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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 22-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Summary Form (with 179-like data)
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NV - Submission Package - NV2022MS0001O - (NV-22-0025) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 20, 2026

Ann Jensen
Administrator
State of Nevada, Nevada Health Authority
4070 Silver Sage Drive
Carson City, NV 89701

Re: Approval of State Plan Amendment NV-22-0025

Dear Administrator Jensen,

On December 23, 2022, the Centers for Medicare & Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-22-0025 to implement Presumptive Eligibility (PE) for Pregnant Women within Nevada's Medicaid program.

We approve Nevada State Plan Amendment (SPA) NV-22-0025 with an effective date(s) of October 01, 2022.

Please note that accompanying the approval of SPA NV-22-0025 is the enclosed companion letter regarding the need for Nevada to make modifications to its paper and online PE applications (online portal) addressing CMS concerns by the dates listed in the companion letter.

Name	Date Created
Final Companion Letter NV-22-0025 Final	3/20/2026 3:29 PM EDT

If you have any questions regarding this amendment, please contact Cecilia Williams at 667-414-0674 or cecilia.williams@cms.hhs.gov.

Sincerely,
Nicole McKnight
On behalf of Courtney Miller, MCOG
Director
Center for Medicaid & CHIP Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 20, 2026

Ann Jensen
Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Dear Administrator Jensen:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) NV 22-0025, which was submitted to CMS on December 23, 2022.

Approval of SPA NV 22-0025 includes approval of the Presumptive Eligibility for Pregnant Women Reviewable Unit (RU), provider training materials, the online Presumptive Eligibility (PE) portal, and paper PE application used for PE for pregnant women. This approval will be effective as of October 1, 2022.

Pending implementation of the changes described below, Nevada will use an interim online PE portal and provider training materials. The state will revise the online PE portal, paper PE application, and provider training materials as described below.

	Necessary Change	Date by which the change will be completed:
1.	PE Portal For the applicant, the state will update the PE portal instructions and fields to request information from the applicant instead of the head of household. Specifically, the state will revise the following: <ul style="list-style-type: none">a. Change “Please provide the following information for the Head of Household:” to “Please provide the following information for Applicant 1:”.b. Remove the question “Is the Head of Household applying for PE?”.c. Change the section header from “Head of Household” to “Applicant 1”.	July 31, 2026


	Until the PE portal is updated with these changes, the state will provide training and update provider training materials to instruct providers not to enter non-applying household members into the portal.	
2.	PE Portal and Paper Application The state will update the PE portal and paper application to ensure and clearly indicate that the SSN question is optional for all applicants. For example, “Social Security Number (optional).”	July 31, 2026
3.	PE Portal The state will revise the PE portal system, as needed, to ensure that the PE system: <ul style="list-style-type: none"> a. Denies eligibility for a pregnant applicant who reports on the application that they have received PE for the current pregnancy, b. Does not deny eligibility for a pregnant applicant who reports that they have not received PE for the current pregnancy, and c. Does not deny eligibility for a pregnant woman even if the system finds that they received HPE within the last 24 months. 	July 31, 2026
4.	PE Portal For additional household members who are applying for PE, the state will update the PE portal instructions and fields to request information from these applicants instead of the head of household. Specifically, the state will revise the following: <ul style="list-style-type: none"> a. Change “Head of Household” and “Applicant 1” to the correct applicant number label depending on how many household members are applying. b. Remove the question “Is the Head of Household applying for PE?” c. Change “Relationship to Head of Household” to “Relationship to Applicant 1”. <p>Until the PE portal is updated with these changes, the state will provide training and update provider training materials to instruct providers not to enter non-applying household members into the portal.</p>	July 31, 2026
5.	PE Portal State will update the PE portal to make the question “Are you homeless?” optional. Additionally, state will update provider training materials to include training for the state’s process when such individuals do not have a mailing address. For example, provide correspondence at the local Medicaid office or the post office.	July 31, 2026
6.	PE Portal State will revise the portal to ask the following question regarding state residency information “Do you intend to reside in Nevada?” and include Yes or No response options.	July 31, 2026
7.	PE Portal and Paper Application The State will revise the PE portal and paper application to ensure that pregnant applicants are not asked about the expected (pregnancy) due date.	July 31, 2026
8.	PE Paper Application	July 31, 2026

	The state will update the PE paper application instructions to clarify that individuals may be eligible for one PE period every 24 months or one PE period per pregnancy.	
9.	<p>PE Paper Application</p> <p>The state will make the following changes to the Household Information:</p> <ul style="list-style-type: none"> a. Revise “Who should be part of your household on this application” to “Who should be counted as part of your household on this this application” b. Revise “Complete the Additional Member pages for each person in your family. Start with yourself. If you have more than 3 people in your family, you will need to make a copy of the ‘Additional Member’ pages and complete.” to “If any members of your household are applying for PE, complete the Additional Member pages for each person. Start with yourself. If you have more than 3 people in your family applying for PE, you will need to make a copy of the ‘Additional Member’ pages and complete. 	July 31, 2026
10.	<p>PE Paper Application</p> <p>Update the instructions below “Tell Us About Your Family’s Income” to “(Include the total income before taxes received by you and all household members)”.</p>	July 31, 2026
11.	<p>PE Paper Application</p> <p>Update the penalty of perjury statement to “I’m signing this application and providing true answers to all of the questions to the best of my knowledge.”</p>	July 31, 2026
12.	<p>PE Paper Application</p> <p>The State will update the question “United States Citizen or National?” to “United States Citizen, National, or eligible immigrant?” and make this a required question.</p>	July 31, 2026

Please submit the revised online PE application screenshots and copies of all provider training materials to CMS for review upon completion of each change identified above. We will continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Cecilia Williams at Cecilia.Williams@cms.hhs.gov or Sarah O’Connor at Sarah.Oconnor@cms.hhs.gov.

Sincerely,

Nicole M.
Mcknight -S



Digitally signed by Nicole M.
Mcknight -S
Date: 2026.03.20 14:17:47 -04'00'

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

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NV - Submission Package - NV2022MS0001O - (NV-22-0025) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NV2022MS0001O	SPA ID	NV-22-0025
Submission Type	Official	Initial Submission Date	12/23/2022
Approval Date	03/20/2026	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Nevada

Medicaid Agency Name: State of Nevada, Nevada Health Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

Package Header

Package ID NV2022MS0001O	SPA ID NV-22-0025
Submission Type Official	Initial Submission Date 12/23/2022
Approval Date 03/20/2026	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NV-22-0025

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	10/1/2022	New
Presumptive Eligibility for Pregnant Women	10/1/2022	New

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

Package Header

Package ID	NV2022MS0001O	SPA ID	NV-22-0025
Submission Type	Official	Initial Submission Date	12/23/2022
Approval Date	03/20/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

- Summary Description Including Goals and Objectives** Development and implementation of presumptive eligibility Objectives:
1. Expanding the functionality of the presumptive eligibility portal
 2. Allowing New Provider types to enter and approve eligibility for pregnant women
 3. Ensuring eligibility for Pregnancy presumptive eligibility remains one PE period per pregnancy whether through the Pregnancy program or hospital program
 4. Amending the presumptive Eligibility policy for Nevada to include pregnant women

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$157197
Second	2024	\$278641

Federal Statute / Regulation Citation

Title XIX of the SSA and 42 CFR 447

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
5. CMS FAQs AB189 9.2022	9/15/2022 2:17 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Review by NV DHHS Director Richard Whitley

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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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NV2022MS0001O	SPA ID	NV-22-0025
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Approval Date	03/20/2026	Effective Date	10/1/2022
Superseded SPA ID	New User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

Package Header

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Superseded SPA ID	New		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- 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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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	NV2022MS0001O	SPA ID	NV-22-0025
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Superseded SPA ID	New User-Entered		


The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
2990-EM Application for Presumptive Eligibility -FINAL 3.2026	3/6/2026 6:12 PM EST	

Name	Date Created	
PPE_Screenshots 3.2026	3/6/2026 6:13 PM EST	

5. Describe the presumptive eligibility screening process:

The recipient applies for PE through a qualified provider to receive prenatal care for a pregnancy. The provider will explain that PE allows the applicant immediate access to health care for up to 60 days. The provider will also explain Pregnancy PE allows for one coverage period per pregnancy. The provider will explain that medical assistance beyond this temporary period, is available with a full application for regular Medicaid. Providers will then interview the applicant and obtain all factors of eligibility through attestation and have the applicant sign the application. Providers will then conduct their eligibility determination and complete the off-line budget, evaluation all factors as attested by the applicant. If determined eligible, the provider will enter the applicants information into the system to obtain a Medicaid billing number. If approved for PE, the qualified provider will give the applicant a notice saying they are approved. This notice is proof of eligibility to receive services. Additional

copies of this notice may be obtained from the provider. The notice may be used for prenatal care at outpatient clinics or other places in the community. The PE will be limited to ambulatory prenatal care services.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.

2. Household income must not exceed the applicable income standard at 42 CFR 435.116.

a. A reasonable estimate of MAGI-based income is used to determine household income.

b. Gross income is used to determine household size.

3. State residency

4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

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Superseded SPA ID	New		
	User-Entered		







D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
3 - PPE Non-Financial Factors - FINAL 3.2026	3/6/2026 6:15 PM EST	
1 - PPE Welcome ADA FINAL 3.2026	3/6/2026 6:15 PM EST	
2 - PPE Overview - ADA FINAL 3.2026	3/6/2026 6:15 PM EST	
4 - PPE Income - ADA FINAL 3.2026	3/6/2026 6:15 PM EST	
5 - PPE Budgeting - ADA FINAL 3.2026	3/6/2026 6:15 PM EST	
6 - PPE Quality Control - ADA FINAL 3.2026	3/6/2026 6:15 PM EST	
1 - 6 of 6		

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2022MS0001O | NV-22-0025

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	User-Entered		

E. 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.

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