

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-014**

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



## **Regional Operations Group**

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October 21, 2019

Suzanne Bierman, Administrator  
Nevada Division of Health Care Financing and Policy  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-014. The SPA updates NV's resource eligibility language when determining Community Spouse Resources for individuals living in an institutionalized setting. This SPA is approved effective September 1, 2019. Attached is a copy of the following page to be incorporated into your state plan:

- Attachment 2.6-A, Page 26a
- Attachment 2.6-A, Supplemental 13

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen  
Director  
Western Regional Operations Group

|  |   |                    |
|--|---|--------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>1 9 - 0 1 4</u>   | 2. STATE<br>NEVADA |
|  | 3. PROGRAM IDENTIFICATION:<br>TITLE XIX OF THE SSA (MEDICAID)                               |                    |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES          | 4. PROPOSED EFFECTIVE DATE<br><del>September 25, 2019</del> <sup>PB</sup> September 1, 2019 |                    |

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<br><del>1924 of the Act</del> <sup>PB</sup> Section 1924 of the Social Security Act  | 7. FEDERAL BUDGET IMPACT<br><sup>PB</sup> a. FFY <del>2020</del> 2019 \$ 0<br>b. FFY <del>2021</del> 2020 \$ 0   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><del>Attachment 2.6-A Page 26a</del><br><del>Supplement 13 to attachment 2.6-A "Section 1924 Provisions"</del> <sup>PB</sup><br>Attachment 2.6-A, Page 26a<br>Attachment 2.6-A, Supplemental 13 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><del>Attachment 2.6-A Page 26a</del><br><del>Supplement 13 to attachment 2.6-A "Section 1924 Provisions"</del> <sup>PB</sup><br>Attachment 2.6-A, Page 26a<br>Attachment 2.6-A, Supplemental 13 |

10. SUBJECT OF AMENDMENT

Proposition of changes to the sections listed under # 8 related to the determination of resources eligibility.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|  |   |
|--|---|
| [REDACTED] AL                          | 16. RETURN TO<br>Tammy Moffitt, Chief of Operations<br>DHCFP/Medicaid<br>1100 East William Street, Suite 101<br>Carson City, NV 89701 |
| 13. TYPED NAME<br>STEVE SISOLAK        |   |
| 14. TITLE<br>GOVERNOR, STATE OF NEVADA |   |
| 15. DATE SUBMITTED<br>8/28/19          |   |

**FOR REGIONAL OFFICE USE ONLY**

|                              |                                       |
|------------------------------|---------------------------------------|
| 17. DATE RECEIVED<br>9/25/19 | 18. DATE APPROVED<br>October 21, 2019 |
|------------------------------|---------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |  |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br>9/1/19 | 20. SIGNATURE<br>[REDACTED]                      |
| 21. TYPED NAME<br>Richard Allen                   | 22. TITLE<br>Director, Regional Operations Group |

23. REMARKS

Pen and Ink: Box 4: Please update effective date to "September 1, 2019". Box 6: Please update to read: "Section 1924 of the Social Security Act". Box 7: Please update to read: "FFY 2019" and FFY 2020". Box 8: Please update to read: "Attachment 2.6-A, Page 26a / Attachment 2.6-A, Supplemental 13". Box 9: Please update to read: "Attachment 2.6-A, Page 26a / Attachment 2.6-A, Supplemental 13".

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| Citation        | Condition or Requirement   |
|-----------------|--|
| 1924 of the Act | 15. The agency complies with the provisions of §1924 with respect to income and resource eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. |

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

  X   the maximum standard permitted by law;

       the minimum standard permitted by law; or

  \$    a standard that is an amount between the minimum and the maximum.

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“SECTION 1924 PROVISIONS”

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- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State resource standard is the maximum standard permitted by law.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Denial of eligibility would work an undue hardship against an institutionalized spouse (as defined in MAABD Program Manual Section 350) when ALL of the following conditions exist:

- 1. The institutionalized spouse is otherwise eligible for Medicaid; AND
- 2. The community spouse (as defined in MAABD Program Manual Section 350) is the sole owner of liquid resources OR non-liquid joint resources valued in excess of the maximum standard permitted by law; AND
- 3. The community spouse has refused to make such resources available to the institutionalized spouse; AND
- 4. The institutionalized spouse has insufficient funds to cover the cost of institutionalized care; AND
- 5. Without Medicaid, the institutionalized spouse would be forced to go without life sustaining medical care as determined by an individual licensed to practice medicine in the State of Nevada.