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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 13-016

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

NOV 15 2013

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) 13-016. This SPA was submitted to my office on September 5, 2013 requesting to amend Attachment 2.2-A, Page 2 to add individuals for whom Title IV-E kinship guardianship assistance payments are being made to the mandatory Title IV-E foster care eligibility group.

The approval is effective July 1, 2013. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 2.2-A, Page 2

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

Sincerely,

/s/

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-016

2. STATE
NEVADA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2013

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

~~XXXXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX~~

42 CFR 435.145

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$0
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2A Page 2

10. SUBJECT OF AMENDMENT:

The proposed amendment specifies eligibility for individuals for whom kinship guardianship assistance payments are being made under Title IV-E of the Social Security Act until age 18.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

SEP 05 2013

16. RETURN TO:

Marta Stagliano, Chief, Compliance
DHCFF/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 5, 2013

18. DATE APPROVED:

NOV 15 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Gloria Nagle, Ph.D., MPA

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen-and-ink changes to Boxes 6 and 11

State: NEVADA

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

- | | |
|--|--|
| 42 CFR 435.115,
408(a)(11)(B),
1931(c)(1), and
1902(a)(10)(A)(i)(1)
of the Act | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 408(a)(11)(B) and 1931(c)(1) of the Act. |
| 42 CFR 435.145,
1902(a)(10)(A)(i)(1)
and 473(b) of the Act | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect or foster care maintenance payments or kinship guardianship assistance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

TN No. 13-016 Approval Date: NOV 15 2013 Effective Date: July 1, 2013
Supersedes
TN No. 91-22