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	08-011	NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 8, 2008	
5. TYPE OF PLAN MATERIAL (Check One):		•
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	+ 2 110H 2/04 55
State Plan Under Title XIX of the Social Security Act; 42 CFR 440; 42 CFR 447 Subpart B	b. FFY 2010 (\$-3,057,015)	-\$3,404,364.55 \$3,594,780.06
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B p. 4a	Attachment 4	4,19-B p. 4a
10. SUBJECT OF AMENDMENT: Medicaid Rate and Reimbursement methodology for the pediatric en	nhancement for recipients under the ag	e of 21.
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.	
		State Plan Amendment.
12. SIGNATURE OF STATE AGENCY OFFICIAL:		State Plan Amendment.
	16. RETURN TO:	State Plan Amendment.
12 TUDED NAME: T	John A. Liveratti, Chief	State Plan Amendment.
13. TYPED NAME: / CED () 9 2000	John A. Liveratti, Chief DHCFP/Medicaid	State Plan Amendment.
12 TUDED NAME: T	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101	State Plan Amendment.
13. TYPED NAME: / SEP 0 8 2008 14. TITLE:	John A. Liveratti, Chief DHCFP/Medicaid	State Plan Amendment.
13. TYPED NAME: / SEP 0 8 2008	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101	State Plan Amendment.
13. TYPED NAME: / SEP 0 8 2008 14. TITLE: Director, Department of Health and Human Services	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	State Plan Amendment.
13. TYPED NAME: / SEP D 8 2008 14. TITLE: Director, Department of Health and Human Services 15. DATE SUBMITTED: FOR REGIONAL OF	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 FICE USE ONLY	
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13. TYPED NAME: / SEP D 8 2008 14. TITLE: Director, Department of Health and Human Services 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: SEPTEMBER 8, 2008 PLAN APPROVED - ON	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 FICE USE ONLY 18. DATE APPROVED: 10.1. 2001 E COPY ATTACHED	. 1 200 9
13. TYPED NAME: / SEP D 8 2008 14. TITLE: Director, Department of Health and Human Services 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: SEPTEMBER 8, 2008 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 FICE USE ONLY 18. DATE APPROVED: 10.1. 2001	. 1 200 9
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Pen and ink change made to box 6 and 7