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State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV-24-0028

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

July 31, 2024

Stacie Weeks
Medicaid Administrator
Division of Health Care Financing and Policy
Las Vegas Medicaid District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102

Dear Administrator Stacie Weeks:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) NV-24-0028, submitted on July 25, 2024, has been approved. Through this SPA, Nevada has demonstrated compliance with the longstanding requirement in regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. This SPA has an effective date of July 1, 2024.

Current regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) without cost sharing. The state provided the necessary assurances to demonstrate compliance with requirements.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: September 1, 2008

Implementation Date: September 1, 2008

SPA #24-0028 Purpose of SPA: Compliance with CMS letter and Advisory Committee on Immunizations Practices (ACIP) letter regarding Mandatory Medicaid and Children’s Health Insurance Program Coverage of Adult Vaccinations under the Inflation Reduction Act

Proposed Implementation Date: July 1, 2024

Effective Date: July 1, 2024

SPA #23-0001 Purpose of SPA: Continuous Eligibility Update

Proposed Implementation Date: February 1, 2023

Proposed Effective Date: February 1, 2023

Effective February 1, 2023 Nevada revised section CS27 of this state plan amendment to replace the existing State only exceptions to the 12-month continuous eligibility with the newly revised Federal exceptions.

SPA # 22-0018 Purpose of SPA: Evergreen Disaster Relief SPA

Proposed Implementation Date: August 1, 2022

Effective Date: July 21, 2022

To implement provisions for temporary adjustments to enrollment and redetermination polices and cost sharing requirements for children in families living and/or working in state or federally declared disaster areas. In the event of a disaster, the state will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments and the applicable state or federally declared disaster areas.

SPA number: 22-0014

Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021

Effective date: January 27, 2020

Proposed Implementation Date: April 1, 2020

SPA # 20-0010 Purpose of SPA: Disaster Relief Plan due to COVID-19 Pandemic

Effective April 1, 2020, Nevada added provisions to provide temporary adjustments to tribal consultation, redetermination and premium policies, during the Federal COVID-19 public health emergency.

SPA #19-0006 Purpose of SPA: Compliance with the Medicaid Managed Care Final Rule

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

1.4- TC

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

SPA #24-0028 – Tribal notification letter was sent by DHCFP district offices on June 4, 2024, to Inter-Tribal council of Nevada, no consultation was requested.

A tribal consultation letter was sent to the tribes on June 17, 2022 and consultation was not requested; however, a tribal consultation meeting was still held on July 20, 2022, to discuss other agenda items. No comment specific this SPA update was received after dissemination of the tribal consultation letter or during the tribal consultation meeting.

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

To address the Federal COVID-19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by conducting consultation after submission of the SPA

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

October 1, 2020

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Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On March 29, 2022, notification of the State's intent to seek approval from CMS to demonstration compliance with the American Rescue Plan Act provisions that require states to cover treatment (including specialized equipment and therapies, preventive therapies and conditions that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP, was submitted to the tribes. The comment period ended April 12, 2022. No comments were received.

Tribal Consultation for the SPA update pertaining to the replacement of the existing State only exceptions to 12-month continuous eligibility, with the Federal exceptions, was conducted on October 12, 2022. No comments were received from the Tribes regarding this policy change.

subsidy for enrollment in coverage made available through this pool (Section 2105(c)(10)(I)). Does the State provide this option?

Yes
 No

6.6.3.5.1-PA Describe the plan to establish an employer-family premium assistance purchasing pool.

6.6.3.5.2-PA Provide an assurance that employers who are eligible to participate: 1) have less than 250 employees; 2) have at least one employee who is a pregnant woman eligible for CHIP or a member of a family that has at least one child eligible under the State’s CHIP plan.

6.6.3.5.3-PA Provide an assurance that the State will not claim for any administrative expenditures attributable to the establishment or operation of such a pool except to the extent such payment would otherwise be permitted under this Title.

6.4.3.6-PA Notice of Availability of Premium Assistance – Describe the procedures that assure that if a State provides premium assistance subsidies under this Section, it must: 1) provide as part of the application and enrollment process, information describing the availability of premium assistance and how to elect to obtain a subsidy; and 2) establish other procedures to ensure that parents are fully informed of the choices for child health assistance or through the receipt of premium assistance subsidies (Section 2105(c)(10)(K)).

6.4.3.6.1-PA Provide an assurance that the State includes information about premium assistance on the CHIP application or enrollment form.

6.5-Vaccine coverages

Guidance: States are required to provide coverage for age-appropriate vaccines and their administration, without cost sharing. States that elect to cover children under the State plan (indicated in Section 4.1) should check box 6.5.1 States that elect to cover pregnant individuals under the State plan should also check box 6.5.2. States that elect to cover the from-conception-to-end-of-pregnancy population (previously referred to as the “unborn”) option under the State plan should also check box 6.5.3.

6.5.1- Vaccine coverage for targeted-low-income children.

The State provides coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory

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2017July 1, 2024

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Effective Date: October 2,

Committee on Immunization Practices (ACIP), without cost sharing.
(Section 2103(c)(1)(D)) (42CFR 457.410(b)(2) and 457.520(b)(4)).

6.5.2- Vaccine coverage for targeted-low-income pregnant individuals .

The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12))

6.5.3-Vaccine coverage for from-conception-to-end-of-pregnancy population option.

The state provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost- sharing, to benefit the unborn child.