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State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV-23-0001

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

January 30, 2023

Suzanne Bierman
Medicaid Administrator
Division of Health Care Financing and Policy
Las Vegas Medicaid District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102

Dear Ms. Bierman:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), NV-23-0001, submitted on December 28, 2022, has been approved. This SPA has an effective date of February 1, 2023.

Through SPA NV-23-0001, the state is removing all state-specific exceptions to the continuous eligibility period for children to be consistent with CHIP regulations 42 CFR 457.342. This regulation only permits certain federal exceptions to the continuous eligibility period.

Your Project Officer is Ms. Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: 410-786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have any questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: September 1, 2008

Implementation Date: September 1, 2008

SPA #23-0001 Purpose of SPA: Continuous Eligibility Update

Proposed Implementation Date: February 1, 2023

Proposed Effective Date: February 1, 2023

Effective February 1, 2023 Nevada revised section CS27 of this state plan amendment to replace the existing State only exceptions to the 12-month continuous eligibility with the newly revised Federal exceptions.

Effective Date: July 21, 2022

Proposed Implementation Date: August 1, 2022

SPA # 22-0018 Purpose of SPA: Evergreen Disaster Relief SPA

To implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in state or federally declared disaster areas. In the event of a disaster, the state will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments and the applicable state or federally declared disaster areas.

SPA number: 22-0014

Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including

treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021

Effective date: January 27, 2020

Proposed Implementation Date: April 1, 2020

SPA # 20-0010 Purpose of SPA: Disaster Relief Plan due to COVID-19 Pandemic

Effective April 1, 2020, Nevada added provisions to provide temporary adjustments to tribal consultation, redetermination and premium policies, during the Federal COVID-19 public health emergency.

SPA #19-0006 Purpose of SPA: Compliance with the Medicaid Managed Care Final Rule

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

1.4- TC

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

A tribal consultation letter was sent to the tribes on June 17, 2022 and consultation was not requested; however, a tribal consultation meeting was still held on July 20, 2022, to discuss other agenda items. No comment specific this SPA update was received after dissemination of the tribal consultation letter or during the tribal consultation meeting.

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

To address the Federal COVID-19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by conducting consultation after submission of the SPA

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

October 1, 2020

TN No: Approval Date Effective Date 07/01/2020

Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On March 29, 2022, notification of the State's intent to seek approval from CMS to demonstration compliance with the American Rescue Plan Act provisions that require states to cover treatment (including specialized equipment and therapies, preventive therapies and conditions that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP, was submitted to the tribes. The comment period ended April 12, 2022. No comments were received.

Tribal Consultation for the SPA update pertaining to the replacement of the existing State only exceptions to 12-month continuous eligibility, with the Federal exceptions, was conducted on October 12, 2022. No comments were received from the Tribes regarding this policy change.

Section 2. General Background and Description of State Approach to Child Health Coverage (Section 2102 (a)(1) - (3)) and (Section 2105)(c)(7)(A) - (B))

- 2.1 Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (see Section 10 for annual report requirements). (42 CFR 457.80(a))**

Uninsured Children

Based on the State Demographer's 2002 population estimates, the DHCFP has estimated that there are 69,000 children in Nevada who are uninsured living in families with incomes under 200% of federal poverty level. Of these, as many as 50% may be eligible for



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NV - 23 - 0001

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.



CHIP Eligibility

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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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