STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

July 22, 2013

Inter-Tribal Council of Nevada
Executive Board President
Gerald Temoke, Tribal Chairman
Elko Band Council
1745 Silver Eagle Drive
Elko, Nevada 89801

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy is notifying Nevada tribes of proposed changes in the Medicaid and CHIP State Plans.

Nevada is amending the Medicaid and CHIP State plans to incorporate mandatory requirements and the election of optional rules in accordance with the Affordable Care Act (ACA). The following State plan sections are being added or revised and will be submitted to CMS for approval. A public hearing will be conducted by the Division of Welfare and Supportive Services in September 2013 to provide for public input on these options.

S10: MAGI Based Income Methodologies (New Section)

- In determining the family size for the eligibility determination of other individuals in a household that includes a pregnant woman the pregnant woman is counted just as herself.

- When determining eligibility for current beneficiaries, financial eligibility is based on current monthly household income and family size.

- In determining current monthly or projected annual household income, the state will use reasonable methods to include a prorated portion of a reasonably predictable increase in future income and/or family size and account for a reasonably predictable decrease in future income and/or family size.

- Household income does not include actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent

- The age used for children with respect to MAGI budgeting and eligibility is 19.

S14: AFDC Income Standards (New Section)

- The state is electing to adopt the minimum income standard allowable under ACA regulations. This standard reflect the states AFDC Payment standard converted to a MAGI equivalent dollar figure and is used to set the state's minimum income levels for the Parent/Caretaker population under 1931 of the Act.

- The state is not electing automatic increase option for this standard.

S21: Presumptive Eligibility by Hospitals (New Section)

- The state attests that there are no hospitals determining presumptive eligibility at this time.

S25: Eligibility Groups – Mandatory coverage parents and other caretaker relatives (New Section)

- The state elects to include in the definition of caretaker relative the domestic partner of the parent or other caretaker relative. Caretaker relative includes other relatives of the child based on blood, adoption or marriage and includes step-parents, siblings, step-siblings, grandparents, niece, nephew, uncle, aunt, first cousin and first cousin once removed.

- The state elects to eliminate the requirement that a child meet deprivation.

The state has submitted the minimum income standards for this group at:

Unit size	Standard
1	$ 229
2	$ 296
3	$ 363
4	$ 430
5	$ 496
6	$ 563
7	$ 630
8	$ 696
Each additional	$ 67

The state has submitted the maximum income standards for this group at:

Unit size	Standard
1	$ 319
2	$ 407
3	$ 495
4	$ 582
5	$ 670
6	$ 758
7	$ 846
8	$ 934
Each additional	$ 88

S28: Eligibility Groups – Mandatory Coverage Pregnant Women (New Section)

- The state did not have an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women. Therefore the minimum income standard is set at 133% FPL.

- The maximum converted income standard for this group is the state's highest effective income level for coverage of pregnant women in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state is electing to use this figure as the maximum income limit for this group.

- Pregnant women eligible under this group receive full Medicaid coverage under this state plan.

S30: Eligibility Groups – Mandatory Coverage Infants and Children under Age 19 (New Section)

- The state did not have an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants and children under age 6. Therefore the minimum income standard is set at 133% FPL.

- The maximum income standard for this group is the state's highest effective income level for coverage of infants and children under age 6 in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state has elected the maximum income standard as the standard used for infants and children under age 6.

- For children age six through age eighteen the minimum income standard is 133%PFL and the maximum is the state's highest effective income level for coverage of children age six through eighteen in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of the FPL.

S32: Eligibility Groups – Mandatory Coverage Adult Group (New Section)

- The state elects to cover the Adult Group defined as non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL

- Parents or other caretaker relatives living with a child under the age 19 are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage

S33: Eligibility Groups – Mandatory Coverage Former Foster Care Children (New Section)

- The state attests that it covers this new mandatory eligibility group which covers individuals meeting the following criteria:
  - Are under age 26
  - Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
  - Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

- The state elects to only cover children who were in foster care and on Medicaid in Nevada at the time they turned 18 or aged out of the foster care system. Children aging out of foster care in another state continue to be covered under the optional group covering independent foster care adolescents up to the age of 21.

S57: Eligibility Groups Options for Coverage Independent Foster Care Adolescents (New Section)

- The state continues to cover this optional group of individuals under age 21 who were in state sponsored foster care on their 18th birthday. This group is different from the mandatory group of former foster care children in that it does not require the child to be enrolled in Medicaid at age 18 and it does not provide the option to elect to not cover children aging out in other states. There is no income or resource limit for this group.

S89: Non-Financial Eligibility Citizenship and Non-Citizen Eligibility (New Section)

- The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

- The state does not provide an extension to the reasonable opportunity period of 90 days.

- The state provides benefits during the reasonable opportunity period as of the date of application.

- The state does not elect to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States.

- The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

S94: General Eligibility Requirements Eligibility Process (New Section)

- The state elects to use an alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary.

- The state elects to use a separate application for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard.

- The agency permits an individual or authorized person acting on behalf of the individual, to submit an application via the internet website, by telephone, via mail, and in person.

- The agency attests it has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

- The agency attest that redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

- Once every 12 months
- Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916:
  - Once every 12 months

- The state attests to meeting the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

Supplement 12 to Attachment 2.6A Page 4 (Revision)

- The state is electing to provide Medicaid eligibility under Transitional Medical Assistance (TMA) for a period of 12 months. The state currently provides 12 months of coverage which requires families to meet reporting requirements and income eligibility to continue coverage in the second six months. The 12 month option removes the reporting requirements.

  In order to be eligible for TMA a family must have been Medicaid eligible under section 1931 in at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

The Division of Welfare and Support Services (DWSS) proposes to amend the following CHIP State Plan Sections and policy effective October 1, 2013.

CS14: Child Health Insurance Program Eligibility Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards (New Section)

- The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016.)

- The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.

- This population will be provided the same benefits as are provided to children in the state's separate CHIP. Premiums and cost sharing are the same as for targeted low-income children in the state's CHIP program.

CS15: Separate Child Health Insurance Program MAGI-Based Income Methodologies (New Section)

- The CHIP program will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups. MAGI methodologies will not be applied to ongoing eligible CHIP recipients until March 31, 2014 or the next regularly scheduled renewal of eligibility.

- When determining eligibility for current beneficiaries, financial eligibility is based on current monthly household income and family size.

- In determining current monthly or projected annual household income, the state will use reasonable methods to include a prorated portion of the reasonably predictable increase in future income and/or family size and account for a reasonably predictable decrease in future income and/or family size.

- Household income does not include actually available cash support provided by the person claiming an individual as a tax dependent.

CS24: Separate Child Health Insurance Program General Eligibility Processing (New Section)

- The CHIP agency attests to meeting all of the requirements for application processing, eligibility screening and enrollment. An alternative single, streamlined application will be used to process CHIP applications.

- The CHIP agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

- Redeterminations of eligibility will be processed once every 12 months without requesting information from the individual if able to do so based on electronic data sources.

- The CHIP agency has adopted procedures to accept and process electronic accounts of individuals screened for potential eligibility by the Exchange.

CS3: Eligibility for Medicaid Expansion Program (New Section)

- Children 6-18 years of age will be eligible under the Medicaid expansion with income between 123-133% of FPL.

The state has elected to expand Medicaid the adult group covering individuals age 19-64. This population is eligible for 100% federal funding for the first three years. Current Medicaid populations are maintained through the MAGI conversion methodology and should not have a fiscal impact. Detailed information regarding ACA budget impact can be found at http://dhhs.nv.gov/Budget/FY14-15/2013-02-06_AssemblyHHSoverviewV3.pdf.

If you would like a consultation regarding this new policy, please contact Crystal Johnson at (775) 684-3722 who will schedule a meeting. Written responses can be submitted to the Division of Welfare and Supportive Services, Attn: Eligibility and Payments, 1470 College Parkway, Carson City, NV 89706. We would appreciate a reply whether or not you would like this consultation, however if we do not hear from you within 30 days from the date of this letter we will consider that an indication that no consultation is requested.

Sincerely,

Laurie Squartsoff
Administrator

Cc: Elizabeth Aiello, Deputy Administrator, DHCFP
Coleen Lawrence, Chief, Program Services, DHCFP
Naomi Lewis, Chief, Eligibility and Payments, DWSS
Nova Murray, HCR Project Manager, DWSS