

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-003	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE January 1, 2013
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 440.120	7. FEDERAL BUDGET IMPACT: a. FFY 2013 -\$0 (\$31,093.89) b. FFY 2014 -\$0 (\$41,458.52)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Pages 5a1 - 5a1 (Continued) Attachment 3.1-A, Pages 5a - 5a1 (Continued)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 5a1 Attachment 3.1-A, Pages 5a - 5a1
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10. SUBJECT OF AMENDMENT:
Pharmacy Part D coverage of Benzodiazepines and Barbiturates

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: Marta Stagliano, Chief, Compliance 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: MAR 28 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/28/2013	18. DATE APPROVED: 6/21/2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2013	20. SIGNATURE OF REGIONAL OFFICIAL:
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21. TYPED NAME: Gloria Nagle, Ph.D. MPA	22. TITLE: Associate Regional Administrator
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23. REMARKS:
06/05/13- Pen and Ink (P-I) changes authorized by state for block # 7.
7/1/13- Pen and Ink changes authorized by state for Box 8 and Box 9