

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-008	2. STATE NEVADA
	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, 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)

6. FEDERAL STATUTE/REGULATION CITATION: and 42 CFR 447 Subpart F State Plan Under title XIX of the Social Security Act; 42 CFR 440	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$203,660.84 b. FFY 2010 \$847,390.23
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B, Page 2;</u> <u>Attachment 3.1 A, Page 3a-3d</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19-B, Page 2;</u> <u>Attachment 3.1A, Page 3a</u>

10. SUBJECT OF AMENDMENT:
Clarification of reimbursement methodology for the Home Health Care Services. Increase Home Health care nursing and therapy rates for recipients under the age of 21 years.

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: JUN 26 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUNE 26, 2009	18. DATE APPROVED: JAN 7 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: GLORIA NAGLE, PhD, MPA	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

PEN & INK CHANGES TO BOXES 6, 8 AND 9