

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: NV-13-0023-MM5**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

---

**MAY 30 2014**

Michael J. Willden, Director  
Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

Dear Mr. Willden:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 13-0023-MM5. This SPA was submitted to the Centers for Medicare and Medicaid Services (CMS) on October 9, 2013 requesting to add a description of the Medicaid eligibility residency requirements to the State Plan in accordance with the Affordable Care Act.

The approval is effective January 1, 2014. Attached are copies of the following pages to be incorporated into a separate section at the back of Nevada's State Plan:

- S88, Pages S88-1 to S88-4
- Superseding Pages of State Plan Material

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,



Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP  
Marta Stagliano, Chief, Compliance, DHCFP

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

---

**State/Territory name:** Nevada

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NV-13-0023

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.403

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount  |
|-------------|---------------------|---------|
| First Year  | 2014                | \$ 0.00 |
| Second Year | 2015                | \$ 0.00 |

**Subject of Amendment**

New template being used as required for implementation of the Affordable Care Act. There are no changes to the state residency rules.

**Governor's Office Review**

**Governor's office reported no comment**

**Comments of Governor's office received**

Describe:

**No reply received within 45 days of submittal**

**Other, as specified**

Describe:

The Governor's office does not wish to review the State Plan Amendment.

**Signature of State Agency Official**

**Submitted By:** Robyn Heddy

**Last Revision Date:** May 21, 2014

**Submit Date:** Oct 9, 2013

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0023-MM5

**STATE:**

Nevada

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S88 Non-Financial Eligibility- State Residency  
Section 2, Page 13, Item 2.3  
Attachment 2.6-A, Page 3, Item 4

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

(None superseded, new pages)  
Section 2, Page 13, Item 2.3, TN 87-08  
Attachment 2.6-A, Page 3, Item 4, TN 13-0025- MM

Revision: HCFA-PM-87-4  
MARCH 1987

(BPD)

OMB No.: 0938-0193

State: Nevada

---

TN No. 13-0023-MM5 Approval Date: May 30, 2014

Effective Date: January 1, 2014

Supersedes

TN No. 87-08

Revision: HCFA-PM-91-4 (BPD)  
August 1991

ATTACHMENT 2.6-A  
Page 3  
OMB No.: 0938-

State: NEVADA

Citation Condition or Requirement

Reserved

---

TN No. 13-0023-MM5  
Supersedes Approval Date: May 30, 2014 Effective Date: January 1, 2014  
TN No. 13-0025-MM



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Non-Financial Eligibility State Residency

S88

42 CFR 435.403

### State Residency

- The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or



# Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.





# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes  No

The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input type="checkbox"/> Nevada                    | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- Are IV-E eligible
- Are in the state only for the purpose of attending school
- Are out of the state only for the purpose of attending school
- Retain addresses in both states
- Other type of individual

The state has a policy related to individuals in the state only to attend school.

Yes  No

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes  No



# Medicaid Eligibility

Provide a description of the definition:

Nevada residency continues when a client is temporarily absent IF he/she intends to return to Nevada when the purpose of the absence has been accomplished, unless the individuals gains Medicaid eligibility in another state.

### 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 40 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.