

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

1. TRANSMITTAL NUMBER:  
**12-008**

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, 2012**

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(g), 1902(a)(50)

7. FEDERAL BUDGET IMPACT:

a. FFY 2012      \$0  
b. FFY 2013      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Supplemental 12 to Attachment 2.6-A, pgs. 1 and 3  
and 3a**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Supplemental 12 to Attachment 2.6-A, pgs. 1 and 3  
and 3a**

10. SUBJECT OF AMENDMENT:

**Update to TANF Need Standard Deductible, Personal Needs Allowance due to 2012 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: **JUN 26 2012**

16. RETURN TO:

**Marta Stagliano, Chief, Compliance  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **June 26, 2012**

18. DATE APPROVED: **JUN 12 2013**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**April 1, 2012**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
**Gloria Nagle, Ph.D., MPA**

22. TITLE:  
**Associate Regional Administrator**

23. REMARKS:

Pen and ink changes to Boxes 8, 9, and 11.