DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	1	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-007	2. STATE 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 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN	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:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0	
42 CFR 435.225 (3) and 42 CFR 435.225 (3)(c)	1	0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Supplement 3 to Attachment 2.2-A, Page 1	Supplement 3 to Attachment 2.2-A, Page 1	
10. SUBJECT OF AMENDMENT:		annen uuruu aanaa ay a
Clarification of the language used in determining cost effectiveness. not involved in the determination of cost effectiveness of the Katie Division of Health Care Financing and Policy.		
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	X OTHER, AS SPEC The Governor's O wish to review the	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TXPED NAME:	Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
Michael J. Willden 14. TITLE:		
Director, Department of Health and Human Services		
15. DATE SUBMITTED: AUG 2 8 2012		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: August 28, 2012	18. DATE APPROVED.	2012
PLAN APPROVED - ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2012	20 SUNATURE OF REGIONAL OF	BICIAL:
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regiona	10
23. REMARKS:		
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