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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0010

This file contains the following documents in the order listed:

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

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

February 27, 2025

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

Re: Nevada State Plan Amendment (SPA) NV-25-0010

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0010. This State Plan Amendment (SPA) will increase the amount for the personal needs allowance to eligible recipients in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). This amendment will also allow for COLA increases annually.

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-25-0010 was approved on February 27, 2025, with an effective date of January 16, 2025.

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

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Cindy Kirstie
Kirsten Coulombe
El Hermansen
Casey Angres
Malinda Southard

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 0</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
January 16, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §435.725(c)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 47,108
b. FFY 2026 \$ 47,455

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 4a of Medicaid State Plan, Attachment 2.6-A, Eligibility Conditions or Requirements

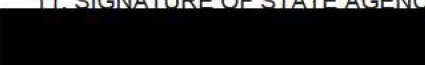
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 2.6-A Page 4a

9. SUBJECT OF AMENDMENT
Increased the amount for the personal needs allowance provided to eligible recipients in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The amendment will also allow for COLA increases annually.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

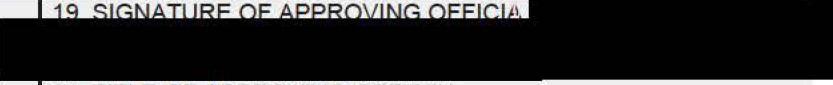
14. DATE SUBMITTED
January 17, 2025

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED <u>January 29, 2025</u>	17. DATE APPROVED <u>February 27, 2025</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 16, 2025</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Ruth A. Hughes</u>	21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>

22. REMARKS

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care: Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples for All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$154 effective 01/01/2024</u></p> <p>PNA for individuals in a Nursing Facility (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) is equivalent to the PNA of individuals living in a group/domiciliary care who receive a State Supplemental Payment (SSP) (\$154 in 2024). This figure is adjusted annually by the cost-of-living adjustment (COLA) as determined by the Social Security Administration (SSA).</p> <p>Couples \$ <u>N/A</u></p> <p>For the following persons with greater need: Institutionalized individuals with no community spouse living in the home but with other dependent family members in the home as described in Attachment 2.6.A page 5.</p> <p><u>Supplement 12 to Attachment 2.6-A page 1</u> describes the Greater need, describes the basis or formula for determining the deductible amount when a specific amount is not listed above; and lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>35.</u> Adults \$ <u>35.</u></p> <p>For the following persons with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A.</u> \$ <u>35.</u></p>