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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 25-0024

This file contains the following documents in the order listed:

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NV - Submission Package - NV2025MS0004O - (NV-25-0024) - Administration

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

February 06, 2026

Ann Jensen
Administrator
State of Nevada
Nevada Health Authority
4070 Silver Sage Drive
Carson City, NV 89701

Re: Approval of State Plan Amendment NV-25-0024

Dear Administrator Jensen,

On September 26, 2025, the Centers for Medicare & Medicaid Services (CMS) received Nevada State Plan Amendment (SPA) NV-25-0024 to update the designation of its Single State Agency (SSA) for Medicaid program administration. Effective July 1, 2025, the Nevada Health Authority (NVHA) will assume responsibility as the SSA, as mandated by Senate Bill 494, enacted during the 83rd Legislative Session in 2025.

We approve Nevada State Plan Amendment (SPA) NV-25-0024 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Cecilia Williams at (410) 786-2539 or cecilia.williams@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

NV - Submission Package - NV2025MS0004O - (NV-25-0024) - Administration

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

CMS-10434 OMB 0938-1188

Package Header

Package ID	NV2025MS0004O	**SPA ID**	NV-25-0024
Submission Type	Official	**Initial Submission Date**	9/26/2025
Approval Date	02/06/2026	**Effective Date**	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Nevada	**Medicaid Agency Name:**	State of Nevada, Nevada Health Authority

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

Package Header

Package ID NV2025MS0004O

SPA ID NV-25-0024

Submission Type Official

Initial Submission Date 9/26/2025

Approval Date 02/06/2026

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID NV-25-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2025	NV-14-0006
Intergovernmental Cooperation Act Waivers	7/1/2025	NV-14-0006
Eligibility Determinations and Fair Hearings	7/1/2025	NV-14-0006
Organization and Administration	7/1/2025	NV-14-0006
Single State Agency Assurances	7/1/2025	NV-14-0006

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

A1, A2, A3, Attachment 1.1-A

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

Package Header

Package ID NV2025MS0004O

SPA ID NV-25-0024

Submission Type Official

Initial Submission Date 9/26/2025

Approval Date 02/06/2026

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Nevada is amending its state plan to reflect an update to the Single State Agency (SSA) responsible for the administration of its Medicaid and Children's Health Insurance Programs to the Nevada Health Authority (NVHA) pursuant to the passing of Senate Bill 494 of the 83rd (2025) Legislative Session.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$0
Second	2027	$0

Federal Statute / Regulation Citation

42 CFR 431.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

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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 - NV2025MS0004O - (NV-25-0024) - Administration

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

CMS-10434 OMB 0938-1188

Package Header

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	User-Entered		

A. Single State Agency

1. State Name: Nevada

☑ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Nevada Health Authority

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General_s Certification	1/22/2026 2:14 PM EST	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

○ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

◉ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

- ☐ a. The single state agency supervises the administration through counties or local government entities.
- ☐ b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
- ☑ c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

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D. Additional information (optional)

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NV - Submission Package - NV2025MS0004O - (NV-25-0024) - Administration

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

CMS-10434 OMB 0938-1188

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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Department of Human Services (DHS)

1. Name of state agency to which responsibility is delegated:

Department of Human Services (DHS)

2. Date waiver granted:

12/15/2025

3. The type of responsibility delegated is (check all that apply):

- [x] a. Conducting fair hearings
- [ ] b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

NVHA, through an inter-local contract with the Department of Human Services, Division of Social Services (DSS) delegates its authority to conduct fair hearings and issue final hearing decisions with respect to determinations of eligibility and expedited fair hearing to DSS. The inter-local contract defines the respective relationship between NVHA and DSS including implementation of 42 CFR § 431, subpart E.

DSS agrees to conduct scheduled, impartial administrative fair hearings for individuals who request a fair hearing to dispute a determination of eligibility and for whom DSS is not able to resolve their issue during an informal resolution process. Generally, fair hearing requests with respect to determinations of eligibility are received by DSS who will assign an impartial hearing officer to conduct the hearing via telephone with the option for video or in person, and will take final administrative action within 90 days of receipt of a fair hearing request. Individuals who wish to dispute a determination of eligibility have 90 calendar days from the date of the notice of decision to request a fair hearing. DSS conducts expedited fair hearings for hearing requests for both eligibility related and non-eligibility related matters. NVHA determines whether a request for an expedited fair hearing meets the criteria for an expedited hearing.

5. Methods for coordinating responsibilities between the agencies include:

- [x] a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- [x] b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- [x] c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- [x] d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- [x] e.The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
  - [x] i. A written agreement between the agencies.
  - [ ] ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- (•) Yes
- ( ) No

- [x] The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

NVHA will ensure that every applicant for, or beneficiary of, medical assistance under title XIX of the Social Security Act is informed, in writing, of the fair hearing process and how to contact both NVHA and DSS. NVHA retains oversight of the State Plan, the development and issuance of policies, rules and regulations on program matters; and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DSS. NVHA will ensure that DSS complies with all Medicaid-related federal and state laws, regulations and policies in the completion of the fair hearing.

View Waiver Department of Administration (DOA)

1. Name of state agency to which responsibility is delegated:

Department of Administration (DOA)

2. Date waiver granted:

4/23/2015

3. The type of responsibility delegated is (check all that apply):

- [x] a. Conducting fair hearings
- [ ] b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The DHHS, through an interlocal contract between its Division of Health Care Financing and Policy (DHCFP) and the Department of Administration Appeals Office (DOA), delegates its authority to conduct beneficiary fair hearings and issue final fair hearing decisions for Medicaid covered services and provider fair hearings for claims, re-coupments and enrollment issues to the DOA. The Interlocal Contract also defines the respective relationship between the DHCFP and the DOA including implementation of 42 CFR section 431, subpart E; Chapter 3100 of the Nevada Medicaid Services Manual, all other applicable provisions and any quality control and oversight that is planned.

5. Methods for coordinating responsibilities between the agencies include:

- [x] a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- [x] b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- [x] c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- [x] d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- [x] e.The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
  - [x] i. A written agreement between the agencies.
  - [ ] ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- (•) Yes
- ( ) No

- [x] The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

The DHHS through the DHCFP will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact both the DHCFP and the DOA. The DHHS retains oversight of the State Plan, the development and issuance of policies, rules, and regulations on program matters; and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the DOA. DHHS will ensure that the Department of Administration complies with all Medicaid related federal and state laws, regulations and policies in the completion of the fair hearing.

8. Date waiver terminated:

Dec 14, 2025

View Waiver Department of Administration (DOA)

1. Name of state agency to which responsibility is delegated:

Department of Administration (DOA)

2. Date waiver granted:

12/15/2025

3. The type of responsibility delegated is (check all that apply):

- [x] a. Conducting fair hearings
- [ ] b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

NVHA, through an inter-local contract with the Department of Administration (DOA), Hearings Division, delegates its authority to conduct fair hearings, excluding expedited fair hearings, and issue final hearing decisions for beneficiaries with respect to all matters other than determinations of eligibility, as applicable under federal law to the DOA Hearings Division. The inter-local contract also defines the respective relationship between NVHA and the DOA Hearings Division including implementation of 42 CFR § 431, Subpart E.

DOA Hearings Division agrees to conduct scheduled impartial administrative fair hearings for individuals who request a fair hearing with respect to matters other than determinations of eligibility and for whom NVHA is unable to resolve disputes during an informal resolution process. Generally, fair hearing requests are received by NVHA and NVHA informs DOA Hearings Division of the cases that should be scheduled for a hearing. Beneficiaries have 90 calendar days from the date of the notice of decision or administrative action to request a fair hearing and final administrative action is taken within 90 days of receipt of a fair hearing request.

5. Methods for coordinating responsibilities between the agencies include:

- [x] a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- [x] b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- [x] c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- [x] d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- [x] e.The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
    - [x] i. A written agreement between the agencies.
    - [ ] ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- (•) Yes
- ( ) No

- [x] The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

NVHA through its Division of Nevada Medicaid (DNM), will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact both NVHA and DOA Hearings Division. NVHA retains oversight of the State Plan, the development and issuance of policies, rules and regulations on program matters and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DOA Hearings Division. NVHA will ensure that DOA Hearings Division complies with all Medicaid related federal and state laws, regulations and policies in the completion of the fair hearing.

Intergovernmental Cooperation Act Waivers

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Superseded SPA ID	NV-14-0006		
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B. 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.

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Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NV2025MS0004O | NV-25-0024

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Package Header

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- [ ] a. The Medicaid agency
- [x] b. Delegated governmental agency
  - [x] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- [ ] a. The Medicaid agency
- [x] b. Delegated governmental agency
  - [x] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. The Social Security Administration determines Medicaid eligibility for:
    - [ ] (1) SSI beneficiaries
    - [ ] (2) Optional state supplement recipients
  - [ ] iv. Other

3. Assurances:

- [x] a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- [x] b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- [x] c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- [x] d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

☑ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

☑ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- ☐ a. Medicaid agency
- ☑ b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- ☐ d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- ☑ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ○ Yes
- ◉ No

D. Additional information (optional)

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Medicaid State Plan Administration

Organization

Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- (•) a. A stand-alone agency, separate from every other state agency
- ( ) b. Also the Title IV-A (TANF) agency
- ( ) c. Also the state health department
- ( ) d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

NVHA delegates its eligibility determinations to the Department of Human Services (DHS).

b. Fair Hearings (including expedited fair hearings)

The Medicaid agency maintains oversight over all Medicaid fair hearings, including expedited fair hearings. However, the Medicaid agency has delegated Medicaid fair hearings for eligibility to the Department of Human Services and has delegated Medicaid fair hearings for all matters excluding eligibility determinations to the Department of Administration via waivers under the authority of the Intergovernmental Cooperation Act of 1968.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

NVHA's Medicaid Division is responsible for the administration and oversight of both fee-for-service and managed care health care delivery systems, benefits, services, rates and care coordination.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

NVHA's Medicaid Division is responsible for program and policy support including state plan, waivers and demonstrations. The Medicaid Division is responsible for the development, submission and maintenance of the Medicaid State Plan and waiver submissions, including demonstration waivers, and ensures that the State Plan and waivers comply with federal requirements.

e. Administration, including budget, legal counsel

NVHA is the single state agency responsible for administering, or supervising the administration of, the Medicaid program under title XIX of the Social Security Act. NVHA's Health Care Financing unit, is responsible for the State Medicaid Agency budget. The Attorney General and the deputies of the Attorney General are the legal advisers for the State Medicaid Agency pursuant to Nevada Revised Statutes (NRS) 422.275 and NVHA has in-house regulatory counsel.

f. Financial management, including processing of provider claims and other health care financing

NVHA's Health Care Financing unit, is responsible for the financial administration and management of the state's Medicaid program including budget, supplemental payments, cost allocation, managed care capitation payments, expenditure tracking, federal reporting and accounting. Provider claims processing is managed by NVHA's IT & Innovations unit.

g. Systems administration, including MMIS, eligibility systems

NVHA's IT & Innovations unit is responsible for administration and oversight of core Medicaid information systems. These systems support eligibility determination, claims adjudication and payment, prior authorization and utilization review, encounter data collection, provider enrollment and credentialing, data analytics, and federal reporting.

h. Other functions, e.g., TPL, utilization management (optional)

NVHA's Office of Medicaid Inspector General (OMIG) located within the Health Care Purchasing and Compliance Division, is responsible for program integrity and audit functions, including surveillance and utilization review, recovery and recoupment. Health Care Purchasing and Compliance Division is also responsible for health facilities licensure and inspection. NVHA's Consumer Health Division is responsible for administration and oversight of Nevada's health insurance exchange, known as Nevada Health Link, the public option, and Medicaid eligibility policy.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
NVHA High Level Division Organizational Chart with Leadership Team & Programs and Areas	9/26/2025 3:30 PM EDT	

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Submission Type	Official	**Initial Submission Date**	9/26/2025
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Superseded SPA ID	NV-14-0006		
	User-Entered		

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	DHS is the title IV-A state agency that, through its Division of Social Services (DSS) and Division of Child and Family Services (DCFS), performs the determinations of eligibility, including fair hearings for eligibility determinations for all eligibility groups. DSS performs the determinations of eligibility for all eligibility groups, other than the foster care groups handled by DCFS, under the State Plan. DSS performs fair hearings for all eligibility groups, including eligibility determinations made by DCFS for the foster care groups indicated below. These two functions, though completed by the same agency, fall under two distinct program units and program chiefs. The determination of eligibility function is located in the Program and Field Operations Unit, and the fair hearing function is located in the Program Review and Evaluation Unit, each of which report to their respective Deputy Administrators. DCFS, Nevada's child welfare agency, completes the eligibility functions for the following groups: Title IV-E Eligible Foster Care Children, Non-Title IV-E Eligible Foster Care Children, Foster Care Children receiving Supplemental Security Income (SSI), Children born to a Medicaid-eligible minor parent in foster care, Title IV-E Eligible Children for whom there is a Nevada Adoption Assistance Agreement, Title IV-E Eligible Children for whom there is an Adoption Assistance Agreement from another state, Non-Title IV-E Children for whom there is an Adoption Assistance Agreement, Children born to a Medicaid-eligible adopted minor parent. The eligibility determination function is located in the DCFS Fiscal Unit, which is part of the Agency's Administrative Unit and reports to the Agency Deputy Administrator.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- (•) Yes
- ( ) No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Human Services	NVHA coordinates with Aging and Disability Services Division (ADSD) within DHS to ensure that older adults and individuals with disabilities receive comprehensive, person-centered care across Medicaid programs. ADSD operates NVHA's four 1915(c) waiver programs: Home and Community Based Services (HCBS) Waiver for the Frail Elderly, HCBS Waiver for the Physically Disabled, HCBS Waiver for Individuals with Intellectual and Developmental Disabilities, and HCBS Structured Family Caregiving Waiver. NVHA coordinates with Division of Public and Behavioral Health (DPBH) within DHS to ensure integrated service delivery, policy alignment and effective oversight of public health functions. NVHA coordinates with Division of Child and Family Services (DCFS) within DHS to ensure that Medicaid-eligible children and youth involved in the child welfare and juvenile justice systems receive appropriate, timely and trauma-informed health care services.

Organization and Administration

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F. Additional information (optional)

The Nevada Health Authority (NVHA) is the single state agency responsible for administering or supervising the administration of the Medicaid program under title XIX of the Social Security Act. NVHA is a cabinet level agency that administers Nevada's health coverage, health care purchasing, and licensing for certain providers. NVHA, DHS and DOA are all separate departments under the Nevada State Executive Branch of the Government. DHS is the single state agency under Title IV-A that is responsible for the administration of all public assistance programs of the State, excluding Medicaid and the Children's Health Insurance Program (CHIP). DHS performs eligibility determinations and eligibility-related fair hearings for Medicaid and CHIP under the supervision and direction of NVHA. The Hearings Division is a division of the Nevada Department of Administration (DOA) and was established to provide an independent appeals process for workers compensation, Victims of Crime program appeals, and a variety of state agency administrative hearings, including Medicaid and CHIP.

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Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- [x] 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- [x] 2. All requirements of 42 CFR 431.10 are met.
- [x] 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- [x] 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- [x] 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- [x] 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. 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.

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