

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
09-004

2. STATE
NEVADA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

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(a)(10)(A)(i)(I)
Section 1931

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$0
b. FFY 2010 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6-A, Page 3a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 12 to Attachment 2.6-A, Page 3a

10. SUBJECT OF AMENDMENT:

Remove option to terminate medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

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:

MAR 31 2009

16. RETURN TO:

John A. Liveratti, Chief
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

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, PhD, MPA

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: