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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0012

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

April 22, 2024

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

Re: Nevada State Plan Amendment (SPA) NV-24-0012

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NV- 24-0012. This SPA revises the amount for the personal needs allowance (PNA) provided to certain recipients in nursing facilities. The amendment will allow for COLA increases annually. Additionally, the SPA will revise the PNA variances page to align PNA information contained on the page with PNA reflected elsewhere in the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations under 42 CFR §435.725(c)(1). This letter informs you that Nevada's Medicaid SPA TN NV-24-0012 was approved on April 19, 2024, with an effective date of January 01, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nevada State Plan.

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 covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by
James G. Scott -5
Date: 2024.04.22
11:41:46 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

Jenifer Graham
Casey Angres
Rachel Devine
Cindy Kirstie

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 2

2. STATE

NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the SSA 42 CFR §435.725(c)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2024 \$ 1,451,349
b FFY 2025 \$ 1,949,219

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 4a of Medicaid State Plan, Attachment 2.6-A, Eligibility Conditions or Requirements

Supplement 12 to Attachment 2.6-A page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 2.6-A Page 4a

Supplement 12 to Attachment 2.6-A page 1

9. SUBJECT OF AMENDMENT

Revised the amount for the personal needs allowance provided to certain recipients in nursing facilities. The amendment will allow for COLA increases annually. Revise PNA variances page to align PNA information contained on the page with PNA reflected elsewhere in the state plan."

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, ASSPECIFIED:

11.

12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
March 25, 2024

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
March 25, 2024

17. DATE APPROVED
April 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 01, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.04.22 17:25:02 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 5: Please change to read "42 CFR §435.725(c)(1)"
Box 7: Please add Supplement 12 to Attachment 2.6-A Page 1
Box 8: Please add Supplement 12 to Attachment 2.6-A Page 1
Box 9: Please add "Revise PNA variances page to align PNA information contained on the page with PNA reflected elsewhere in the state plan."
04/11/2024: NV concurred to the Pen and Ink changes above via email.

State:
Citation

Condition or Requirement

1924 of the Act
435.725
435.733
435.832

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.

a. Aged, blind, disabled:

Individuals \$154 effective 01/01/2024

PNA for individuals in a Nursing Facility (NF) 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).

Couples \$ N/A

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.

Supplement 12 to Attachment 2.6-A page 1 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.

b. AFDC related:

Children \$ 35.

Adults \$ 35.

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A 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.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -

A.

\$ 35.

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

In addition to the PNA allowed in Attachment 2.6.A Page 4a, persons with greater need identified in Attachment 2.6.A Page 4a, Institutionalized individuals with no Community Spouse at home, as described in Attachment 2.6.A Page 5 #4.a, for Post Eligibility Determinations are allowed an additional Personal Needs Allowance based on household size.

HOUSEHOLD SIZE	ADDITIONAL PNA ALLOWED
1 Family Member	\$239
2 Family Members	\$367
3 Family Members	\$494
4 Family Members	\$622
5 Family Members	\$749
6 Family Members	\$877
7 Family Members	\$1004
8 Family Members	\$1132

For households greater than eight, add \$128.00 for each additional person.

The greater PNA deduction is to allow the difference between the 1996 AFDC 100% Need Standard Amount used in the Maintenance Needs Allowance, which is frozen at the 1996 rate, and the current TANF 100% Need Standard Amount.

The AFDC amount used in the Maintenance Need Standard is stated in Supplement 1 to Attachment 2.6.A Page 1.

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.