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**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 23-0012**

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- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# NV - Submission Package - NV2023MS00030 - (NV-23-0012) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** 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

September 22, 2023

Stacie Weeks  
Administrator  
State of Nevada DHHS, Division of Health Care Financing and Policy  
1100 East William Street  
Carson City, 89701

Re: Approval of State Plan Amendment NV-23-0012

Dear Stacie Weeks,

On June 30, 2023, the Centers for Medicare & Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-23-0012, in which the state proposed to change its cost neutrality methodology for the Katie Beckett eligibility group.

We approve Nevada State Plan Amendment (SPA) NV-23-0012 with an effective date of July 01, 2023.

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 - NV2023MS0003O - (NV-23-0012) - Eligibility

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CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0003O | NV-23-0012

### Package Header

<b>Package ID</b>	NV2023MS0003O	<b>SPA ID</b>	NV-23-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/30/2023
<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Nevada	<b>Medicaid Agency Name:</b>	State of Nevada DHHS, Division of Health Care Financing & Policy
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### Submission Component

State Plan Amendment  Medicaid  CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

### Package Header

**Package ID** NV2023MS00030  
**Submission Type** Official  
**Approval Date** 09/22/2023  
**Superseded SPA ID** N/A

**SPA ID** NV-23-0012  
**Initial Submission Date** 6/30/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NV-23-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2023	NEW
Children under Age 19 with a Disability	7/1/2023	NV-16-0005

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

## Package Header

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<b>Approval Date</b>	09/22/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description** (1) DHCFP has recognized the current methodology for calculating the Parental Financial Obligation for the Katie Beckett Eligibility Option is not transparent and often leads our parents to drop off the much-needed option as the cost for the secondary insurance (Medicaid) is too costly. DHCFP had proposed and received legislative approval to update the methodology to a Premium Matrix that looks only at a family's adjusted gross income (AGI) and the number of dependents in the home.

**Including Goals and Objectives** (2) A minor State Plan Change is being updated to ensure cost neutrality of the KB Option from a quarterly look back to an annual look back.

The following Nevada State Plan Policies are being updated to replace quarterly to annually in the wording:

1. Nevada State Plan Supplement 3 to Attachment 2.2-A: "At the end of each calendar quarter" will now state on an annual basis (rolling calendar based on redetermination date), a computerized list of approved Katie Beckett Eligibility Option cases is generated by DHCFP

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

### Federal Statute / Regulation Citation

Social Security Act 1902(e)(3), 42 CFR 435.225

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

### Package Header

**Package ID** NV2023MS00030

**Submission Type** Official

**Approval Date** 09/22/2023

**Superseded SPA ID** N/A

**SPA ID** NV-23-0012

**Initial Submission Date** 6/30/2023

**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.

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# NV - Submission Package - NV2023MS0003O - (NV-23-0012) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

**Package ID** NV2023MS0003O

**Program Name** N/A

**SPA ID** NV-23-0012

**Version Number** 6

**Submitted By** Jenifer Graham

**Package Disposition**



**Priority Code** P2

**Lead Division** DMEP

**Submission Type** Official

**State** NV

**Region** San Francisco, CA

**Package Status** Approved

**Submission Date** 6/30/2023

**Approval Date** 9/22/2023 2:02 PM EDT



# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0003O | NV-23-0012

### Package Header

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<b>Approval Date</b>	09/22/2023	<b>Date</b>	
<b>Superseded SPA ID</b>	NEW	<b>Effective Date</b>	7/1/2023
	User-Entered		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<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 ?
Individuals Eligible for but Not Receiving Cash Assistance		<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 ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

### Package Header

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	User-Entered		

### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

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### 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 - Options for Coverage

### Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

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	User-Entered		

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:
  - a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
  - b. It is appropriate to provide such care for the child outside such an institution; and
  - c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - a. Individuals in Institutions Eligible under a Special Income Level
  - b. Age and Disability-related Poverty Level
  - c. Medically Needy Individuals
  - d. Individuals Eligible for but Not Receiving Cash Assistance
  - e. Other eligibility group(s):

# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0003O | NV-23-0012

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## B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.
2. Less restrictive methodologies are used in calculating countable income.

Yes  
 No

3. Less restrictive methodologies are used in calculating countable resources.

Yes  
 No

# Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00030 | NV-23-0012

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## C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- a. Annually
- b. Semi-annually
- c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- a. Standard methodology is used.
  - i. The cost of services for the individual at home is determined using one of the following methods:
    - (1) By projecting the approved plan of care.
    - (2) By using another method

Description:

Reviewing individual claims (inclusive rates for appropriate LOC facility) vs. institutional costs. At the end of each calendar year, 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 annually 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 Individuals with Intellectual Disabilities (ICF/ID), which is determined by a level of care assessment.

ii. The cost of providing institutional care at the appropriate level of care for this individual is determined using the following method:

Description:

Institutional claims vs. participant claims

iii. At the time of the cost effectiveness determination, the cost of care for the individual at home is considered to be cost effective if it does not exceed the cost of the individual's institutional care.

Additional comments (optional):

- b. An alternative methodology is used.

# Children under Age 19 with a Disability

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## D. Additional Information (optional)



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