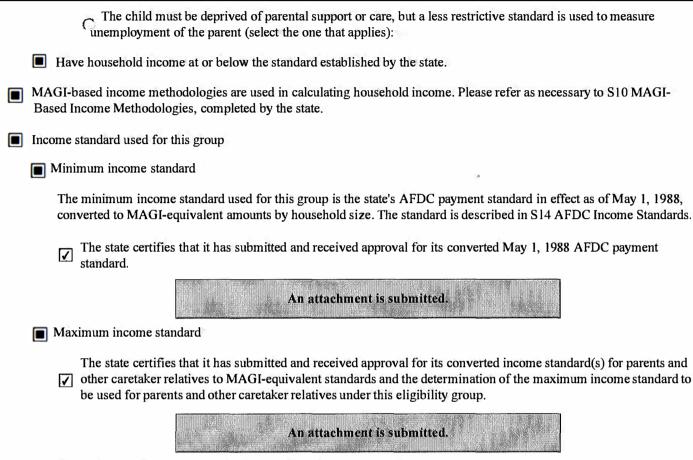


## **Medicaid Eligibility**

State Name: Nevada	OMB Control Number: 0938-1148
Transmittal Number: NV - 15 - 0002	Expiration date: 10/31/2014
Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives	<b>S25</b>
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	
Parents and Other Caretaker Relatives - Parents and other of below a standard established by the state.	caretaker relatives of dependent children with household income at or
☑ The state attests that it operates this eligibility group in account.	cordance with the following provisions:
Individuals qualifying under this eligibility group mu	st meet the following criteria:
	at 42 CFR 435.4), including pregnant women, of dependent children es of parents and other caretaker relatives are also included.
The state elects the following options:	
	ho are parents or other caretakers of children who are 18 years old, n a secondary school or the equivalent level of vocational or
Options relating to the definition of caretake	r relative (select any that apply):
The definition of caretaker relative inclu even after the partnership is terminated.	des the domestic partner of the parent or other caretaker relative,
	who have registered a valid domestic partnership through the Secretary of State in the State of Nevada.
The definition of caretaker relative inclu half-blood), adoption or marriage.	des other relatives of the child based on blood (including those of
Description of other relatives:	once removed.
The definition of caretaker relative incluprimary responsibility for the dependent	des any adult with whom the child is living and who assumes child's care.
Options relating to the definition of depende	nt child (select the one that applies):
<del>_</del>	nent that a dependent child must be deprived of parental support or nental incapacity, or absence from the home or unemployment of at



## **Medicaid Eligibility**



The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:



## **Medicaid Eligibility**

	C A percentage of the federal poverty level: %	
	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.	
	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.	
	The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.	
	C Other dollar amount	
■ Income standard chosen:		
Indicate the state's income standard used for this eligibility group:		
	C The minimum income standard	
	• The maximum income standard	
	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.	
	Another income standard in-between the minimum and maximum standards allowed	
	There is no resource test for this eligibility group.	
	Presumptive Eligibility	
	The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.	
	C Ves © No	

## 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.