

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: September 1, 2008

Implementation Date: September 1, 2008

SPA #19-0006 Purpose of SPA: Compliance with the Medicaid Managed Care Final Rule

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

Effective date: January 27, 2020

Proposed Implementation Date: April 1, 2020

SPA # 20-0010 Purpose of SPA: Disaster Relief Plan due to COVID-19 Pandemic

Effective April 1, 2020, Nevada added provisions to provide temporary adjustments to tribal consultation, redetermination and premium policies, during the Federal COVID-19 public health emergency.

SPA number: 22-0014

Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021

1.4- TC

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

To address the Federal COVID-19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by conducting consultation after submission of the SPA

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

October 1, 2020

TN No: Approval Date Effective Date 07/01/2020

Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

On March 29, 2022, notification of the State’s intent to seek approval from CMS to demonstration compliance with the American Rescue Plan Act provisions that require states to cover treatment (including specialized equipment and therapies, preventive therapies and conditions that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP, was submitted to the tribes. The comment period ended April 12, 2022. No comments were received.

Section 2. General Background and Description of State Approach to Child Health Coverage (Section 2102 (a)(1) - (3)) and (Section 2105)(c)(7)(A) - (B))

- 2.1 Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (see Section 10 for annual report requirements). (42 CFR 457.80(a))**

Uninsured Children

Based on the State Demographer’s 2002 population estimates, the DHCFP has estimated that there are 69,000 children in Nevada who are uninsured living in families with incomes

under 200% of federal poverty level. Of these, as many as 50% may be eligible for Medicaid. These numbers are based on limited and sometimes seemingly contradictory data.

For example, the U.S. Census Bureau estimates that for 1996, there were 45,000 uninsured children under 200% of federal poverty level in Nevada, but also estimated that there were 77,000 uninsured at all income levels. This would mean that less than 60% of all uninsured would be under 200% of federal poverty level. The national average is 73%. Only five other states (Alaska, Massachusetts, Vermont, Hawaii, and New Jersey) are under 60%, all of whom have significantly higher Medicaid eligibility levels than Nevada, resulting in a greater level of coverage for low-income children.

With regard to demographic data, the best information comes from a survey of the uninsured in Nevada completed in June 2000, and updated as of January 2003, by the Great Basin Primary Care Association and the State Demographer's 2002 population estimates. The following chart reports on these findings as follows:

Number of Uninsured Children in Nevada by Region

Age in Years	Washoe County	Clark County	Rural Counties	Totals
Less than 6	6,209	30,493	3,534	40,236
6 to 18	11,363	51,644	9,015	72,022
TOTAL	17,572	82,137	12,549	112,258

Estimates of Nevada Populations

According to the current Nevada State Demographer's data, Nevada's total population is 2,210,650. Nevada's children age 0-19 comprise the following races by age and sex:

Age in Years	White	Black	American Indian	Asian	Hispanic	Total
<5	103,601	11,157	1,594	9,563	33,471	159,386
5 to 19	298,148	32,108	4,587	27,521	96,325	458,689
Total	401,749	43,265	6,181	37,084	129,796	618,075