

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p> <p>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">1. TRANSMITTAL NUMBER: <p style="text-align:center;">09-11</p></td> <td style="width:50%; padding: 2px;">2. STATE <p style="text-align:center;">NEVADA</p></td> </tr> <tr> <td colspan="2" style="padding: 2px;">3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">4. PROPOSED EFFECTIVE DATE <p style="text-align:center;">October 1, 2009</p></td> </tr> </table>	1. TRANSMITTAL NUMBER: <p style="text-align:center;">09-11</p>	2. STATE <p style="text-align:center;">NEVADA</p>	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		4. PROPOSED EFFECTIVE DATE <p style="text-align:center;">October 1, 2009</p>	
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5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)							
6. FEDERAL STATUTE/REGULATION CITATION: <p style="text-align:center;">42CFR 438.56</p>	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0						
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <p style="text-align:center;"><u>Section 3.1F, Pages 1 through 4</u> <u>Page 6</u> <u>Pages 8 through 21</u></p>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <p style="text-align:center;"><u>Section 3.1F, Pages 1 through 4</u> <u>Page 6</u> <u>Pages 8 through 21</u></p>						
10. SUBJECT OF AMENDMENT: A State Plan Amendment to institute a Lock-in Program for Medicaid Managed Care. Program will lock recipients into an HMO except during an annual open enrollment period. Recipients may disenroll from an HMO with cause at any time. There will be an annual open enrollment period in which recipients may disenroll from an HMO with or without cause. Recipients will receive notice of the open enrollment period at least 60 days in advance. Recipients may disenroll from an HMO with cause at any time and without cause within the first 90 days of new enrollment in the HMO. The State Plan Amendment also adds aged out foster care recipients to the list of mandatory managed care populations and adds an annual redetermination for severely emotionally disturbed/seriously mentally ill recipients. The amendment also clarifies that the carve out of hospice patients applies to Medicaid recipients and does not apply to Nevada Check Up. Finally, this State Plan Amendment removes the names of several outdated programs and adds recipients receiving services at Nevada Early Intervention Services as an exempt population.							
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> 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: <p style="text-align:center; font-size: 1.2em;">OCT 15 2009</p>							
FOR REGIONAL OFFICE USE ONLY							
17. DATE RECEIVED: <p style="text-align:center;">October 15, 2009</p>	18. DATE APPROVED: <p style="text-align:center;">JUN 10 2010</p>						
PLAN APPROVED – ONE COPY ATTACHED							
19. EFFECTIVE DATE OF APPROVED MATERIAL: <p style="text-align:center;">October 1, 2009</p>	20. SIGNATURE OF REGIONAL OFFICIAL: 						
21. TYPED NAME: <p style="text-align:center;">Gloria Nagle, PhD, MPA</p>	22. TITLE: <p style="text-align:center;">Associate Regional Administrator</p>						
23. REMARKS:							