

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

In addition to the \$35.00 PNA allowed in Attachment 2.6.A Page 4a, persons with greater need identified in Attachment 2.6.A Page 4a, Institutionalized individuals with no Community Spouse at home, as described in Attachment 2.6.A Page 5 #4.a, for Post Eligibility Determinations are allowed an additional Personal Needs Allowance based on household size.

HOUSEHOLD SIZE	ADDITIONAL PNA ALLOWED
1 Family Member	\$239
2 Family Members	\$367
3 Family Members	\$494
4 Family Members	\$622
5 Family Members	\$749
6 Family Members	\$877
7 Family Members	\$1004
8 Family Members	\$1132

For households greater than 8 add \$128.00 for each additional person.

The greater PNA deduction is to allow the difference between the 1996 AFDC 100% Need Standard Amount used in the Maintenance Needs Allowance, which is frozen at the 1996 rate, and the current TANF 100% Need Standard Amount.

The AFDC amount used in the Maintenance Need Standard is stated in Supplement 1 to Attachment 2.6.A Page 1.

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Supplement 12 to Attachment 2.6-A
Page 2

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under Section 1931 of the Act.
The following groups were included in the AFDC state plan effective July 16, 1996:

- ☒ Pregnant women with no other eligible children.
- ☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- ☐ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.
- ☒ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:
 - ☐ The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
 - ☐ The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
 - ☐ The agency applies higher resource standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Disregard an additional \$1,000 in resources.
- Disregard the full cost of child care.
- Time limited Earned Income Disregard test:
 1. For families whose gross income does not exceed the current 130% Federal Poverty Level (FPL) (which is no more than the July 1996 AFDC 185% need standard increased by CPI) apply the disregard test to determine if Earned Income Disregards are allowed.
 2. For households with earned income apply the earned Income Disregard Test either a. or b. (whichever is more advantageous) to identify if the wage earners qualify for the time limited Earned Income Disregards:
 - a. Gross earned income minus \$90.00 or 20% work expense, whichever is greater, plus countable unearned income is compared to the 100% TANF Need Standard. (Need Standards are the 1996 AFDC need standards increased annually by CPI). If the family passes the 100% Need Standard test, or was eligible in immediately preceding month apply earned income disregards as indicated below.

Current TANF earned income disregards:

1. Disregard 100% earned income for three months;
 2. Disregard 85% of earned income for a second 3 months;
 3. Disregard 75% of earned income for a third 3 months;
 4. Disregard 65% of earned income for a fourth 3 months.
 5. Disregard \$90 or 20% of gross earnings (whichever is greater) for month 13 and ongoing (Work Expense).
- b. 7/16/1996 AFDC earned income disregards:

1. The \$30 + 1/3 / \$30 earnings disregards as applicable;
2. \$90 work expense; and
3. Determine eligibility based on whether total net countable earned and unearned income is no more than the current TANF payment standard.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- No resource methodology is replaced.
- Replaced income methodology is:
 1. \$30 + 1/3 earned income disregard allowed for applicants/recipients who received a cash grant in one of the immediately preceding 4 months or whose net income without application of the disregards does not exceed the 100% need standard. \$30 + 1/3 allowed for 4 consecutive months followed by \$30 disregard for 8 consecutive months; and
 2. \$175/\$200 disregard of child care expenses; and
 3. \$90 work expense.

State: Nevada

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1)(B), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

 X During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

 For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section the Act.

 X 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.