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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

NV - Submission Package - NV2024MS0001O - (NV-24-0007) - Eligibility

Summary

Reviewable Units

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Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave Suite 600 Chicago, IL 60601



Center for Medicaid & CHIP Services

March 15, 2024

Stacie Weeks Administrator State of Nevada DHHS, Division of Health Care Financing & Policy 1100 East William Street Carson City, NV 89701

Re: Approval of State Plan Amendment NV-24-0007

Dear Administrator Weeks,

On February 09, 2024, the Centers for Medicare and Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-24-0007 to provide 12-months of continuous eligibility for children under age 19.

We approve Nevada State Plan Amendment (SPA) NV-24-0007 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Cecilia Williams at cecilia.williams@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

NV - Submission Package - NV2024MS0001O - (NV-24-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Submission - Summary

Superseded SPA ID N/A

MEDICAID | Medicaid State Plan | Eligibility | NV2024MS00010 | NV-24-0007

Package Header

 Package ID
 NV2024MS0001O
 SPA ID
 NV-24-0007

 Submission Type
 Official
 Initial Submission Date
 2/9/2024

 Approval Date
 03/15/2024
 Effective Date
 N/A

State Information

State Plan Amendment

State/Territory Name: Nevada Medicaid Agency Name: State of Nevada DHHS, Division of

Health Care Financing & Policy

Submission Component

Medicaid

○ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2024MS00010 | NV-24-0007

Package Header

Package ID NV2024MS0001O

Submission Type Official

Approval Date 03/15/2024

Superseded SPA ID N/A

SPA ID NV-24-0007

Initial Submission Date 2/9/2024

Effective Date N/A

SPA ID and Effective Date

SPA ID NV-24-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2024MS00010 | NV-24-0007

Package Header

Package ID NV2024MS0001O

Submission Type Official

Approval Date 03/15/2024

Superseded SPA ID N/A

SPA ID NV-24-0007

Initial Submission Date 2/9/2024

Effective Date N/A

Executive Summary

Summary Description Including Pursuant to Section 5112 of the Consolidated Appropriation Act, 2023, Continuous Eligibility For Children Under Medicaid Goals and Objectives and CHIP under the Medicaid program – Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended to read "One year of continuous eligibility for children.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$2624275
Second	2025	\$5032747

Federal Statute / Regulation Citation

Pursuant to Section 5112 of the Consolidated Appropriation Act, 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created		
CMS 179 Form	2/9/2024 12:04 PM EST	PDF	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2024MS00010 | NV-24-0007

Package Header

Package ID NV2024MS00010

Submission Type Official

Approval Date 03/15/2024

Superseded SPA ID N/A

Governor's Office Review

No comment

O Comments received

O No response within 45 days

Other

SPA ID NV-24-0007

Initial Submission Date 2/9/2024

Effective Date N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NV - Submission Package - NV2024MS00010 - (NV-24-0007) - Eligibility

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CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | NV2024MS00010 | NV-24-0007

Package Header

Package ID NV2024MS0001O

SPA ID NV-24-0007

Submission Type Official

Initial Submission Date 2/9/2024

Approval Date 03/15/2024

Effective Date 1/1/2024

Superseded SPA ID NEW

User-Entered

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

- 1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
 - a. The month that the child turns 19 years old;
 - b. 12 months.
- 2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies;
 - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
 - c. The child ceases to be a resident of the state;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in B.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.