

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 23-0030

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 - NV2023MS00040 - (NV-23-0030) - Eligibility

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, IL 60601



Center for Medicaid & CHIP Services

December 15, 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-23-0030

Dear Stacie Weeks,

On October 04, 2023, the Centers for Medicare and Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-23-0030, in which the state proposed to expand eligibility for pregnant individuals whose incomes are up to 185 percent of the federal poverty level (FPL).

We approve Nevada State Plan Amendment (SPA) NV-23-0030 with an effective date(s) of January 01, 2024.

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

Sincerely,
Ruth A. Hughes
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

NV - Submission Package - NV2023MS00040 - (NV-23-0030) - Eligibility

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

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	N/A
Superseded SPA ID	N/A		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 | NV2023MS00040 | NV-23-0030

Package Header

Package ID NV2023MS00040	SPA ID NV-23-0030
Submission Type Official	Initial Submission Date 10/4/2023
Approval Date 12/15/2023	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NV-23-0030

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2024	NV-23-0004
Pregnant Women	1/1/2024	NV-13-0024-MM

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives As a result of the passage of Senate Bill 420 during the 81st (2021) Nevada Legislative Session, coverage for Pregnant Women is being expanded to those whose household income is between 160% and 185% of the federal poverty level (FPL). Previously, the FPL cutoff for pregnant women was 160%.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$1035451
Second	2025	\$1579378

Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(i)(III) and (IV) of the Social Security Act and 42 C.F.R. 435.116 1902(a)(10)(A)(ii)(I), (IV) and (IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	N/A
Superseded SPA ID	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 12/27/2023 1:53 PM EST

NV - Submission Package - NV2023MS0004O - (NV-23-0030) - Eligibility

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

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS0004O | NV-23-0030

Package Header

Package ID	NV2023MS0004O	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	1/1/2024
Superseded SPA ID	NV-23-0004		
	System-Derived		

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"/>	APPROVED
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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
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
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 | NV2023MS00040 | NV-23-0030




Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	1/1/2024
Superseded SPA ID	NV-23-0004		
	System-Derived		

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

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	1/1/2024
Superseded SPA ID	NV-13-0024-MM		
	User-Entered		

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

Yes

No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 185.00%

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	1/1/2024
Superseded SPA ID	NV-13-0024-MM		
	User-Entered		

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NV2023MS00040 | NV-23-0030

Package Header

Package ID	NV2023MS00040	SPA ID	NV-23-0030
Submission Type	Official	Initial Submission Date	10/4/2023
Approval Date	12/15/2023	Effective Date	1/1/2024
Superseded SPA ID	NV-13-0024-MM		
	User-Entered		

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
 No

b. The minimum income standard for this eligibility group is 133% FPL.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

G. 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 12/27/2023 1:49 PM EST