

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-009

2. STATE  
NEVADA

FOR: HEALTH CARE FINANCING ADMINISTRATION

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  
August 1, 2011

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:  
42 CFR 440

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011      \$(67,313)  
b. FFY 2012      \$(71,751)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B pg. 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 4.19B pg. 2

10. SUBJECT OF AMENDMENT:

Update the rate effective dates and reduces rates by 0.7% for DME.

11. GOVERNOR'S REVIEW (*Check One*):

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

OTHER, AS SPECIFIED:  
The Governor's Office does not  
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Michael J. Willden

14. TITLE:  
Director, Department of Health and Human Services

15. DATE SUBMITTED:      **JUL 26 2011**

16. RETURN TO:

Marta Stagliano, Chief, Compliance  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:      July 26, 2011

18. DATE APPROVED:      **OCT 20 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Gloria Nagle, PhD, MPA

22. TITLE:      Associate Regional Administrator

23. REMARKS: