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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-002 | 2. STATE NEVADA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 4. PROPOSED EFFECTIVE DATE April 1, 2011 |
| 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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1931, Section 1902(q), 1902(a)(50) | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0 |
|---|---|

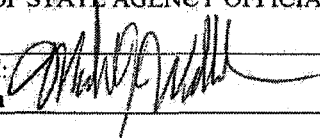
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Supplement 12 to Attachment 2.6A, pages 1 and 3</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Supplement 12 to Attachment 2.6A, pages 1 and 3</u> |
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10. SUBJECT OF AMENDMENT:

Update to TANF Need Standard Deductible, Personal Needs Allowance due to 2011 Federal Poverty Level Increase.

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.

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| 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: JUN 15 2011 | |

| FOR REGIONAL OFFICE USE ONLY | |
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| 17. DATE RECEIVED: June 15, 2011 | 18. DATE APPROVED: AUG 05 2011 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2011 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Gloria Nagle, PhD, MPA | 22. TITLE: Associate Regional Administrator |

23. REMARKS:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Disregard an additional \$1,000 in resources.
- For all individuals under this group eligible in the immediately preceding month and for applicants whose net income without application of disregards does not exceed the 100% need standard:
 1. Disregard 100% earned income for three months;
 2. Disregard 85% of earned income for a second 3 months;
 3. Disregard 75% of earned income for a third 3 months;
 4. Disregard 65% of earned income for a fourth 3 months.
 5. Disregard \$90 or 20% of gross earnings (whichever is greater) for month 13 and ongoing; and
 6. Disregard the full cost of child care.

OR for applicants/recipients

The \$30 + 1/3 / \$30 earnings disregards as applicable and \$90 work expense, whichever is more advantageous to the applicant/recipient.

7. Disregard an additional \$222 for a family size of one, and an additional \$119 for each additional family member.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- No resource methodology is replaced.
- Replaced income methodology is:
 1. \$30 + 1/3 earned income disregard allowed for applicants/recipients who received a cash grant in one of the immediately preceding 4 months or whose net income without application of the disregards does not exceed the 100% need standard. \$30 + 1/3 allowed for 4 consecutive months followed by \$30 disregard for 8 consecutive months; and