

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 25-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

# NV - Submission Package - NV2025MS0002O - (NV-25-0006) - 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 and CHIP Services  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 02, 2025

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-25-0006

Dear Stacie Weeks,

On March 11, 2025, the Centers for Medicare & Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-25-0006, in which the state proposed to increase the income standard for pregnant women in Medicaid to 200 percent of the federal poverty level.

We approve Nevada State Plan Amendment (SPA) NV-25-0006 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Cecilia Williams at [cecilia.williams@cms.hhs.gov](mailto:cecilia.williams@cms.hhs.gov).

Sincerely,

Nicole McKnight

On Behalf of Courtney Miller, MCOG  
Director

Center for Medicaid & CHIP Services

# NV - Submission Package - NV2025MS0002O - (NV-25-0006) - Eligibility

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2025MS0002O | NV-25-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NV2025MS0002O	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<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Superseded SPA ID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 | NV2025MS00020 | NV-25-0006

### Package Header

<b>Package ID</b>	NV2025MS00020	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NV-25-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2025	NV-23-0012
Individuals above 133% FPL under Age 65	7/1/2025	NV-13-0024-MM

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2025MS00020 | NV-25-0006

### Package Header

<b>Package ID</b>	NV2025MS00020	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Assembly Bill 432 / Senate Bill 420 in the 2021 Legislative Session mandated that Medicaid eligibility for pregnant women increase the allowable income limit from the current 165% of the federal poverty level (FPL) to a maximum income of 200% FPL. The expected implementation date is July 1, 2025

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$2078342
Second	2027	\$2193493

#### Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(ii)(XX) of the Social Security Act; 42 CFR435.218

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NV2025MS00020 | NV-25-0006

### Package Header

<b>Package ID</b>	NV2025MS00020	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 5/6/2025 10:18 AM EDT*

# NV - Submission Package - NV2025MS0002O - (NV-25-0006) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NV2025MS0002O | NV-25-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NV2025MS0002O	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	<u>7/1/2025</u>
<b>Superseded SPA ID</b>	NV-23-0012		
	System-Derived		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" 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
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" 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 checked="" 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 checked="" 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 | NV2025MS00020 | NV-25-0006

### Package Header

<b>Package ID</b>	NV2025MS00020	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	7/1/2025
<b>Superseded SPA ID</b>	NV-23-0012		
	System-Derived		

## 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 | NV2025MS00020 | NV-25-0006

### Package Header

<b>Package ID</b>	NV2025MS00020	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	7/1/2025
<b>Superseded SPA ID</b>	NV-23-0012		
	System-Derived		

### 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

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 5/6/2025 10:20 AM EDT*

# NV - Submission Package - NV2025MS0002O - (NV-25-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NV2025MS0002O | NV-25-0006

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	NV2025MS0002O	<b>SPA ID</b>	NV-25-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/11/2025
<b>Approval Date</b>	05/02/2025	<b>Effective Date</b>	<u>7/1/2025</u>
<b>Superseded SPA ID</b>	NV-13-0024-MM		
	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

#### 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. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes  No

2. The state covers the following populations:

- a. All children under a specified age limit:
- b. Reasonable classifications of children
- c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income
- d. Pregnant women
- e. Other

## D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes  No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level. 200.00% FPL
- b. No income test (the income standard is infinite).

## E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

## F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes  No

**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 5/6/2025 12:22 PM EDT*