

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-003	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2009	

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 1902(r) Section 1902(a)(10)(A)(i)(iv), VI & VII of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$0 b. FFY 2010 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Supplement 8a to Attachment 2.6-A, Page 1</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Supplement 8a to Attachment 2.6-A, Page 1</u>

10. SUBJECT OF AMENDMENT:

Change the percentage of Earned Income disregard applied to poverty level pregnant women, infants, and children to align with procedures currently in place.

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: John A. Liveratti, Chief 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: MAR 31 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MARCH 31, 2009	18. DATE APPROVED: JUN 1 2009
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: GLORIA NAGLE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	