

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

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

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

XX Families with an unemployed parent for the mandatory six-month period and an optional extension of 0 months.

XX Pregnant women with no other eligible children.

XX AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standard for AFDC payments is listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage. If you do not have sufficient space allotted under "Agency" designation column for the States to specify the name of the agency designated to determine eligibility, specify the name of the agency under the citation.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	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) 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 and 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.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
	407(b), 1902 (a) (10) (A) (i) and 1905(m) (1) of the Act	3. Qualified Family Members Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under Section 407 of the Act because the principal wage earner is unemployed. — Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.
	1902(a) (52) and 1925 of the Act	4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with Section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.113	5.	Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: <ul style="list-style-type: none">a. Families denied AFDC solely because of income and resources deemed to be available from--<ul style="list-style-type: none">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;(2) Grandparents;(3) Legal guardians; and(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)		
42 CFR 435.114	6.	Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
	<u>X</u>	Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
	<u>X</u>	Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
	N/A	Not applicable with respect to intermediate care facilities; State did or does not cover this service.
1902(a)(10) (A)(i)(III) and 1905(n) of the Act	7.	Qualified Pregnant Women and Children.
	a.	A pregnant woman whose pregnancy has been medically verified who--
	(1)	Would be eligible for an AFDC cash payment or who would be eligible if the State had an AFDC-unemployed parents' program if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

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

7.a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents' program; or

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

____ Children born after (specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133% of the Federal poverty level who are described in Section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> . N/A The State uses a percentage greater than 133 but not more than 185% of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
1902(a)(10)(A)(i)(VI) 1902(1)(1)(C) of the Act	9. Children: a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133% of the Federal poverty levels.
1902(a)(10)(A)(i)(VII) and 1902(1)(1)(D) of the Act	b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100% of the Federal poverty levels.
	Income levels for these groups are specified in <u>Supplement 1 to ATTACHMENT 2.6A</u> .

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

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

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under Section 407 of the Act if the State had not exercised the option under Section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1902(e) (4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance <u>XX</u> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under Section 1619(a) of the Act or considered to be receiving SSI under Section 1619(b) of the Act. <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	
435.121	13. <u>N/A</u>	b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under Section 1619(a) of the Act or who meet the requirements for SSI status under Section 1619(b) (1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under Section 1619(a) or met the requirements under Section 1619(b) (1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) Eligibility Standard or the requirements of Section 1619(b) of the Act.)
1619(b) (1)		<input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled
of the Act		The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a) (10)(A) (i)(II) and 1905 (q) of the Act	14.	Qualified severely impaired blind and disabled individuals under age 65, who-- a. For the month preceding the first month of eligibility under the requirements of Section 1905(q)(2) of the Act, received SSI, a State supplemental payment under Section 1616 of the Act or under Section 212 of P.L. 93-66 or benefits under Section 1619(a) of the Act and were eligible for Medicaid; or b. For the month of June 1987, were considered to be receiving SSI under Section 1619(b) of the Act and were eligible for Medicaid. These individuals must-- (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits; (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under Section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	(4)	Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
	(5)	Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
	<u>N/A</u>	Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. <u>91-22</u>	Approval Date <u>1/13/92</u>	Effective Date <u>10/01/91</u>
Supersedes		HCFA ID: 7983E
TN No. <u>87-9</u>		

State: NEVADA

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1619(b) (3) of the Act	<u>N/A</u> The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under Section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under Section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under Section 1619(a) or met the requirements of Section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under Section 1619(a) of the Act or meet the SSI requirements under Section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes _____ Approval Date 1/13/92 Effective Date 10/01/91
TN No. 87-9 HCFA ID: 7983E

State: NEVADA

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act	15.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under Section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <u>N/A</u> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <u>N/A</u> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	16.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under '435.230), because of requirements that do not apply under title XIX of the Act.
42 CFR 435.130	17.	Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.131	18.	Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment. <u>N/A</u> In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s): ___ Aged ___ Blind ___ Disabled <u>N/A</u> Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes Approval Date 1/13/92 Effective Date 10/01/91
TN No. 87-9 HCFA ID: 7983E

State: NEVADA

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.132	19.	Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
42 CFR 435.133	20.	Blind and disabled individuals who-- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

TN No. 91-22
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TN No. 87-9

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HCFA ID: 7983E

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.134	21.	Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. <u>XX</u> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). <u>XX</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <u>N/A</u> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

State: NEVADA

Agency* Citation(s) Groups Covered

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

42 CFR 435.135 22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under Section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

N/A Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

N/A Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

N/A The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 91-22

Supersedes Approval Date 1/13/92 Effective Date 10/01/91

TN No. 87-9

HCFA ID: 7983E

State: NEVADA

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1634 of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by Section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under Section 1634(b) of the Act.	
	<u>N/A</u> Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.	
	<u>N/A</u> The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.	

*Agency that determines eligibility for coverage.

State/Territory: NEVADA

Agency*	Citation(s)	Groups Covered
	1634(d) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Required Special Groups (Continued)</u> 24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under Section 1634(d) of the Act. N/A _____ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. N/A _____ Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility subsequent cost-of-living increases. N/A _____ The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. N/A

Approval Date 1/13/92

Effective Date 10/1/91

State: NEVADA

Agency*	Citation(s)	Groups Covered
Nevada State Division of Health Care Financing and Policy	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(E)(i) and 1905(p) of the Act	25.	Qualified Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under Section 1818A of the Act); b. Whose income does not exceed 100% of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in Item 3.2 of this plan.)
1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act	26.	Qualified disabled and working individuals-- a. Who are entitled to hospital insurance benefits under Medicare Part A under Section 1818A of the Act; b. Whose income does not exceed 200% of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under Section 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No. 10-005
Supersedes
TN No. 93-09

Approval Date: June 17, 2010

Effective Date: January 1, 2010

State: NEVADA

Agency*	Citation(s)	Groups Covered
Nevada State Division of Health Care Financing & Policy	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902 (a) (10) (E) (iii) and 1905 (p) (3) (A) (ii) of the Act	27.	Specified low-income Medicare beneficiaries-- <ol style="list-style-type: none">Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under Section 1818A of the Act);Whose income is at least 100% but does not exceed 120% of the Federal Poverty Level; andWhose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare Part B premiums under Section 1839 of the Act.)</p>

*Agency that determines eligibility for coverage.

TN No.: 10-005
Supersedes
TN No.: 93/09

Approval Date: June 17, 2010

Effective Date: January 1, 2010

State: NEVADA

Agency*
Citation(s)

Groups Covered

	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(E)(iv) And 1905(p)(3)(A)(ii) And 1860D-14(a)(3)(D) of the Act.	28. Qualifying Individuals <ul style="list-style-type: none">a. Who are entitled to hospital benefits under Medicare Part A (but not pursuant to an enrollment under Section 1818A of the Act);b. Whose income is at least 120% but less than 135% of the Federal Poverty level;c. Whose resources do not exceed three items the SSI resource limit, adjusted annually by the increase in the consumer price index.
1634(e) of the Act	29.a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month. <ul style="list-style-type: none">b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

Agency that determines eligibility for coverage.

TN No. 10-005
Supersedes
TN No. 95-07

Approval Date: June 17, 2010 Effective Date: January 1, 2010

Revision: HCFA-PM-91-4 (BPD)
August 1991
State: NEVADA

ATTACHMENT 2.2-A
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OMB No.: 0938-

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	N/A	<input type="checkbox"/>	1.	Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 (10)(A)(ii) and 42 CFR 435.230, but who do not receive cash assistance.
			<input type="checkbox"/>	The plan covers all individuals as described above.
			<input type="checkbox"/>	The plan covers only the following group or groups of individuals:
			<input type="checkbox"/>	Aged
			<input type="checkbox"/>	Blind
			<input type="checkbox"/>	Disabled
			<input type="checkbox"/>	Caretaker relatives
			<input type="checkbox"/>	Pregnant women
42 CFR 435.211		<u>XX</u>	2.	Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
			<u>XX</u>	The plan covers only the following group or groups of individuals:
			<u>X</u>	Aged
			<u>X</u>	Blind
			<u>X</u>	Disabled

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. 89-7

Approval Date 1/13/92

Effective Date 10/01/91

HCFA ID: 7983E

State: NEVADA

Agency*	Citation(s)	Groups Covered
42 CFR 435.212 & 1902(e)(2) Act, P.L. 99-272 (Section 9517) P.L.101-508 (Section 4732)	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	3. The State deems as of the eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO) or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this Section is limited to MCO or PCCM services and family planning services described in Section 1905(a)(4)(C) of the Act.
	<u>X</u> The State elects not to guarantee eligibility.	___ The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).
	The State measures the minimum enrollment period from:	
	[N/A] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.	[N/A] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this Section), without any intervening disenrollment.
[N/A] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).		

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
1932(a)(4)_of Act	B. <u>Optional Groups Other Than Medically Needy</u> (Continued)	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).
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)	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.
		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.

TN No.: 13-030
Supersedes
TN No.: 03-14

Approval Date: February 3, 2014

Effective Date: October 1, 2013

State/Territory:

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
	N/A	_____ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).
42 CFR 435.217	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's Section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. 89-7

Approval Date: January 13, 1992 Effective Date 10/01/91

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

N/A 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in Section 1905(o) of the Act.

___ The State covers all individuals as described above.

___ The State covers only the following group or groups of individuals:

- ___ Aged
- ___ Blind
- ___ Disabled
- ___ Individuals under the age of--
- ___ 21
- ___ 20
- ___ 19
- ___ 18
- ___ Caretaker relatives
- ___ Pregnant women

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. 87-7

Approval Date 1/13/92 Effective Date 10/01/91

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- | | | |
|---|--------------------------|---|
| 42 CFR 435.220 | <u>N/A</u> | 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. |
| | <input type="checkbox"/> | The State covers all individuals as described above. |
| 1902(a)(10)(A)(ii) and 1905(a) of the Act | <input type="checkbox"/> | The State covers only the following group or groups of individuals:

<input type="checkbox"/> Individuals under the age of--
<input type="checkbox"/> 21
<input type="checkbox"/> 20
<input type="checkbox"/> 19
<input type="checkbox"/> 18
<input type="checkbox"/> Caretaker relatives
<input type="checkbox"/> Pregnant women |
| 42 CFR 435.222
1902(a)(10)(A)(ii) and
1905(a)(i) of the Act | <u>N/A</u> | 7. a. All individuals who are not described in Section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age or younger as indicated below.

<input type="checkbox"/> 20
<input type="checkbox"/> 19
<input type="checkbox"/> 18 |

*Agency that determines eligibility for coverage.

State: NEVADA

Agency*	Citation(s)	Groups Covered
Nevada State Welfare Division	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.222	XX b.	Reasonable classifications of individuals described in (a) above, as follows:
	<u>X</u>	(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
	* <u>X</u>	(a) In foster homes (and are under the age of 19).
*Children who are age 18 must be a full-time student in a secondary school or in the equivalent level of vocational or technical training and must be reasonably expected to complete the program before reaching age 19.	* <u>X</u>	(b) In private institutions or psychiatric facilities (and are under the age of 19).
	<u>N/A</u>	(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
	* <u>X</u>	(2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 19).
	* <u>X</u>	(3) Individuals in NFs (who are under the age of 19). NF services are provided under this plan.
	* <u>X</u>	(4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 19).

TN No. 99-06
Supersedes
TN No. 91-22

Approval Date 6/3/99 Effective Date 04/01/99

State: NEVADA

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
	<u>N/A</u> (5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
	<u>N/A</u> (6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. 88-5 Approval Date 1/13/92 Effective Date 10/01/91

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

XX 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

____ 21
____ 20
XX 19
____ 18

*Agency that determines eligibility for coverage.

TN No. 91-22

Supersedes

Approval Date 1/13/92

Effective Date 10/01/91

TN No. 87-2

State: NEVADA

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
42 CFR 435.223	<u>N/A</u>	9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
1902(a)(10)		<input type="checkbox"/> Individuals under the age of--
(A)(ii) and		<input type="checkbox"/> 21
1905(a) of		<input type="checkbox"/> 20
the Act		<input type="checkbox"/> 19
		<input type="checkbox"/> 18
		<input type="checkbox"/> Caretaker relatives
		<input type="checkbox"/> Pregnant women

*Agency that determines eligibility for coverage.

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230 XX 10. States using SSI criteria with agreements under Sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

X (1) All aged individuals.

X (2) All blind individuals.

N/A (3) All disabled individuals.

*Agency that determines eligibility for coverage.

TN No. 91-22

Supersedes Approval Date 1/13/92 Effective Date 10/01/91

TN No. 87-2

State: NEVADA

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
	<u>N/A</u>	(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
42 CFR 435.230	<u>N/A</u>	(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>N/A</u>	(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>XX</u>	(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u>N/A</u>	(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u>N/A</u>	(9) Individuals in additional classifications approved by the Secretary as follows:

*Agency that determines eligibility for coverage.

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 91-22

Supersedes

Approval Date 1/13/92

Effective Date 10/01/91

TN No. 87-2

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121,
1902(a)(10)
(A)(ii)(XI)
of the Act

N/A 11. Section 1902(f) States and SSI criteria States
without agreements under Section 1616 or 1634
of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

State: NEVADA

Agency*	Citation(s)	Groups Covered
N/A	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
		___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (9) Individuals in additional classifications approved by the Secretary as follows:

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. N/A

Approval Date 1/13/92 Effective Date 10/01/91

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 91-22

Supersedes Approval Date 1/13/92 Effective Date 10/1/91

TN No. N/A

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

XX 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

 The State covers all individuals as described above.

XX The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- X Aged
- X Blind
- X Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

State: NEVADA

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(e) (3) of the Act	<u>XX</u>	13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under Section 1902(e) (3) (B) of the Act. <u>Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.</u>
1902(a) (10) (A) (ii) (IX) and 1902(1) of the Act	<u>N/A</u>	14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185% of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> : a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

*Agency that determines eligibility for coverage.

TN No. 91-22
Supersedes
TN No. 89-14

Approval Date 1/13/92 Effective Date 10/01/91

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902 (a)
(10) (A)
(ii) (IX)
and 1902 (1) (1)
(D) of the Act

N/A 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100% of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

___ 7 years of age; or

___ 8 years of age.

*Agency that determines eligibility for coverage.

TN No. 93-02

Supersedes

Approval Date 4/16/93

Effective Date 1/1/93

TN No. 91-22

State: NEVADA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

N/A 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under Section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100% of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902 (a) (47)
and 1920 of
the Act

N/A 17. Pregnant women who are determined by a "qualified provider" (as defined in '1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with '1920 of the Act.

TN No. 92-11
Supersedes
TN No. 91-22

Approval Date 4/1/92 Effective Date 1/1/92

State/Territory: NEVADA

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

N/A 18. Individuals required to enroll in
cost-effective employer-based group health
plans remain eligible for a minimum enrollment
period of _____ months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

N/A 19. Individuals entitled to elect COBRA
continuation coverage and whose
income as determined under Section 1612 of the
Act for purposes of the SSI program, is no
more than 100% of the Federal poverty level,
whose resources are no more than twice the SSI
resource limit for an individual, and for whom
the State determines that the cost of COBRA
premiums is likely to be less than the
Medicaid expenditures for an equivalent set of
services. See Supplement 11 to Attachment
2.6-A.

STATE: Nevada

Citation	Group Covered
1902 (a) (10) (A) (ii) (XVIII) of the Act	B. <u>Optional Coverage Other Than the Medically Needy (Continued)</u> <u> X </u> [24]. Women who: <ul style="list-style-type: none"> a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; b. are not otherwise covered under creditable coverage, as defined in Section 2701 (c) of the Public Health Service Act; c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and d. have not attained age 65.
1920B of the Act	<u> X </u> [25]. Women who are determined by a “qualified entity” (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) of the Act related to certain breast and cervical cancer patients. The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

State/Territory: _____

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)(ii)(XVII) of the Act and 1905(w)(1) of the Act	<input checked="" type="checkbox"/> 21. All "Independent foster care adolescents" (as defined in §1905(w)(1) of the Social Security Act)
---	--

a) Reasonable classifications of individuals described in (21) above, as follows:

___ 1) Individuals under the age of
 ___ 19
 ___ 20

___ 2) Individuals to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of title IV before the date the individuals attained 18 years of age.

___ 3) Other (please describe):

b) Financial requirements

1) Income test

___ There is no income test for this group.

___ The income test for this group is
 _____.

2) Resource test

___ There is no resource test for this group.

___ The resource test for this group is
 _____.

NOTE:

If there is an income or resource test, then the standards and methodologies used cannot be more restrictive than those used for the State's low-income families with children eligible under Section 1931 of the Act as specified in Supplement 12 of Attachment 2.6-A.

TN No.: 05-010

Approval Date: October 21, 2005

Effective Date: July 1, 2005

Supersedes

TN No.: _____

HCFA ID: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 2.2a

Page 23d

B. Optional Groups Other Than the Medically Needy

- | | | | |
|--|-------------------------------------|-----|---|
| 1902(a)(10)(A)
(ii) (XIII) of the Act | <input type="checkbox"/> | 23. | BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250% of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XV) of the Act | <input checked="" type="checkbox"/> | 24. | TWII Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the state. See page 12d of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XVI) of the Act | <input type="checkbox"/> | 25. | TWIIA Medical Improvement Group – Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.16-A. |

Note: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

State: NEVADA

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

XX No.

_____ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under Section 1902(a)(10)(A)(i) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
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(Reserved for Future Use)

TN No.: 05-014
Supersedes
TN No.: _____

Approval Date: December 16, 2005

Effective Date: July 1, 2005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
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(Reserved for Future Use)

TN No.: 05-014

Approval Date: December 16, 2005

Effective Date: July 1, 2005

Supersedes

TN No.: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with Section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

TN No.: 05-014
Supersedes
TN No.: _____

Approval Date: December 16, 2005

Effective Date: July 1, 2005

Groups Covered

Optional Groups other than the Medically Needy

In addition to providing State plan HCBS to individuals described in 1915(i)(1), the state may **also** cover the optional categorically needy eligibility group of individuals described in 1902(a)(10)(A)(ii)(XXII) who are eligible for HCBS under the needs-based criteria established under 1915(i)(1)(A) and have income that does not exceed 150% of the FPL, or who are eligible for HCBS under a waiver approved for the state under Section 1915(c), (d) or (e) or Section 1115 (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate. See 42 CFR § 435.219. *(Select one):*

No. Does not apply. State does not cover optional categorically needy groups.

Yes. State covers the following optional categorically needy groups.
(Select all that apply):

(a) Individuals not otherwise eligible for Medicaid who meet the needs-based criteria of the 1915(i) benefit, have income that does not exceed 150% of the federal poverty level, and will receive 1915(i) services. There is no resource test for this group. Methodology used: *(Select one):*

SSI. The state uses the following less restrictive 1902(r)(2) income disregards for this group. *(Describe, if any):*

OTHER *(describe):*

(b) Individuals who are eligible for home and community-based services under a waiver approved for the State under section 1915(c), (d) or (e) (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate.

Income limit: *(Select one):*

300% of the SSI/FBR

Less than 300% of the SSI/FBR *(Specify):* _____%

Specify the applicable 1915(c), (d), or (e) waiver or waivers for which these individuals would be eligible: *(Specify waiver name(s) and number(s))*:

- (c) Individuals eligible for 1915(c), (d) or (e) -like services under an approved 1115 waiver. The income and resource standards and methodologies are the same as the applicable approved 1115 waiver.

Specify the 1115 waiver demonstration or demonstrations for which these individuals would be eligible. *(Specify demonstration name(s) and number(s))*:

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 0938-1188. The time required to complete this information collection is estimated to average 114 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.