

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <p style="text-align: center;">10-011</p>	2. STATE <p style="text-align: center;">NEVADA</p>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">October 1, 2010</p>		

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: Section 1917(b)(1)(B)(ii) of the Social Security Act (42 U.S.C. 1396p (b)(1)(B)(ii))	7. FEDERAL BUDGET IMPACT: a. FFY <del>2010</del> 2011 \$0 b. FFY <del>2011</del> 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <p style="text-align: center;"><u>Section 4.17 (b) page 53a-1 and 53a</u></p>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <p style="text-align: center;"><u>Section 4.17 (b) page <del>53a-1</del> 53a</u></p>

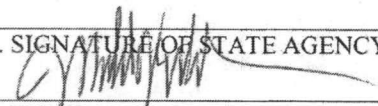
10. SUBJECT OF AMENDMENT:

**MIPPA Section 115 requires states to exempt Medicare cost-sharing benefits paid under the Medicare Savings programs from estate recovery.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
  OTHER, AS SPECIFIED:  
 The Governor's Office does not wish to review the State Plan Amendment.

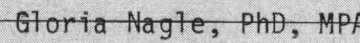
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Marta Stagliano, Chief, Compliance DHCFF/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: DEC 28 2010	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <p style="text-align: center;">December 28, 2010</p>	18. DATE APPROVED: <p style="text-align: center;">MAR 09 2011</p>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <p style="text-align: center;">October 1, 2010</p>	20. SIGNATURE OF REGIONAL OFFICIAL:  
21. TYPED NAME: Gloria Nagle, PhD, MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and Ink changes made to boxes 7, 8, and 9.