

STATE/TERRITORY: NEVADA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

METHOD FOR DETERMINING COST EFFECTIVENESS OF CARING FOR
CERTAIN DISABLED CHILDREN AT HOME (KATIE BECKETT)

At the end of each calendar quarter, a computerized list of approved Katie Beckett Eligibility Option cases is generated by the Division of Health Care Financing and Policy (DHCFP) staff. The list shows the total Medicaid expenditure amount incurred quarterly which is compared to the maximum allowable costs. The maximum allowable costs are the costs of institutionalization in either a Skilled Nursing Facility (SNF), or an Intermediate Care Facility for the Mentally Retarded (ICF/MR), which is determined by a level of care assessment. If the amount exceeds the maximum allowable, the eligibility worker at the appropriate Division of Welfare and Supportive Services (DWSS) office is notified by DHCFP to contact the participant and advise him/her: 1) of the requirement to keep costs at or below the maximum allowable amount; and 2) that failure to keep costs to allowable amounts will result in termination from the program. If the participant's incurred costs exceed the maximum allowable amount for two consecutive quarters, he/she will be terminated from the program effective the first day of the month following the date of the determination for non-compliance with program requirements.

A level of care assessment is conducted annually; therefore, allowable costs may fluctuate annually.