

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 23-0004**

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 - NV2023MS0001O - (NV-23-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

[Related Actions](#)

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

August 17, 2023

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-23-0004

Dear Stacie Weeks,

On April 28, 2023, the Centers for Medicare & Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-23-0004, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Nevada State Plan Amendment (SPA) NV-23-0004 with an effective date of April 01, 2023.

While the approved effective date of this SPA is April 01, 2023, we understand that for the period starting January 01, 2023 through March 31, 2023, the state has implemented a temporary strategy for anyone who meets the SUPPORT Act criteria and who is not eligible for a mandatory group, that the state will enroll such individual in the its Independent Foster Care Adolescents eligibility group.

If you have any questions regarding this amendment, please contact Brian Zolynas at [brian.zolynas@cms.hhs.gov](mailto:brian.zolynas@cms.hhs.gov).

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# NV - Submission Package - NV2023MS0001O - (NV-23-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

### Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Nevada

**Medicaid Agency Name:** State of Nevada DHHS, Division of Health Care Financing & Policy

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

### Package Header

**Package ID** NV2023MS0001O  
**Submission Type** Official  
**Approval Date** 08/17/2023  
**Superseded SPA ID** N/A

**SPA ID** NV-23-0004  
**Initial Submission Date** 4/28/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NV-23-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	4/1/2023	New
Mandatory Eligibility Groups	4/1/2023	New
Former Foster Care Children	4/1/2023	NV-13-0024-MM

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

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

## Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** Pursuant to Section 1002(a) of the SUPPORT Act individuals who turn 18 on or after January 1, 2023, will be Medicaid eligible if they meet all the requirements listed below:

- Are under age 26;
- Are not enrolled in another mandatory eligibility group (even if they meet the eligibility requirements for such group);
- Were in foster care in any state upon attaining age 18; and
- Were enrolled in Medicaid in any state while in such foster care.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$109636
Second	2024	\$128541

### Federal Statute / Regulation Citation

Section 1002(a) of the SUPPORT Act and Section 1902(a)(10)(A)(i)(IX) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">2. CMS 179 Form</a>	4/27/2023 12:06 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

### Package Header

**Package ID** NV2023MS0001O  
**Submission Type** Official  
**Approval Date** 08/17/2023  
**Superseded SPA ID** N/A

**SPA ID** NV-23-0004  
**Initial Submission Date** 4/28/2023  
**Effective Date** N/A

### Governor's Office Review

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

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.

*This view was generated on 9/5/2023 4:58 PM EDT*

# NV - Submission Package - NV2023MS0001O - (NV-23-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

#### Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	New User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)



# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

### Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	New User-Entered		

### Mandatory Coverage





A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004



## Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	New		
	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

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

### C. Additional Information (optional)

## 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

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

#### Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	NV-13-0024-MM		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

#### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

**1. The state covers individuals who:**

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

#### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

**1. The state covers individuals who:**

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

## Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0001O | NV-23-0004

### Package Header

<b>Package ID</b>	NV2023MS0001O	<b>SPA ID</b>	NV-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/28/2023
<b>Approval Date</b>	08/17/2023	<b>Effective Date</b>	4/1/2023
<b>Superseded SPA ID</b>	NV-13-0024-MM		
	User-Entered		

### D. 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.

*This view was generated on 9/5/2023 5:01 PM EDT*