

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV 13-030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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

FEB 03 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) 13-030. This SPA was submitted to my office on November 14, 2013 requesting to amend Attachment 2.2-A, Page 10a to correct a typographical error in which the word "eligible" was used rather than "ineligible".

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

- Attachment 2.2-A, Page 10a

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: 13-030	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1903(m)(2)(H) and 42 CFR 438.50(g)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 2014 \$0 b. FFY 2015 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 2.2-A, Page 10a</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 2.2-A, Page 10a</u>

10. SUBJECT OF AMENDMENT:
Nevada is correcting a typo in the Medicaid State Plan where a word should state "ineligible" instead of "eligible". This is related to the reenrollment of recipients into a managed care plan who are ineligible one month but become eligible in the succeeding months. This does not change the original intent of the sentence.

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:	16. RETURN TO:
13. TYPED NAME: Michael J. Willden	Marta Stagliano, Chief, Compliance DHCFF/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: NOV 14 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 14, 2013	18. DATE APPROVED: FEB 03 2014
--	--

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to Boxes 7 and 11.

State: NEVADA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than Medically Needy
(Continued)

1932(a)(4)_of
Act

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

[N/A] Disenrollment rights are restricted for a period of _____ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

[X] No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

[X] The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

[N/A] The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.