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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 13-034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

APR 23 2014

Michael J. Willden, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Re: Nevada Title XIX FMAP State Plan Amendment, Transmittal #13-034

Dear Mr. Willden:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), TN 13-034, which was submitted to the Centers for Medicare & Medicaid Services San Francisco Regional Office on December 19, 2013. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 13-034 is approved with an effective date of January 1, 2014. Attached are copies of the pages to be incorporated into your State Plan.

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP
Marta Stagliano, Chief, Compliance, DHCFP

| | | | |
|--|--|---|---------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 13-034 | 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 January 1, 2014 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.119 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6-A, Pages 1 - 6 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW | |
| 10. SUBJECT OF AMENDMENT: In order to be in compliance with the new adult coverage group described in 42 CFR 435.119 under the Affordable Care Act (ACA), a State Plan Amendment for Eligibility Conditions and Requirements is required so the newly eligible enrollee expenditures can be claimed at the higher FMAP rates. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment. | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i> | | 16. RETURN TO: Marta Stagliano, Chief of Program Integrity 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: DEC 19 2013 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: December 19, 2013 | | 18. DATE APPROVED: APR 23 2014 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014 | | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i> | |
| 21. TYPED NAME: Gloria Nagle, Ph.D., MPA | | 22. TITLE: Associate Regional Administrator | |
| 23. REMARKS: Pen and ink change to Box 11. | | | |

State Plan Under Title XIX of the Social Security Act

State: Nevada

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 04/08/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

| Covered Populations Within New Adult Group | | Applicable Population Adjustment | | | |
|--|---|--|----------------|-----------------------|-------------------|
| Population Group | Relevant Population Group Income Standard | Resource Proxy | Enrollment Cap | Special Circumstances | Other Adjustments |
| | <p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p> | <p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p> | | | |
| A | B | C | D | E | F |
| Parents/Caretaker Relatives | Attachment A, Table 1, Column G, Line 1 of Part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modification to the MAGI Conversion Plan. | No | No | No | No |
| Disabled Persons, non-institutionalized | Attachment A, Table 1, Column G, Line 2 of Part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modification to the MAGI Conversion Plan. | N/A | N/A | N/A | N/A |
| Disabled Persons, institutionalized | Attachment A, Table 1, Column G, Line 3 of Part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modification to the MAGI Conversion Plan. | No | No | No | No |
| Children Age 19 or 20 | Attachment A, Table 1, Column G, Line 4 of Part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modification to the MAGI Conversion Plan. | N/A | N/A | N/A | N/A |
| Childless Adults | Attachment A, Table 1, Column G, Line 5 of Part 2 of the CMS approved MAGI conversion plan, including any subsequent CMS approved modification to the MAGI Conversion Plan. | N/A | N/A | N/A | N/A |
| | | | | | |

APR 23 2014

TN – 13-034

Approval Date – _____

Effective Date – 01/01/2014

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, 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.

Attachment A – Most Recent Table 1 for Part 2 of the Modified Adjusted Gross Income(MAGI) Conversion Plan*

Table 1

Part 2 of MAGI Conversion Plan Using State Data

| | Population Group | SIPP results used? (Yes/No) | Time Period selected | Sampling (Yes/No) | Net Income Standard | Income band used in conversion | Converted Standard |
|--------------------------------------|--|-----------------------------|---------------------------|-------------------|--|---|--|
| | A | B | C | D | E | F | G |
| Conversions for FMAP Claiming | | | | | | | |
| 1 | Parents/Caretaker Relatives (Expand number of rows for family size as needed for larger family size standards defined by the state) | Yes | April 2010 – SIPP results | | % FPL _____ or Fixed dollar standards Family size 1_253_____ 2_318_____ 3_383_____ 4_448_____ 5_513_____ 6_578_____ 7_643_____ Add-on for additional family members if relevant__65__ | % FPL _____ or Fixed dollar standards Family size 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ Add-on for additional family members if relevant_____ | % FPL _____ or Fixed dollar standards Family size 1_319_____ 2_407_____ 3_495_____ 4_582_____ 5_670_____ 6_758_____ 7_846_____ Add-on for additional family members if relevant__88__ |

| | Population Group | SIPP results used? (Yes/No) | Time Period selected | Sampling (Yes/No) | Net Income Standard | Income band used in conversion | Converted Standard |
|---|---------------------------------------|-----------------------------|----------------------|-------------------|---|---|--|
| | A | B | C | D | E | F | G |
| 2 | Non-institutionalized disabled adults | N/A | N/A | N/A | % FPL _____ N/A _____ % SSI FBR _____ or Dollar Standards Single _____ Couple _____ | % FPL _____ N/A _____ % SSI FBR _____ or Dollar Standards Single _____ Couple _____ | % FPL _____ N/A _____ % SSI FBR _____ or Dollar Standards Single _____ Couple _____ Conversion based on: ___ Average disregard ___ Median disregard |

| | Population Group | SIPP results used? (Yes/No) | Time Period selected | Sampling (Yes/No) | Net Income Standard | Income band used in conversion | Converted Standard |
|---|---|-----------------------------|----------------------|-------------------|---------------------|--------------------------------|--|
| | A | B | C | D | E | F | G |
| 3 | Institutionalized disabled adults (This is a gross income category: fill in column G only) | | | | | | % FPL _____ % SSI FBR 300 _____ <u>or</u> Dollar Standards Single _____ Couple _____ |

| | Population Group | SIPP results used? (Yes/No) | Time Period selected | Sampling (Yes/No) | Net Income Standard | Income band used in conversion | Converted Standard |
|---|---|-----------------------------|----------------------|-------------------|---|---|---|
| | A | B | C | D | E | F | G |
| 4 | Children age 19 and/or 20 Specify age limit as of 12/1/09 (19 or 20): _____ | N/A | N/A | N/A | % FPL _____ N/A ____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____ | % FPL _____ N/A ____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____ | % FPL _____ N/A ____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____ |
| 5 | Childless Adults | N/A | N/A | N/A | % FPL _____ N/A ____ | % FPL _____ N/A ____ | % FPL _____ N/A ____ |

*the contents of this table will be updated automatically in the case of modifications in the CMS approved MAGI Conversion Plan.