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED May 18, 2011	18. DATE APPROVED December 21, 2011
PLAN APPROVED ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL <i>Timothy A. Weider</i>
21. TYPED NAME Timothy A. Weider	22. TITLE Regional Director for Medicaid & Children's Health Operations
23. REMARKS Per and ink per e-mail from State HD 11.12.11	