

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 09-007	<b>2. STATE</b> NEVADA
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>4. PROPOSED EFFECTIVE DATE</b> July 1, 2009		

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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 440.120(d)	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2010      \$ 743,840.00 b. FFY 2011      \$ 695,548.00
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<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 3.1-A, Page 5c and Attachment 4.19B, Page 3a	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 3.1-A, Page 5c and Attachment 4.19B, Page 3a
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10. SUBJECT OF AMENDMENT:

**Ocular Services**

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.

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>  [Signature]	<b>16. RETURN TO:</b>  John A. Liveratti, Chief 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> JUL 01 2009	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> July 1, 2009	<b>18. DATE APPROVED:</b> 9.29.2009      SEP 29 2009
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**PLAN APPROVED - ONE COPY ATTACHED**

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> July 1, 2009	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b>  [Signature]
<b>21. TYPED NAME:</b> Gloria Nagle, Ph.D, MPH	<b>22. TITLE:</b> Regional Associate Administrator

23. REMARKS:

Pen-and-ink changes made to boxes 8 and 9.