

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

1. TRANSMITTAL NUMBER:  
**09-002**

2. STATE  
**NEVADA**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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 1931  
Section 1902(q), 1902(a)(50)

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 2.6A, Page 1 and 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 12 to Attachment 2.6A, Page 1 and 3

10. SUBJECT OF AMENDMENT:

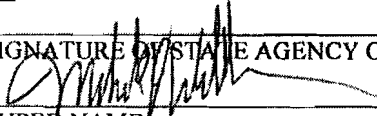
**Update to TANF Need Standard Deductible, Personal Needs Allowance due to 2009 Federal Poverty Level increase**

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

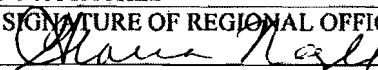
18. DATE APPROVED:      JUN 1 2009

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APRIL 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
GLORIA NAGLE

22. TITLE:  
ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: