

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 1.1-B

State of: Nevada

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED UNDER THE
INTERGOVERNMENTAL COOPERATION ACT OF 1968

Waiver #1.^{1/}

- a. Waiver was granted on N/A
(date)
- b. The organizational arrangement authorized, the nature and extent of
responsibility for program administration delegated to
_____, and
(name of agency)
the resources and/or services of such agency to be utilized in
administration of the plan are described below:

^{1/} (Information on any additional waivers which have been granted is contained
in attached sheets.)

- c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

N/A