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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0006

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

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

January 17, 2025

Stacie Weeks, Administrator
Department of Health and Human Services
Division of Healthcare Financing and Policy
1100 East Williams Street, Suite 101 Carson
City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-24-0006

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-24-0006. This amendment proposes to update premiums for the Katie Beckett group described at 42 CFR § 435.225.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-24-0006 was approved on January 17, 2025, with an effective date of January 01, 2024. The state revised the effective date of this SPA during the review process. CMS will continue to work with the state on the impact of beneficiaries related to the implementation of premiums and the SPA's revised effective date.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,


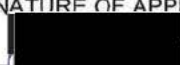
A black rectangular redaction box covering the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2025.01.17 16:37:22
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Cindy Kirstie
Michael Gorden
Richard McFeely
Casey Angres
Deidre Manley

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 6</u>	2. STATE <u>NV</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>January 1, 2024</u> July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act 1902(e)(3), 42 CFR 435.225</u> <u>Sections 1916 and 1916A of the Social Security Act and 42 CFR 447.55-.57</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.18-F Page 5 and 6 (NEW)</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT <u>Katie Beckett Premium SPA</u>			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Cynthia Leech, Agency Manager of Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
12. TYPED NAME RICHARD WHITLEY			
13. TITLE DIRECTOR, DHHS			
14. DATE SUBMITTED December 29, 2023			
FOR CMS USE ONLY			
16. DATE RECEIVED December 29, 2023		17. DATE APPROVED January 17, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2025.01.17 16:39:27 -06'00'	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS <u>12/10/2024: Nevada concurred with Pen and Ink changes to Boxes 4, 5 & 7 in writing via email.</u>			

Revision:
June 2009

OMB Approved # 0938-0993
Attachment 4.18-F
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

a. Enforcement

- i. ___/ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
- ii. ___/ (If above box selected) Providers are permitted to reduce or waive cost sharing on a case-by-case basis.
- iii. ___/ State payments to providers must be reduced by the amount of the beneficiary cost-sharing obligations, regardless of whether the provider successfully collects the cost-sharing.

2. Premiums

a. Amount of Premiums

- i. ___/ No premiums are imposed.
- ii. ☒/ Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining
Katie Beckett	Based off of 205%FPL	Family Income
Eligibility Option	and Greater	(including monthly or quarterly period)

Attach a schedule of the premium amounts for the various eligibility groups.

b. Limitation:

- The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Premium amounts are based on the Federal Poverty Level and dollar amounts are adjusted annually to account for Federal Poverty Level changes. The premium schedule is available on the agency's website at <https://dhcfp.nv.gov/Pgms/LTSS/LTSSKatieBeckett/Eligibility.pdf>.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

- c. No premiums shall be imposed for the individuals specified at section 1916A(b)(3) of the Act.
- d. Enforcement
 - i. ___/ Prepayment required for the following groups of individuals who are applying for Medicaid:
 - ii. ☒/ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid:

Katie Beckett Eligibility Option

- iii. ☒/ Payment will be waived on case-by-case basis for undue hardship.

B. Period of determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

/ Quarterly

☒/ Monthly

TN No. 24-0006
Supersedes TN No. NEW
CMS-101090 (09/06)

Approval Date: January 17, 2025
Effective Date: January 1, 2024